



## 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	10/01/2019 13:32
Date Of Accident	09/01/2019 19:00
Exact Location Of Accident	ALONGJOO SENG RD AFT EXIT/ENT TOBLK 8 JOO SENG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT189D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN LEAD SHAKE
NRIC No	S6842627H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83835059
Alternative Phone No	OFFICE-83835059

### Vehicle Particulars

Manufacturer	TOYOTA
Model	-
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	Z17VP05015822
Cover Note Number	

2/18/VP05/020820

### Driver

Name of Driver	NG BEE HION
NRIC No	S0715250G
Date Of Birth	26/12/1944
Occupation	INDOOR
Date Of Driving Pass	24/09/1965
Driving Experience	53 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83835059
Fax Number	
Contact Number	
Email Address	NOEMAIL



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

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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	2
Was any body injured in the Accident?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	ALJUNIED NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 13 JOO SENG ROAD , <b>POSTCODE:</b> 360013 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2809999 - <b>FAX NO:</b> 62815960
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

refer attached report.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7705T
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)

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# SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted 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 insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

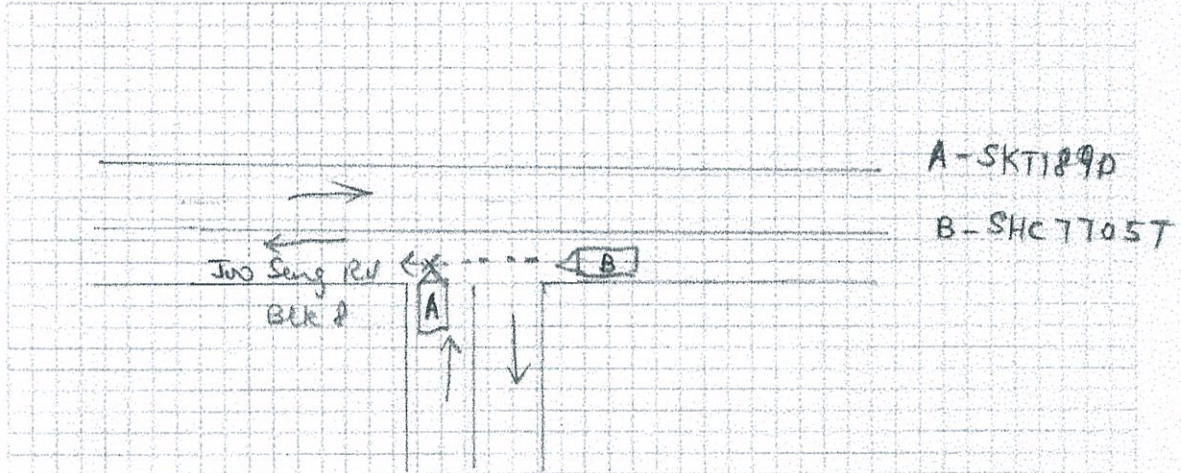
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer attached police report.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Annex D

## NOTICE OF REPORTING

This is to confirm that Ng Bee hion, NRIC/FIN

S0715250G, has reported to the Police a non-injury traffic accident which

Occurred along Joo Seng Road After exit/entrance to Blk 8 Joo Seng Road  
on 09/01/2019 at 1900 hrs involving the following vehicles:

1. SKT189D C/N: 83835059 (Complainant)
2. SHC7705T

*On 09/01/2019 at about 1900hrs, Complainant had stopped her car upon exiting Blk 8 Joo Seng Road and before she could exit out, a minor non-injury accident occurred between her car and another taxi that she claimed was driving at fast speed along Joo Seng Road. The taxi bumper had hit the car's number plate, causing it to drop and damaged. Taxi driver refuse to give particulars and claim he has a friend to be witness.*

- 2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

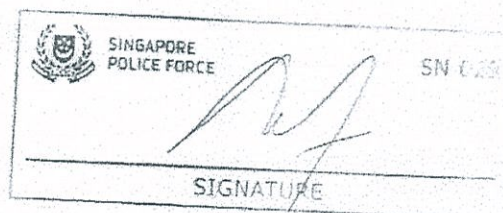
Rank/Name of Issuing Officer: Sgt(3) Muhammad Fakhruddin Bin Shahri

Date: 09/01/2019 Time: 2103 hrs

S/D Ref: 29

Police Post/Unit: Aljunied NPP

**Aljunied NPP**  
Blk 13 Joo Seng Rd  
#01-69 S(360013)  
Tel: 62809999





Accident Photo





Accident Photo





Accident Photo





Accident Photo





Accident Photo





Accident Photo

