



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	12/01/2019 15:44
Date Of Accident	11/01/2019 17:00
Exact Location Of Accident	ECP TOWARDS CITY (BEFORE MARINE PARADE EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE4322A
Insured/Policyholder	
Name Of Registered Owner	YEE TECK SENG
NRIC No	S1414678D
Email Address	HAHAX_O1@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97897284
Alternative Phone No	OFFICE-97897284

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05018180
Cover Note Number	Z18VP05018180

Driver

Name of Driver	ARNOLD YEE HUA JUN
NRIC No	S9336131H
Date Of Birth	22/09/1993
Occupation	INDOOR
Date Of Driving Pass	03/05/2013
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96454259
Fax Number	
Contact Number	
Email Address	HAHAX_O1@HOTMAIL.COM

Address	BLK 569 PASIR RIS STREET 51 #04-64
Postcode	510569

Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO CLIP AT VISION AUTOWORK
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ3063U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHF187T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ARNOLD YEE HUA JUN

Approximate Age

Injuries Sustain BODY PAIN

Injured person in which vehicle? SJE4322A

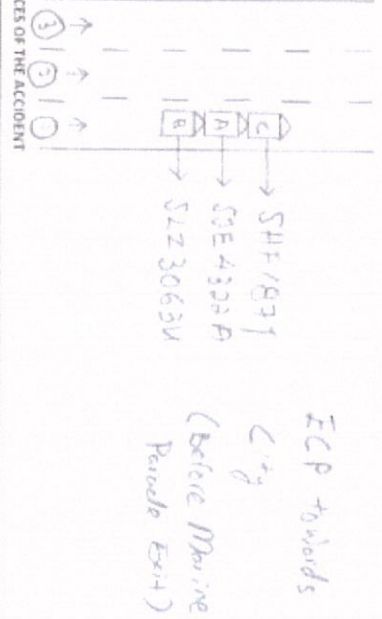
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address BLK 569 PASIR RIS STREET 51 #04-64

Postcode 510569

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to sketch

DECLARATION

I/We declare the foregoing particulars are true to my/our best knowledge.

Police Officer's Signature
Date & Time

Driver's Signature
(If driver is not the police officer)
Date & Time

Witness (Police Officer's Signature)
Date & Time

SKETCH PLAN

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3. Information provided must be as truthful and accurate as possible. Any false representation or withholding of material facts may allow insurers to rescind policy liability.
4. The insurer and assignee of the form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false information may be referred to the Police for investigation.
6. The report will be forwarded by the insurers to the Claims Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will be available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the Claims and the report being made available thereafter.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
 - (a) I authorize my workup and the General Insurance Association of Singapore ("GIA") may or permit it to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who I have insured which(s) involved in this accident (all insurer(s) who have insured with GIC(s) involved in this accident shall be collectively referred to as the "Insurers", the insurer(s) happen(s) from the Motorist Authority of Singapore and any other Government agencies/authorities (such as the police, for the purposes of processing, handling and/or dealing with my claims) including the settlement of the claims and any necessary investigations relating to the claims.
 - (b) investigating the accident and/or my claims.
 - (c) (i) carrying out and/or dealing with my activities or reason(s) to my request by me, which could involve disclosure of certain personal data about me to bring about delivery of the service as well as on the entire cover of my policy/claim package(s), and/or
 - (ii) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
 - (d) all insurer(s) who have insured with me will be involved in this accident and the insurers' happen(s) from, may be permitted to collect, use, disclose and/or process my Personal Information for use in more of the above PURPOSES, and
 - (e) my Personal Information may be disclosed by any of the insurers and/or used to give third party service providers or agencies (including the Insurance firm(s) which may be also insured of Singapore for one or more of the above PURPOSES) my Personal Information and also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claim.
 - (f) the information so collected under (b) above may be shared / disclosed to all insurers and/or any other third parties that assist in settling, investigating, controlling or managing third, regulatory, law enforcement and government agencies as reasonably necessary for the purposes stated or
 - (g) for compliance with requirements under any regulations, laws or that order.

Signature of Driver's Signature
Date & Time

Signature of Driver's Signature
Date & Time

Signature of Driver's Signature
Date & Time

Common Statement

SINGAPORE ACCIDENT STATEMENT

Accident Date:	11/01/2014	Time:	17:00	(hh:mm) 24 hr format
Location:	ETP towards City (Before Merone Parade Exit)			
Vehicle Number	SJE 432A			
Insured Name	Yee Tak Seng			
NRIC / FIN	51414678D	Contact Number	97897284	
Make	Honda	Model	Street	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, please select () Third Party () Reporting				
Insurance Company	Aetna			
Type of Policy () Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number	Z180805050			
Name of Driver	Arnold Yee Han Jun	() Same as Insured		
NRIC / FIN	5736131H	Contact Number	46454259	
Date of Birth	22/04/1953			
Driving Pass Date	03/05/2013			
Occupation () Indoor () Outdoor				
Gender () Male () Female				
Email Address	hooi@pioneer.net.hk 01 @ hooi.net () NO EMAIL			
Address of Driver	# 04-64 Singapore Street 51			
Was driver an employee of the Insured's Company? () Yes () No				
If No, Relationship of the Driver with the Insured				
() Owner () Spouse () Friend () Relative () Child () Sibling				
Does the Driver Own Any Other Vehicle? () Yes () No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions () Clear () Rain () Others				
Road Surface () Dry () Wet () Others				
Was any foreign vehicle involved in this accident? () Yes () No				
Was anybody injured in the accident? () Yes () No				
If yes, injured detail Arnold Yee Han Jun Body Part				
Was there any video captured by Car Camera? () Yes () No				
Was the Accident reported to the Police? () Yes () No If yes attach police report				
DETAILS OF PARTY				
Vehicle B	SLZ 3062U	Name	Dine	
Vehicle C	SHF183T	Contact		
Vehicle D				
Vehicle E				
Vehicle F				

Driver Only

Individual Statement

On 11.01.19 at about 17:00 hours along ECP towards City (Before Marine Parade Exit). I was travelling straight on the lane 1, when my front vehicle (C) slowed down and stopped hence I follow suit.

Suddenly I heard a loud bang from behind and the impact forced my vehicle (A) to move forward hit onto the rear portion of vehicle (C). When I alighted I realised it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my front & rear portion of my vehicle (A). It was a chain collision of total 3 vehicles involved.

Vehicle (A): SJE 4322A

Vehicle (B): SLZ 3063U

Vehicle (C): SHF 187T

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CHASSIS NO



LEFT SIDE FRONT VIEW



RIGHT SIDE FRONT VIEW



REAR VIEW



LEFT SIDE REAR VIEW



RIGHT SIDE REAR VIEW



ODOMETER

