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 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	03/04/2019 11:40
Date Of Accident	02/04/2019 15:45
Exact Location Of Accident	X-JUNCTION ADJ OF BOON LAY FOOD CENTRE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJR8698X
Insured/Policyholder	
Name Of Registered Owner	NG TECK BENG
NRIC No	S6911130J
Email Address	NGTECKBENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81167185
Alternative Phone No	OFFICE-81167185
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	NF SONATA 2.0 F/L
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05019941
Cover Note Number	
Driver	
Name of Driver	NG TECK BENG
NRIC No	S6911130J
Date Of Birth	02/04/1969
Occupation	OUTDOOR
Date Of Driving Pass	21/07/1988
Driving Experience	30 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81167185
Fax Number	
Contact Number	OFFICE-81167185
EMail Address	NGTECKBENG@GMAIL.COM

Address	APT BLK 452 FAJAR ROAD #07-718
Postcode	670452
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	COLLISION - MAJOR/MINOR RD
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)	1

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

REFER 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	SJS4504T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOH CHUN TECK
NRIC/Passport Number	S7018522I
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

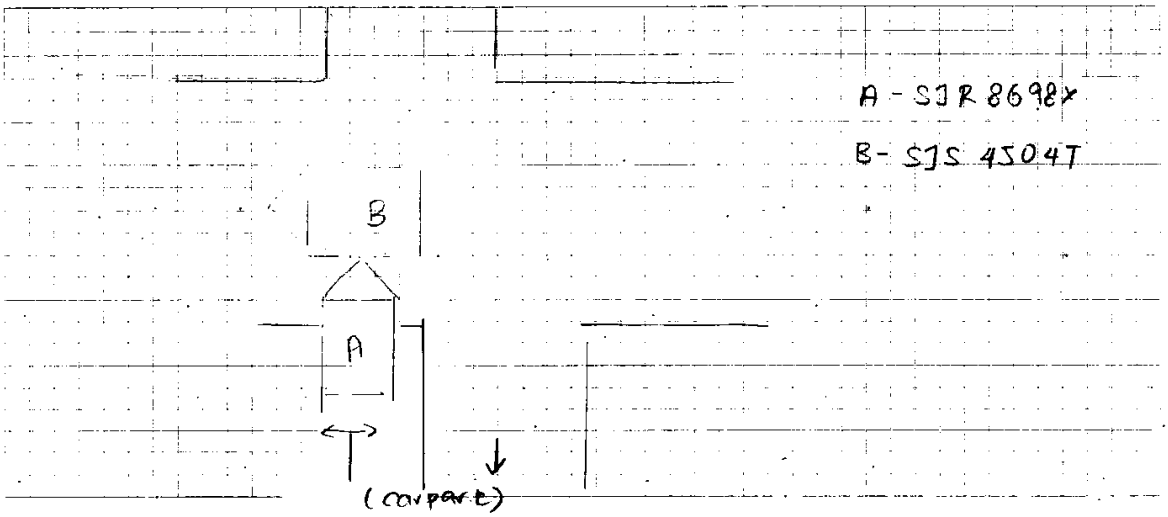
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 3/4/19	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: Jerleen NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time : 3/4/2019 1545
Accident Location : Cross Junction adj of Boon Lay Bird Centre (Boon Lay Place)
As per attached
☑ Reporting Only ☐ Own Damage ☐ Third Party ☐ Claim at other workshop (OD/TP)

DECLARATION

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

*** IMPORTANT NOTE:**
You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a **FOURTEEN (14) days** clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 3/4/19.	(If driver is not the policyholder)	Name: Jerleen
	Date & Time:	NRIC/FIN No.:

GIABMR_SketchPlanForm_v3

Insurance Policy Company : Lonpac Insurance Singapore

Insurance Policy Number : Z18VP05019941 (Expired Date : 26.08.2019)

Car Plate : SJR8698X

Date & Time of Accident : 02.04.2019, 3.45pm

Location : Cross junction adjacent of Boon Lay Food Centre, Boon Lay Place

Description of Accident : As Follow

My vehicle was waiting at the open space carpark exit (Blk 221A Boon Lay Place) right after the exit barrier to cross the road. I carefully observe the road is clear and safe and no oncoming vehicle from my left across the road and my right that going straight. There is a car turning left into the carpark with signal light turn on, it is safe for me to drive out as I am driving across the road, I still take precaution as I know the oncoming traffic often like to drive fast and did not notice of car exiting the carpark whether is turn left or driving across the other side of road.

As I drove my car out with precaution and about to reach the middle of the road the said vehicle drove pass in front of my car from the right causing my car to collide with the said car. I was caught by surprize and shocked and immediately jam brake. Afterward, he drove his car to the road side and I move my car from the middle of road to the other side of road too.

On the other side of the road, I visual inspect the other car and found only passenger side door bottom area was damage.

My car front bumper was badly hit and my licence plate was tear off from bumper.

I am the only person inside my car whereas the other party have his friend/colleague inside their car.

Both of them are all well sound and able to communicate and exchange personal particulars with me.

Both our cars are able to drive away from scene without the need of tow truck.

The weather is clear no rain.

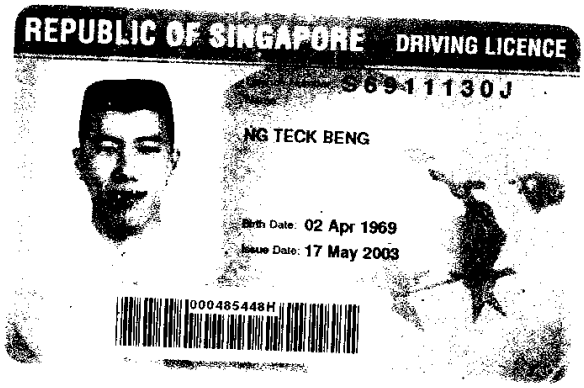
Other Party Car Insurance Company : NTUC

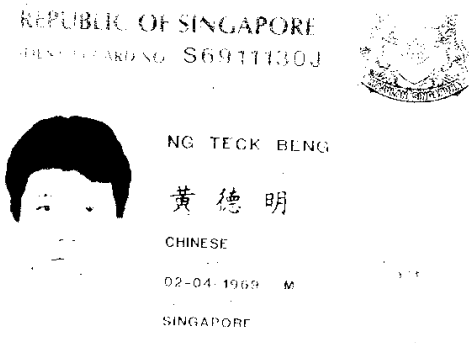
Other Party Car Plate : SJS4504T

Other Party Driving Licence Number : S7018522I

Other Party Driver Name : LOH CHUN TECK

3/4/19

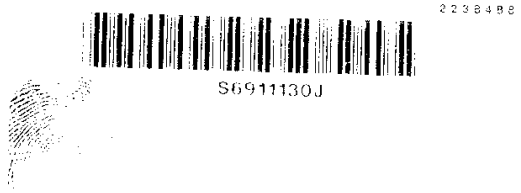




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Jul 1988

NP 428A



APT BLK 452 FAJAR ROAD #07-718
SINGAPORE 670452

S6911130J 01/01/2014

Accident Photo

Accident Photo

Accident Photo

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