

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	01/07/2019 10:25
Date Of Accident	30/06/2019 10:40
Exact Location Of Accident	MT ELIZABETH ROAD/ORCHARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE9351J
Insured/Policyholder	
Name Of Registered Owner	CHEAH GIM XIAN
NRIC No	S8680070E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92327457
Alternative Phone No	OFFICE-92327457

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	WAS ON MY WAY TO NGEE ANN CITY
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z/18/VP05/019509
Cover Note Number	

Driver

Name of Driver	CHEAH GIM XIAN
NRIC No	S8680070E
Date Of Birth	08/03/1986
Occupation	INDOOR
Date Of Driving Pass	22/10/2007
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92327457
Fax Number	
Contact Number	OFFICE-92327457
Email Address	NOEMAIL

Address

BLOCK 302D
ANCHORVALE LINK #08-28

Postcode

544302

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?

YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

NO

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

NO

Number of Passengers (Including Driver)

7

Passenger 1

NAME: : CHEAH KEK SENG

GENDER: : MALE

Passenger 2

NAME: : TAN KIAN BOON

GENDER: : MALE

Passenger 3

NAME: : CHEAH SHI YING

GENDER: : FEMALE

Passenger 4

NAME: : LAU GAIK LENG

GENDER: : FEMALE

Passenger 5

NAME: : CHEAH XIN TUNG

GENDER: : FEMALE

Passenger 6

NAME: : TAN SEEYI

GENDER: : FEMALE

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

AS PER ATTACHED

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

SH9408G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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(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: 1/7/19

10:00am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

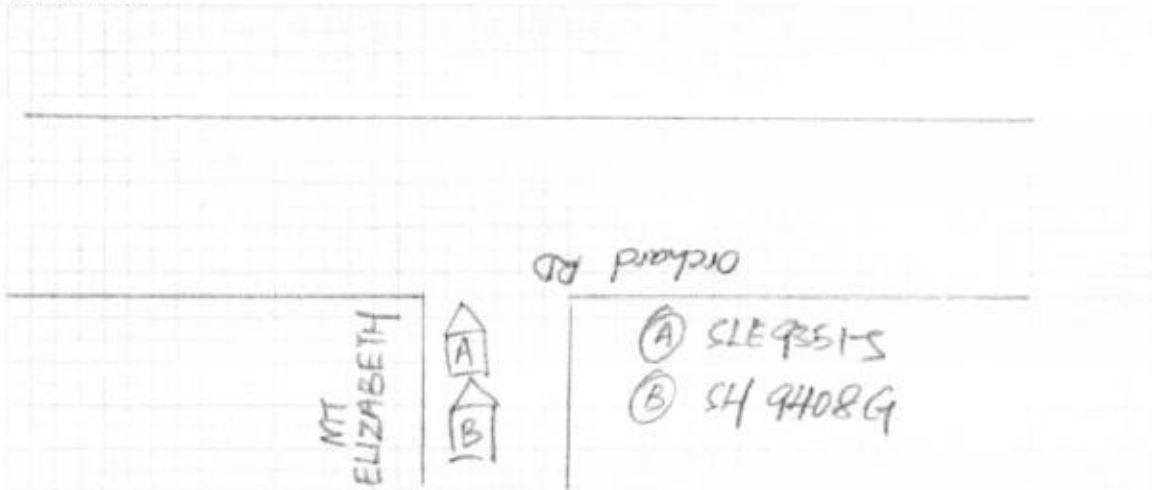
Reporting Centre Personnel's Signature

Name:

NRIC/ID No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/6/19 at about 1040 am I was driving along Mt Elizabeth Road towards Orford Road. At the junction of Mt Elizabeth Road/Orford Rd a truck (SH 9408 G) hit my rear of my car (SLE 9351-S).

DECLARATION

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

Policyholder's Signature

Date & Time: 1/7/19
10:30 am

12/07/19 - 10:30 am

Driver's Signature

(if driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRCC/FIS No: