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	04/04/2019 10:06
Date Of Accident	03/04/2019 19:30
Exact Location Of Accident	STRAITS BOULEVARD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJU5313K
Insured/Policyholder	
Name Of Registered Owner	MING WAI TUCK,ROBIN
NRIC No	S7819817F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90696768
Alternative Phone No	OTHERS-91005757
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 2.0L 5MT
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05018971
Cover Note Number	
Driver	
Name of Driver	BAY LI TIANG
NRIC No	S7928552H
Date Of Birth	17/09/1979
Occupation	INDOOR
Date Of Driving Pass	17/12/2005
Driving Experience	13 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91005757
Fax Number	
Contact Number	
EMail Address	RACHELBAY@YMAIL.COM

Address	BLK 771 WOODLANDS DRIVE 60 #06-176
Postcode	730771
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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: : MING WAI TUCK ROBIN GENDER: : MALE

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 to sketch plan.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKP8627A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH LAY HUA
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	SKL5020R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEE CHENG HO
NRIC/Passport Number	S1289967Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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. The 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 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.

FALCON-AIR AUTO SERVICES PTE LTD SIN MING

Policyholder's Signature
Date & Time: 4/4/19 9:40 am

Driver's Signature
(If driver is not the policyholder)
Date & Time: 4/4/19 9:40 am

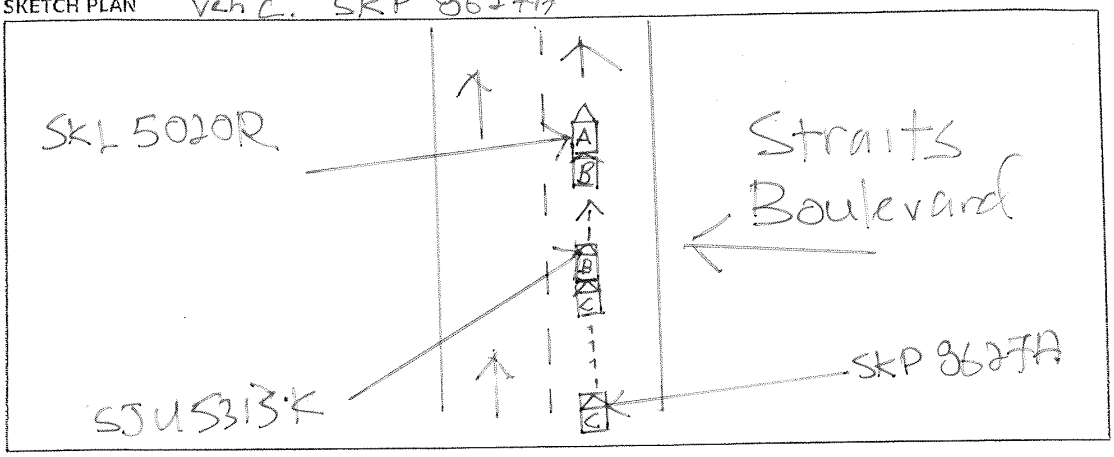
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 03/04/2019 Time: 1930 Location: Straits Boulevard

Veh A: SKL 5020R Veh B: SJU5313K No of pax: 2 Weather: Clear/dry ~~Rain/Wet~~

SKETCH PLAN Veh C: SKP 8627A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A stop. I brake in time with a distance apart. Vehicle C bang me on my rear and cause my car to move forward and bang vehicle A.

☐ Claim OD/TP at Falcon-Air ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop : Celebrity Auto

Email address & myself : 90696769 – Robin

Email address : rachelbay@ymail.com 91005757 – Driver wife MRS Ming

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

FALCON AIR AUTO SERVICES PTE LTD SIN MING

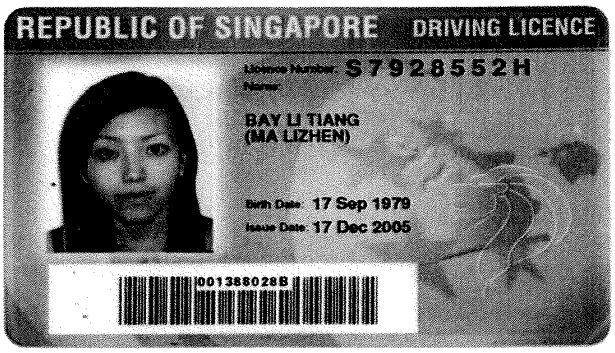
DECLARATION

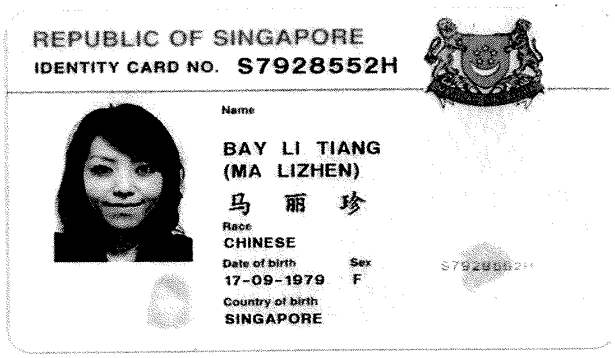
I/We declare the foregoing particulars are true in every respect.

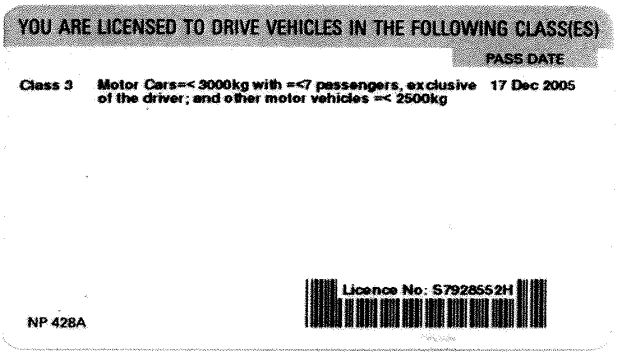
Policyholder's Signature
Date & Time: 4/4/19 9:40am

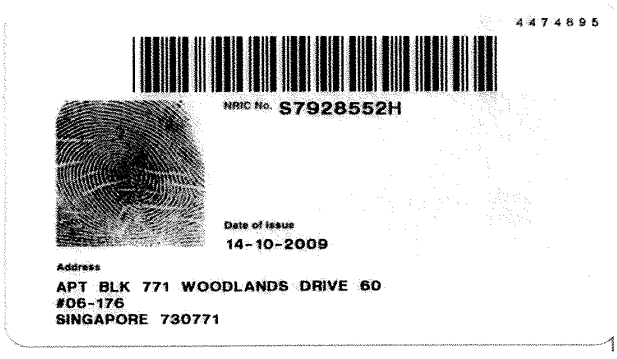
Driver's Signature
(If driver is not the policyholder)
Date & Time: 4/4/19 9:40am

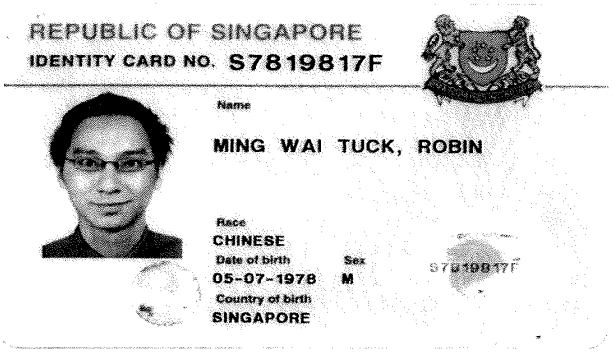
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

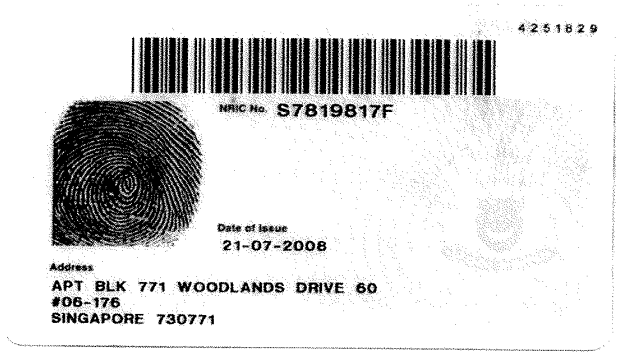

REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number S7928552H
Name
BAY LI TIANG
(MA LIZHEN)
Birth Date 17 Sep 1979
Issue Date 17 Dec 2005
1001388028B


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7928552H
Name
BAY LI TIANG
(MA LIZHEN)
马 丽 珍
Race
CHINESE
Date of birth
17-09-1979
Sex
F
Country of birth
SINGAPORE


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
PASS DATE
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 17 Dec 2005
Licence No: S7928552H
NP 428A


4474895
NRIC No. S7928552H
Date of issue
14-10-2009
Address
APT BLK 771 WOODLANDS DRIVE 60
#06-176
SINGAPORE 730771


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7819817F
Name
MING WAI TUCK, ROBIN
Race
CHINESE
Date of birth
05-07-1978
Sex
M
Country of birth
SINGAPORE


4251829
NRIC No. S7819817F
Date of issue
21-07-2008
Address
APT BLK 771 WOODLANDS DRIVE 60
#06-176
SINGAPORE 730771

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

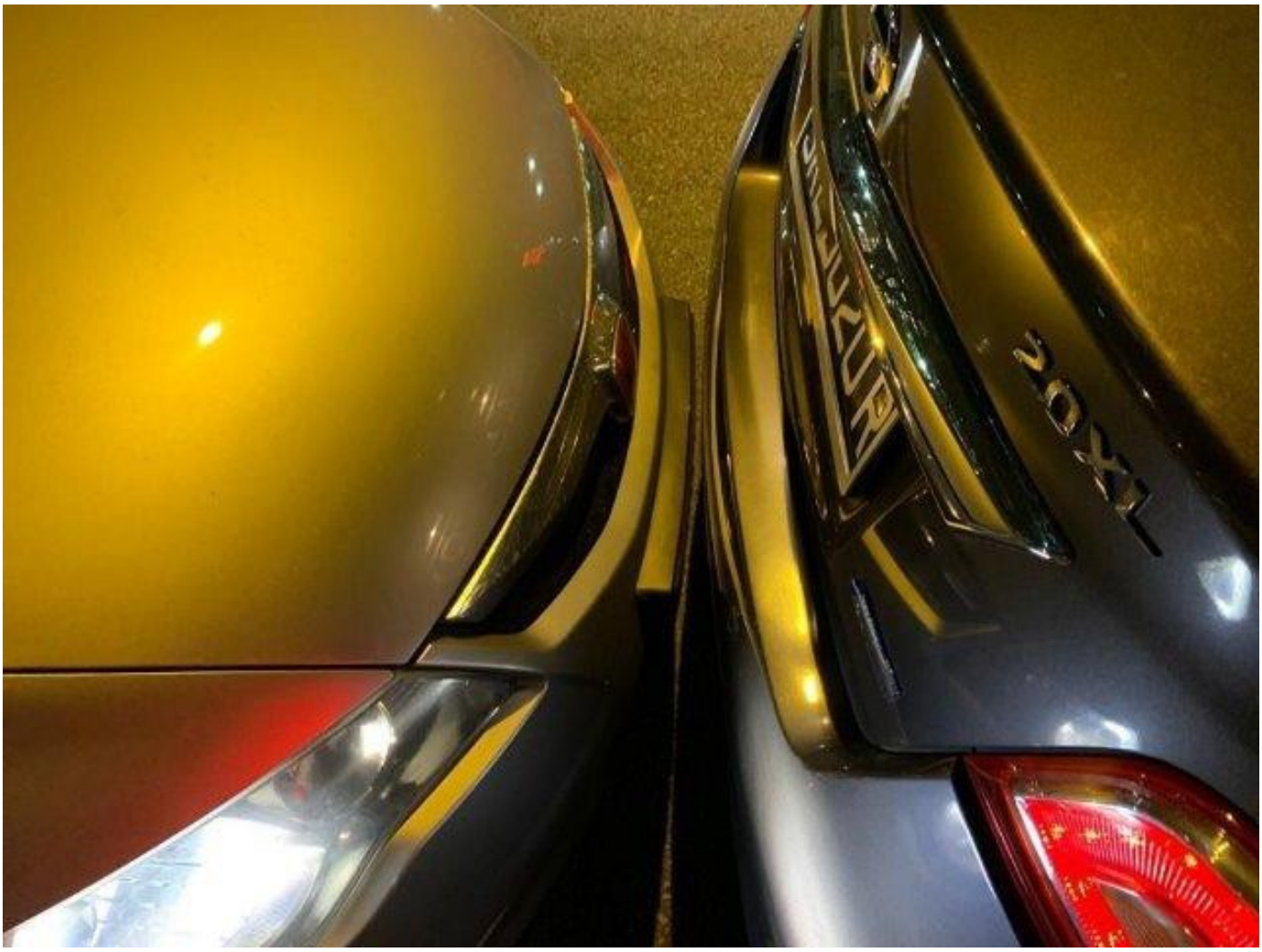
Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo



Accident Photo

Accident Photo

Accident Photo