

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	21/01/2019 21:43
Date Of Accident	21/01/2019 18:00
Exact Location Of Accident	SLE TOWARDS WOODLANDS/BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ6574M
Insured/Policyholder	
Name Of Registered Owner	HSHIEH CHI CHERNG
NRIC No	S2197633D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96421762
Alternative Phone No	OFFICE-96421762

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN-1.4 TSI (A)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05018072
Cover Note Number	

Driver

Name of Driver	HSHIEH CHI CHERNG
NRIC No	S2197633D
Date Of Birth	03/08/1963
Occupation	INDOOR
Date Of Driving Pass	12/11/1981
Driving Experience	37 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96421762
Fax Number	
Contact Number	OFFICE-96421762
Email Address	NOEMAIL

Address	BLK 476 SEGAR ROAD #13-412
Postcode	670476
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : LIM POH HOON GENDER: : FEMALE

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

ON 21/01/2019 AT ABOUT 1800 HOURS, I WAS TRAVELLING IN LANE 1 ALONG SLE TOWARDS WOODLANDS/BKE. JUST AS I WAS NEAR MANDAI, THE VEHICLES IN FRONT OF ME SUDDENLY STOPPED. ON SEEING THAT I IMMEDIATELY APPLIED MY EMERGENCY BRAKES BUT TO NO AVAIL. AS A RESULT, THE FRONT PORTION OF MY VEHICLE (REGN NO: SKJ6574M) COLLIDED INTO THE REAR PORTION OF THE FRONT VEHICLE (REGN NO: SLQ1879T). NEXT I ALIGHTED FROM MY VEHICLE TO TAKE PHOTOS AND EXCHANGED PARTICULARS. I ALSO NOTICED THAT THERE WAS SOME MINOR DAMAGE TO ANOTHER VEHICLE (REGN NO: SLR4952P). FORTUNATELY NO ONE WAS INJURED.

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	SLQ1879T
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	FRONT AND REAR PORTIONS DAMAGED
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	SLR4952P
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	REAR PORTION DAMAGED
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)	

Sketch Plan

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: 2/10/19

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


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

Sketch Plan #2

SKETCH PLAN

<A SKJ6574M
 <B SLQ1879T
 <C SLR4952P

SLE TOWARDS CTE/TPE
 SLE TOWARDS WOOLLAHONG/BKE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO 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)

Reporting Centre Personnel's Signature
Name:





REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2197633D

Name
HSHIEH CHI CHERNG

謝啟誠

Race
CHINESE

Date of Birth
03-08-1963

Country of Birth
TAIWAN

Sex
M





REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **S2197633D**

Name: **HSHIEH CHI CHERNG**

Birth Date: **03 Aug 1963**
Issue Date: **16 Dec 2002**



0000200938

Identification Card

1853101



NRIC No: S2197633D



Blood Group: A+ Date of issue: 03-04-1994

APT BLK 476 SEGAR ROAD #13-412
SINGAPORE 670476
NRIC No: S2197633D Date: 05-09-2001 No: 4024539

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

26 Mar 1994
12 Nov 1981

Class 2B Motorcycles not exceeding 200 cc

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Licence No: S2197633D



NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

