### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Fax Number Contact Number EMail Address

- 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 <u>truthful and accurate</u> 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 consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	28/01/2019 15:33	
Date Of Accident	26/01/2019 17:40	
Exact Location Of Accident	GOLDEN MILE COMPLEX CARPARK	
Country/State of Loss	SINGAPORE	
I I	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKG7573A	
Insured/Policyholder		
Name Of Registered Owner	NG POH NOI	
NRIC No	S6927293B	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97413684	
Alternative Phone No	OFFICE-97413684	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	C 180 BLUEEFFICIENCY	
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE	
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	Z18VP05020996	
Cover Note Number	-	
Driver		
Name of Driver	DARYL THAM JUN WEI	
NRIC No	S9835918D	
Date Of Birth	02/11/1998	
Occupation	INDOOR	
Date Of Driving Pass	02/01/2018	
Driving Experience	1 YEAR AND 0 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-97413684	

NOEMAIL

BLK 941 TAMPINES AVE 5 #06-225 Address

Postcode

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 SIDE SWIPE 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

Number of Passengers (Including Driver)

ambulance?

YES

NO

2

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : HAZEL WONG XIN PING

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name TAMPINES N.P.C

Police Station Address ROAD: TAMPINES N.P.C, POSTCODE: 529682, COUNTRY: SINGAPORE

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

### **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT.

Attachment(s)

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

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SLB2022X Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

ROSALIND TAN HONG YUE Name of Driver

NRIC/Passport Number S9126297E **Contact Number** 98516080

Address Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

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  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- 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) of :
  - 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:
  - 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.:

### **Accident Sketch Plan**

SKETCH PLAN

Golden wite corporate

Complex

A - Skg 7573A

B - SCB 2000X

Parking
Lot

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to potice upont.
8/20190176/2109

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.:



# POLICE REPORT (NP299)

Police Station Of Origin Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999



1012

Report No. G/20190126/2109

Date/Time Report Made 26/01/2019 19:29	Vide Report No.			Station Diary No 121
Name Of Informant DARYL THAM JUN WEI	Address APT BLK 941 TAMPINES AVENUE 5 #06-225 SINGAPORE 520941			
ID Type / ID No. NRIC NO / S9835918D	Contact No. Home/Office		Mobile 97413684	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation	Sex	Age	Date of Birth	Race
TATTOO ARTIST	Male	20	02/11/1998	Chinese
nstitution/School Name	Language			
Pate/Time Of Incident 6/01/2019 17:40	Location Of Incident 5001 BEACH ROAD GOLDEN MILE COMPLEX SINGAPORE 199588 CARPARK			

### Brief details.

On the 26th of January 2019 at about 1738hrs, I wanted to go out from the carpark of Golden Mile Complex. I made a left turn, behind a car (SLB2022X). She suddenly on her hazard light and reversed into a parking lot, without giving me time to react and reverse. Furthermore, there was a car behind me. The said reversing car then hit onto the front left portion of my vehicle, causing the headlight cracked and scratches on the front left bumper and lower hood. The other vehicle had dents on her front right portion

Signature Of Officer Recording The Report:	Signature Of Informant		
G / Sgt 3 SITI NUR SYAFIQAH BINTE AZMAN			
Signature Of Interpreter.	Date/Time; 26/01/2019 19:29		
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / ASP JAGANESON S/O JAYAGOPALAN Contact No.:	Classification Of Case.		
Authentigation Stamp SINGAPORE POLICE FORCE			
SIGNATURE			

### **POLICE REPORT**





















