



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	27/04/2019 10:29
Date Of Accident	26/04/2019 15:00
Exact Location Of Accident	OPEN CARPARK AT BLK 38 AND 37 SIN MING DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB9630M
Insured/Policyholder	
Name Of Registered Owner	TRINITY CASKET PTE LTD
Co Reg No	199104723M
Email Address	ENQUIRY@TRINITYCASKET.COM
Mobile Phone No	(LOCAL) +65-91111367
Alternative Phone No	OFFICE-64514496

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VITO 111LA
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VC05000883
Cover Note Number	

Driver

Name of Driver	SAAT BIN PAGI
NRIC No	S1505866H
Date Of Birth	26/04/1961
Occupation	OUTDOOR
Date Of Driving Pass	20/03/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90679402
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 3 LORONG 7 TOA PAYOH #01-89
Postcode	310003
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	RAINING
Road Surface	WET

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)	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

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	GBD959D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
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	GBJ1948H
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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.

TRINITY CASKET PTE LTD

BLK 38 SIN MING DRIVE

#01-527, 529, 531

SINGAPORE 575712

TEL: 6451 4496 FAX: 6453 2994

Policyholder's Signature

Date & Time:

27 APR 2019

10:29 Am

GIAASIC SketchPlanForm_V3



Driver's Signature

(If driver is not the policyholder)

Date & Time:

27 APR 2019

10:29 Am



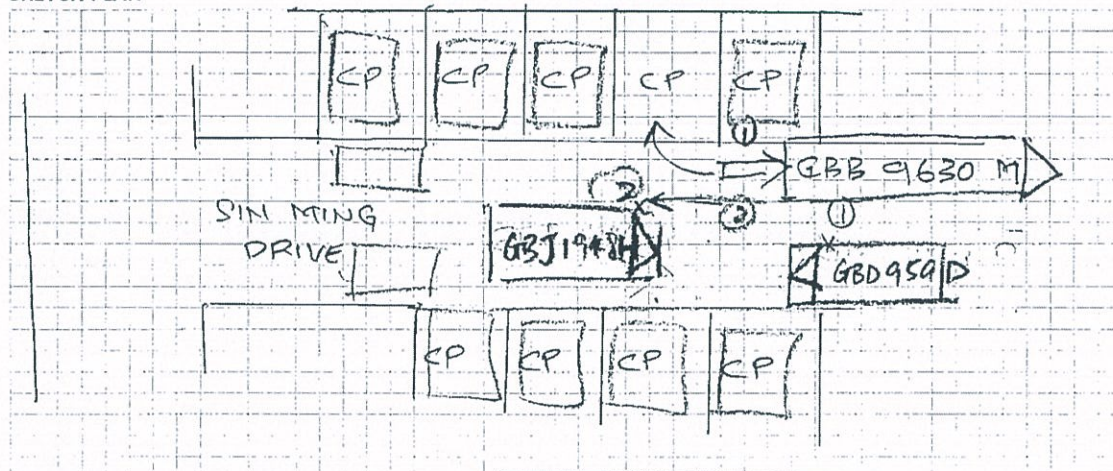
Reporting Centre Personnel's Signature

Name: Poh Kwee Choo

NRIC/FIN No.: S8840583A

BLK 38 Sin Ming Drive
FUNERAL PARLOUR.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT | FUNERAL PARLOUR | BLK 37

ON 26.4.19 @ 1500 HRS Try to Park GBB 9630 H

due to carpark jam making reversing to car park lot

when: swerve suddenly slight knock to vehicle

GBD 959 P with result the vehicle slight dented

and sliding door cannot be open at right side.

2nd vehicle GBJ 1948 H slight stretched at

left door.

DECLARATION

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

TRINITY CASKET PTE LTD

BLK 38 SIN MING DRIVE

#01-527 129, 531

SINGAPORE 750019

Policyholder's Signature

Date & Time:

27 APR 2019

GIARLIC SINGAPORE V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

27 APR 2019

Reporting Centre Personnel's Signature

Name:

Poh Kwee Choo

NRIC/FIN No.:

S8840583A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER

