

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	09/02/2019 11:39
Date Of Accident	05/02/2019 11:30
Exact Location Of Accident	ALONG ADMIRALTY STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ5525R
Insured/Policyholder	
Name Of Registered Owner	CHONG SAI KOW
NRIC No	S2629509B
Email Address	REGGCHONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82732383
Alternative Phone No	OFFICE-82732383

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 L (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	Z/18VP05/018754-001
Cover Note Number	

Driver

Name of Driver	CHONG SAI KOW
NRIC No	S2629509B
Date Of Birth	17/10/1965
Occupation	INDOOR
Date Of Driving Pass	07/08/1989
Driving Experience	29 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82732383
Fax Number	
Contact Number	OFFICE-82732383
Email Address	REGGCHONG@GMAIL.COM

Address	BLK 20 HOUGANG AVENUE 3 #05-209
Postcode	530020
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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	SG5425M
Vehicle Make/Model/Colour	SMRT BUS
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
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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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:

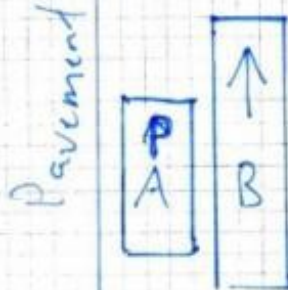
Reporting Centre Personnel's Signature
Name: *Rashid*
NRIC/FIN No.: *123456789*

Accident Sketch Plan

SKETCH PLAN

A = Honda stream
SLZ 5525R
B = SMART Bus
SG 5425 m

ALONG ADMIRALTY STREET



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car A was parked along side of road. Driver was not in.

Car B moved along side car A and grazed along side of car A, resulting in broken side mirror and damaged paint work.

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2629509B



Name
CHONG SAI KOW
張世九
Race
CHINESE
Date of birth
17-10-1965
Country/Place of birth
MALAYSIA

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S2629509B**

Name
CHONG SAI KOW

Birth Date **17 Oct 1965**
Issue Date **11 Dec 2003**

001046696A



5578308



NRIC No. **S2629509B**



Date of issue
23-03-2016

Address
**APT BLK 20 HOUGANG AVENUE 3
#05-209
SINGAPORE 530020**


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 23 Motorcycles not exceeding 200 cc
Class 9 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

07 Aug 2008
07 Aug 2008

NP 425A

Licence No. **S2629509B**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MAA119018035 Vehicle Registration No: SLZ552SR
Name (as shown in NRIC) : CHONG SAI KOW NRIC/FIN/Passport No : S26295098
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 20 HOUGANG AVE 3 #05-209 Singapore(550020)
Contact (Tel) : _____ Mobile No. : 82732383
Email Address : _____
Date of Accident : 05/02/19 Time of Accident : 11:30
Place of Accident : ALONG ADMIRALTY ST
Insurance Company : CONPAC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

REVERT FROM REPORTING TO TP CLAIMS


Policyholder / Driver's Signature
Date: 13/2/19

 13/02/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: