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 witholding 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 consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available				
		ACCIDENT STATEMENT				
	Date Of Report	21/01/2019 18:35				
	Date Of Accident	20/01/2019 21:45				
	Exact Location Of Accident	BETWEEN WOODLANDS AVENUE 12/WOODLANDS LANE				
	Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE					
	Vehicle Registration Number	SJU2122P				
	Insured/Policyholder					
	Name Of Registered Owner	LIM BAK LENG				
	NRIC No	S1754850F				
	Email Address	NOEMAIL				
	Mobile Phone No	(LOCAL) +65-97977120				
	Alternative Phone No	OTHERS-97866756				
	Vehicle Particulars					
	Manufacturer	MAZDA				
	Model	5				
	Exact Purpose for which vehicle was being used at time of accident	GOING HOME AFTER DINNER				
	Are you claiming under your own insurance policy	NO				

for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company LONPAC INSURANCE BHD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number Z18VP05019971

Cover Note Number

Driver

Name of Driver MAX LIM WEI JIE NRIC No S9821906D Date Of Birth 09/07/1998 Occupation **INDOOR Date Of Driving Pass** 05/12/2017

Driving Experience 1 YEAR AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97977120

Fax Number

OTHERS-97866756 Contact Number

EMail Address NOEMAIL

BLK 787D WOODLANDS CRESCENT Address

#08-20

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NO

NO

7

Postcode 734787

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

COLLISION - HEAD TO REAR Type Of Accident

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

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : PASSENGER

> GENDER: : FEMALE

Passenger 2 NAME: : PASSENGER

> GENDER: : FEMALE

Passenger 3 NAME: : PASSENGER

> GENDER: : FEMALE

Passenger 4 NAME: : PASSENGER

> GENDER: : MALE

Passenger 5 NAME: : PASSENGER

> GENDER: : MALE

Passenger 6 NAME: : PASSENGER

> GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGQ4523J

Vehicle Make/Model/Colour SUZUKI SWIFT

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver GREGORY RICHARD PEREIRA

NRIC/Passport Number S9613694C Contact Number 90214149

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

Passenger 1 NAME: :

GENDER: :

Passenger 2 NAME:

GENDER: :

Accident Sketch Plan

SKETCH PLAN

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- Any false reporting may be referred to the Police for investigation.
- The 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 lodgment 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.
- 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)
 - (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
- 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.
- 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 Perso

NRIC/FIN No.

Accident Sketch Plan

KETCH PLAN	BEIWIUM	WOODCOME	y but I	1 (V 000CB	MD Z DOLL C	
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT						
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DECLARATION						
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		are true in exercisespec	r.		21/01/2019	



SINGAPORE ARMED FORCES

IDENTITY CARD

Name

MAX LIM WEI JIE

NRIC No

S9821906D



it without delay to Central Manpower Base or any Police Station.

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Driving License































