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 <u>truthful and accurate</u> 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	08/05/2019 14:38	
Date Of Accident	07/05/2019 17:55	
Exact Location Of Accident	UPP THOMSON RD TWDS SEMBAWANG RD NEAR B/STOP 53011	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGN1199Y	
Insured/Policyholder		
Name Of Registered Owner	TAN HOOI CHOO ADELYN	
NRIC No	S7171258C	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-98484441	
Alternative Phone No	OTHERS-98484441	
Vehicle Particulars		
Manufacturer	BMW	
Model	X3	
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE	
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/19/VP05/021917-001	
Cover Note Number		
Driver		
Name of Driver	TAN HOOI CHOO ADELYN	
NRIC No	S7171258C	
Data Of Birth	08/08/1071	

 NRIC No
 S7171258C

 Date Of Birth
 08/08/1971

 Occupation
 OUTDOOR

 Date Of Driving Pass
 13/01/2001

Driving Experience 18 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98484441

Fax Number

Contact Number OTHERS-98484441

EMail Address NOEMAIL

Address BLK 51 SIMS DRIVE

#14-134 380051

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

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2

NO

1

NO

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJD2882T

Vehicle Make/Model/Colour

Details Of Properties

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)

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(5)
 - (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
- 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 Signatu

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

Accident Sketch Plan

ETCH PLAN		
		A= SGN 11994
	3400	B= S0) 28827
		Upper Thomson Road
		towards
	1.1	Semborg Rood (Nearby Bus Stop: 5301
	90	Hearby Bus stop: 5301
ESCRIBE CIRCUMSTANCES	S OF THE ACCIDENT	
	Refer to a	tterh
	/	local and a second
FELLENATION		
ECLARATION We declare the foregoing part	iculars are true in every respect.	
1	Ann/	Sym 08/05/19
olicyholder's Signature ate & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

Individual Statement

On 07.05.19 at about 17:55 hours along Upper Thomson Road towards Sembawang Road (Nearby Bus Stop: 53011). While I was stationary on the lane 1, it was heavy traffic.

Suddenly vehicle (B) from my left cut into my lane without checking the traffic condition and collided onto front left hand side portion of my vehicle (A).

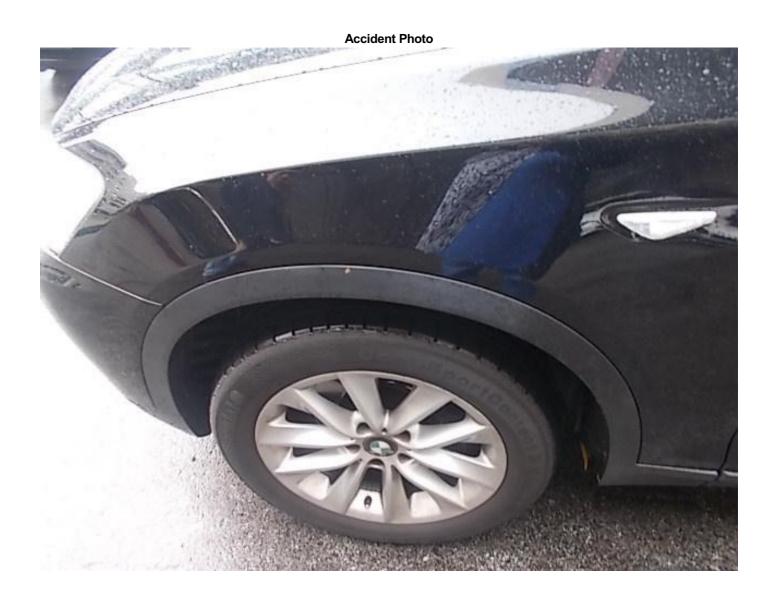
Vehicle (A): SGN 1199Y

Vehicle (B): SJD 2882T

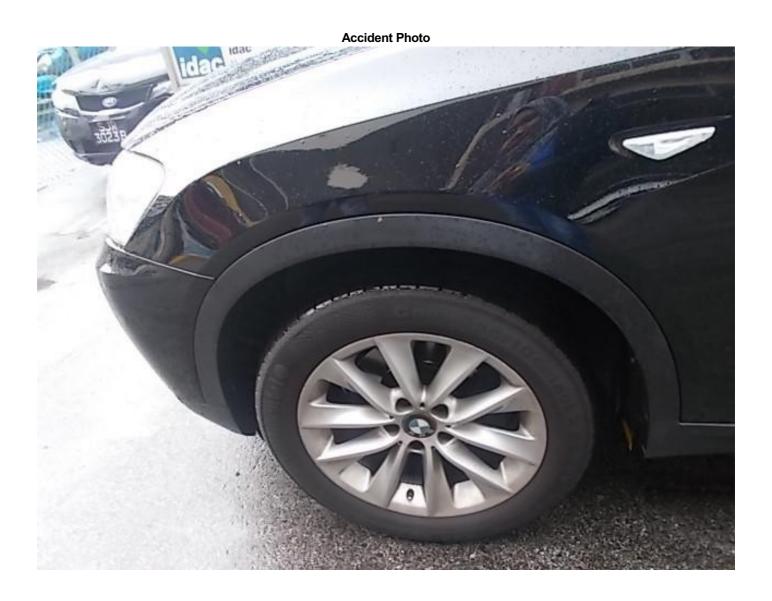








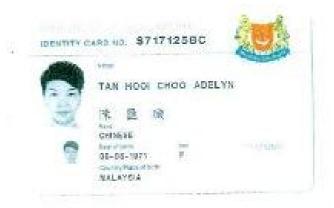








Identification Card



SUNIANY Chiuse



Driving License



San 11974

