

## 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	08/02/2019 17:02
Date Of Accident	07/02/2019 08:30
Exact Location Of Accident	AYER RAJAH HAWKER CENTRE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD7480L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAM YEE NGON
NRIC No	S2672142C
Email Address	DJOANNAFAM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90292286
Alternative Phone No	OFFICE-90292286

### Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE-1.5 M (A)
Exact Purpose for which vehicle was being used at time of accident	BREAKFAST
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3088771600
Cover Note Number	

### Driver

Name of Driver	LAM YEE NGON
NRIC No	S2672142C
Date Of Birth	24/09/1967
Occupation	INDOOR
Date Of Driving Pass	07/02/2004
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90292286
Fax Number	
Contact Number	OFFICE-90292286
Email Address	DJOANNAFAM@GMAIL.COM

Address	BLK 489C CHOA CHU KANG AVENUE 5 #14-229
Postcode	683489
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	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	3
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)	3
Passenger 1	NAME: : JOANNA FAM GENDER: : FEMALE
Passenger 2	NAME: : JUSTINE FAM 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

PLEASE REFER TO SKETCH PLAN

#### 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	SLH1532R
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JIMMY
NRIC/Passport Number	
Contact Number	97354270
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBE2556A  
Vehicle Make/Model/Colour TOYOTA  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver FRANCIS  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan


### SKETCH PLAN

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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) 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.

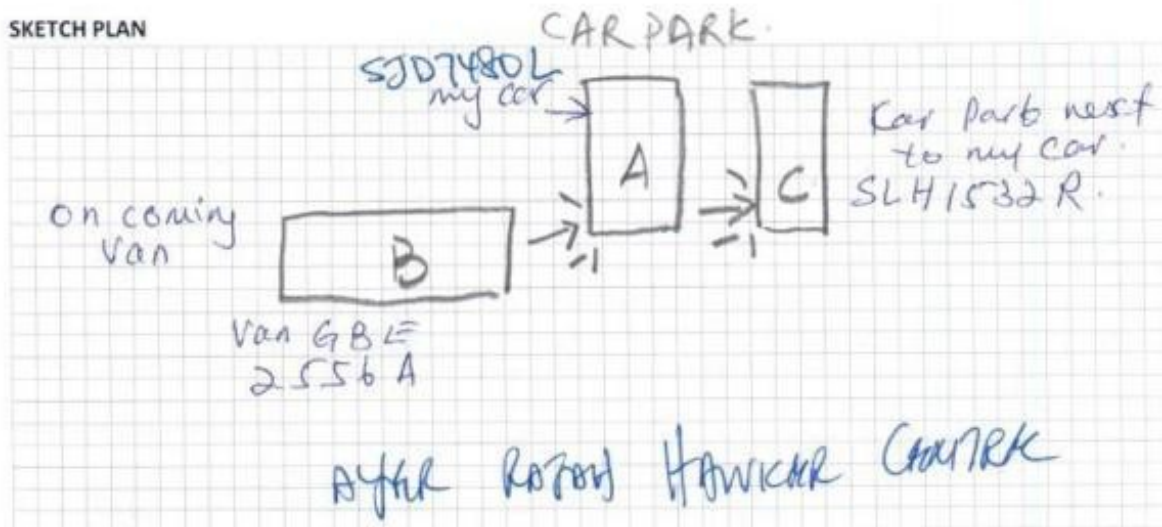
  
7/2/19 1400hrs.  
Policyholder's Signature  
Date & Time:

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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was parked at Ayer Rajah Hawker Car park.

When my car (A) was driving out from my parking Lot, Car B suddenly approached at high speed and knock on my right side.

The impact is hard and caused my car to hit the adjacent car parked next to my car (Car C).

Both parties Car B and Car C want to claim against me.

No one was injured in this accident.

## DECLARATION

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

1400 hrs. 7/2/19  
Policyholder's Signature  
Date & Time:

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

22/02/2019  
Reporting Centre Personnel's Signature  
Name: Roshan  
NRIC/FIN No.:




ID

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2672142C



Name  
**LAM YEE NGON**  
**林汝安**  
Race  
**CHINESE**  
Date of Birth  
**24-09-1967** Sex  
**M**  
Country of Birth  
**MALAYSIA**

REPUBLIC OF SINGAPORE DRIVING LICENCE  
S2672142C



Name  
**LAM YEE NGON**  
Birth Date  
**24 Sep 1967**  
Issue Date  
**07 Feb 2004**

001168063E

8246688



NRIC No. S2672142C

Nationality  
**MALAYSIAN**  
Blood Group Date of issue  
**O+** **18-06-1997**

APT BLK 489C CHOA CHU KANG AVENUE 5 #14-229  
SINGAPORE 883489  
NRIC No. S2672142C Date: 24/08/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 1B Motorcycles not exceeding 200 cc. 07 Feb 2004  
Class 2 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms. 07 Feb 2004

NP 4203

001168063E

Licence No. S2672142C

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo

