

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	09/07/2019 10:09
Date Of Accident	28/04/2019 08:30
Exact Location Of Accident	ALONG JALAN BUKIT MERAH CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA4837Y
Insured/Policyholder	
Name Of Registered Owner	8DOORS SERVICES
Co Reg No	53381673D
Email Address	8DOORSSERVICES@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83852596
Alternative Phone No	OFFICE-83852596

Vehicle Particulars

Manufacturer	OPEL
Model	COMBO-1.7 D (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	
Cover Note Number	

Driver

Name of Driver	MOHAMMAD KHIDER BIN AMAN
NRIC No	S7601077C
Date Of Birth	08/01/1976
Occupation	INDOOR
Date Of Driving Pass	04/02/2003
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83852596
Fax Number	
Contact Number	
Email Address	8DOORSSERVICES@GMAIL.COM

Address	BLK 229 TAMPINES ST. 23 #04-259
Postcode	521229
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 - HEAD TO REAR
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

ON 28/04/2019 (SUNDAY) AT ABOUT 0830-0900AM. I WAS TRAVELLING ALONG JALAN BUKIT MERAH TO DO MY COLLECTION. THE ROAD WAS VERY CLEAR AS IT WAS A SUNDAY MORNING AND CONDITION DRY. I HAD MISSED A TURNING INTO CARPARK, STOPPED BY THE ROADSIDE WITH MY HAZARD LIGHTS SWITCHED ON. MADE A VERY VERY SLOW REVERSED AS I HAD MISSED THE ENTRANCE BY NOT MORE THAN 3-4 METERS AWAY. AS I WAS DOING IT WITH MUCH CANTIOUS AND CONSTANTLY CHECKING ON ALL MY MIRRORS, I SUDDENTLY FELT A "BIG JERK" CAME OUT TO CHECK. FOUND VEHICLE B (SLZ7308M) HAD HIT MY REAR BUMPER WITH HIS FRONT RIGHT WHEEL AS HE WAS MAKING HIS ENTRANCE TO THE CARPARK FROM THE OPPOSITE ROAD. FORTUNATELY MY VEHICLE (GBA4837Y) IS NOT DAMAGE IN ANYWAY DURING THIS INCIDENT, SO U'M NOT MAKING ANY CLAIM.

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	SLN7308M
Vehicle Make/Model/Colour	
Details Of Properties	CAR B
Vehicle Category	PRIVATE CAR
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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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.



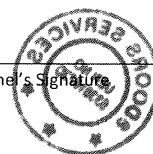
Policyholder's Signature
Date & Time:

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

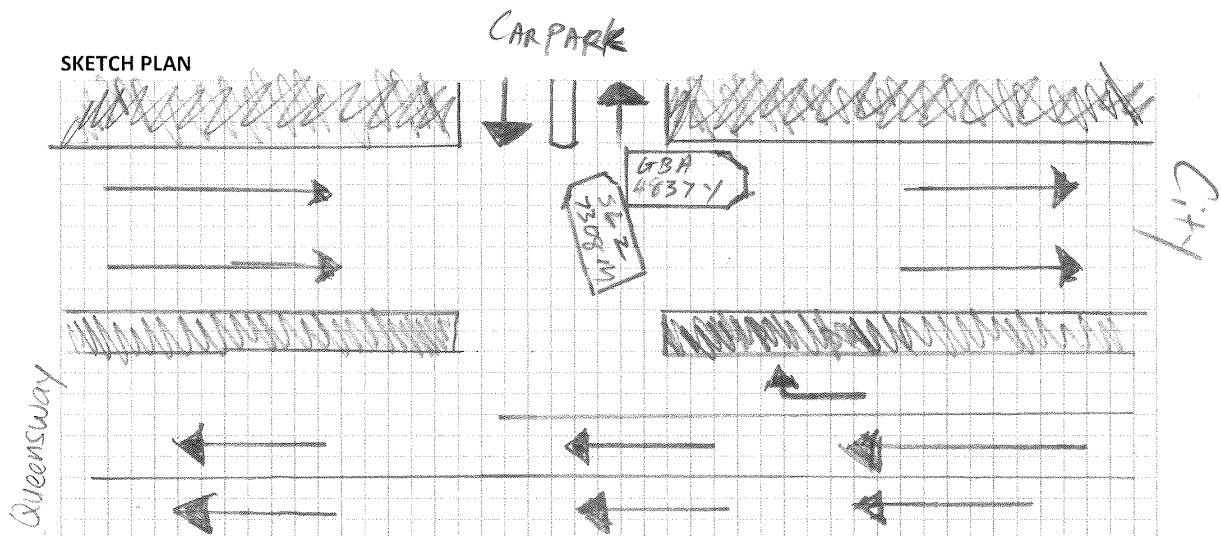
9/7/2019
11.00am



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



Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 28/4/2019 (SUN) at about 0830-0900 am I was TRAVELLING ALONG JLN. BUKIT MERAH TO DO MY COLLECTION. THE ROAD WAS VERY CLEAR AS IT WAS A SUNDAY MORNING AND CONDITION DRY. I HAD MISSED A TURNING INTO MY CARPARK, STOPPED BY THE ROADSIDE WITH MY HAZARD LIGHTS SWITCHED ON. MADE A VERY VERY SLOW REVERSED AS I HAD MISSED THE ENTRANCE BY NOT MORE THAN 3-4 METERS AWAY. AS I WAS DOING IT WITH MUCH CAUTIONS AND CONSTANTLY CHECKING ON ALL MY MIRRORS, I SUDDENTLY FELT A "BIG JERK". CAME OUT TO CHECK, FOUND VEHICLE SLZ7308M HAD HIT MY REAR BUMPER WITH HIS FRONT RIGHT WHEEL AS HE WAS MAKING HIS ENTRANCE TO THE CARPARK FROM THE OPPOSITE ROAD.

FORTUNATELY MY VEHICLE (GBA4837Y) IS NOT DAMAGE IN ANYWAY DURING THIS INCIDENT, SO I'M NOT MAKING ANY CLAIM.

DECLARATION

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

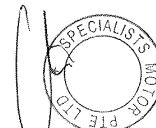


Policyholder's Signature
Date & Time:

GA/HA/ Sketch Plan form JS

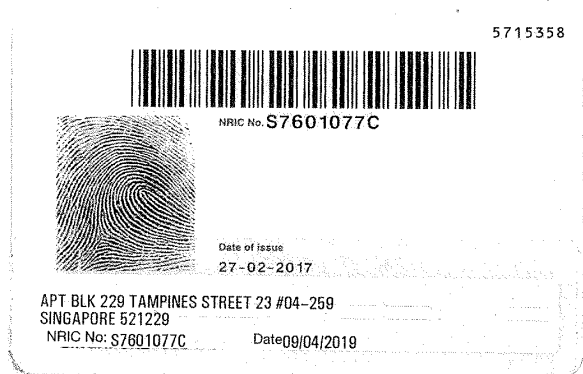
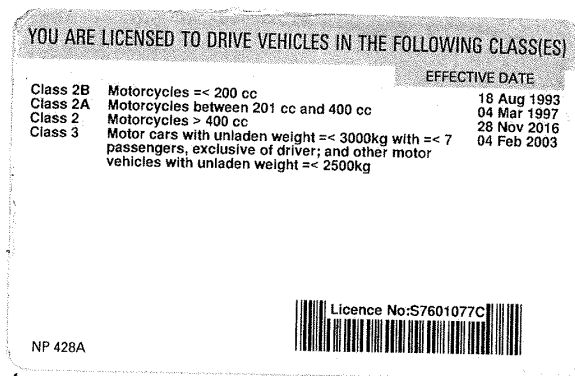
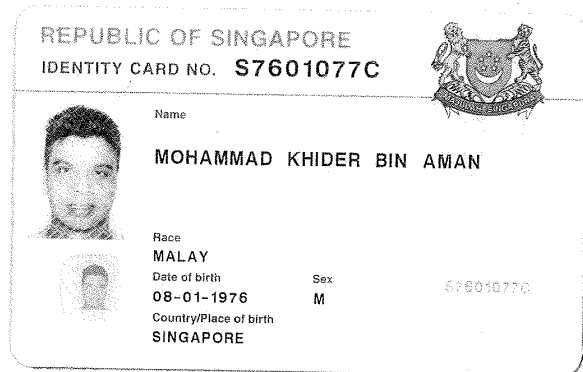
Driver's Signature
(If driver is not the policyholder)
Date & Time:

9/7/2019
11.00 am



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





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

