SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.

ACCIDENT STATEMENT			
30/05/2019 11:07			
29/05/2019 15:20			
LOR K TELOK KURAU			
SINGAPORE			
DETAILS OF OWN VEHICLE			
XD8898T			
BENG HUAT HING TRANSPORT PTE LTD			
200600218H			
BENGHUATHING@SINGNET.COM.SG			
OFFICE-67573313			
HINO			
FS1ETKA			
COMMERCIAL USE			
NO			
REPORTING ONLY			
COMMERCIAL VEHICLE			
LONPAC INSURANCE BHD			
THIRD PARTY			
NO			
Z19VC05001867			
03/03/19 - 02/03/20			
LEE THIAM HO			
S1134581F			
08/03/1955			
OUTDOOR			
15/03/1978			
41 YEARS AND 2 MONTHS			
MALE			
(LOCAL) +65-91893693			

NOEMAIL

BLK 528 WOODLANDS DR 14 #10-523 Address

Postcode

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 **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?

YES

NO

NO

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

NO 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

REFER TO ATTACH.

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

SKK3007Z Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category MALAY MALE Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 13

Sketch Plan

SKETCH PLAN

VEHICLE NO .: XD 8898T

INSURER

DATE & TIME: >9/5/

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- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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.
- 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:

是 Hi:

> Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No .:

Sketch Plan #2

SKETCH PLAN						
Lar K Telok					B - SKK	8898T 3007Z Male
DESCRIBE CIRCUMSTANCES O	F THE ACCIDEN	T .				
I got into 1						
there was n	o vehiz	le be	elwind	me.	I ster	rted to
reverse slowly						
and saw car	B rev	ersity	and	I st	opped n	ry Gry.
The said dir	ner clui	med -	that I	ha	d collis	ded onto
its year which	th I	did ,	not fi	ed a	ny im	pact.

Note : Please note that your			Asia Asia Asia Asia Asia Asia Asia Asia			
under your own comp DECLARATION I/We declare the decepting particul			neck with you	ur policy to	A A	30/5/19
Policyholder S Sphature Date & Time: GIAMIVE Street Planeum, V.1. () Claim	Date & Time	ot the policyho : () Claim 1		Nam	e: / /FIN No.: (sonnel's Signature

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1134581F





LEE THIAM HO

添 和

CHINESE

08-03-1955 Country of birth

SINGAPORE







Class 2 Cl. 205-0 Class 4 05-02-2008

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Class 28 Metorcycles not exceeding 200 cc Class 2A

Motorcycles not exceeding 200 oc Motorcycles between 201 oc and 400 oc Motorcycle rescooding 400 oc Motor Cars and Motor Tractors the weight of which uniteden does not exceed 3600 kilograms Heavy Motor Cars and Motor Tractors the weight of which uniteden exceeds 2500 kilograms Motor Vehicles which are not constructed

themselves to carry any load end the weight of which unladen exceeds 7250 kilograms

10 Jan 1979

4170943

10 Jan 1979 10 Jan 1979 17 May 1972

05 Jul 1977

15 Mar 1978

Licence No: \$1134581F

Accident Photo





Accident Photo









SCENE



SCENE

