SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number 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

aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	08/07/2019 15:57
Date Of Accident	07/07/2019 10:25
Exact Location Of Accident	BLK 102/103 YISHUN RING RD CHONG PANG CAR PARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGM5019M
Insured/Policyholder	
Name Of Registered Owner	WENG JIANYAO
NRIC No	S8772133G
Email Address	MARCOWMX@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86885555
Alternative Phone No	OTHERS-86885555
Vehicle Particulars	
Manufacturer	HONDA
Model	AIRWAVE 1.5 A
Exact Purpose for which vehicle was being used at time of accident	PTE 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	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	Z18VP05020624
Cover Note Number	19/10/18 - 18/10/19
Driver	
Name of Driver	WEN MEIHUA@WENG MEIHUA
NRIC No	S8572067H
Date Of Birth	15/08/1985
Occupation	INDOOR
Date Of Driving Pass	28/08/2015
Driving Experience	3 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96669616
Fax Number	

SYLVIAWENMH@GMAIL.COM

Address BLK 167 YISHUN RING RD #08-759

Postcode 760167

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident SIDE SWIPE
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

Was any other material or property damaged? 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

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? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMF7322P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver KARYN TEO HWEE KHENG

NRIC/Passport Number S1765074B Contact Number 98179987

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO .: SGM 5019 M

INSURER

DATE & TIME: 02

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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
- 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.
- 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Sketch Plan #2

SKETCH PLAN		
(A) (B) (C) (A) (B) (C) (B) (C) (B) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	21Kto2/103 Wishum Ring Rol Chong Pang Car Pack	A: SGM SD19 M B: SMF 7322 P Karyn Teo Hwee Kher S 1765074B HP-98179987
DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT	
I noticed car stopped, for B	B coming towards Wes very rear to 1 , car B also moved ch other.	me and both cars
Note: Please note that your	insurer may have 14days Time Frame for	you to submit an Own Damage Claim
DECLARATION I/We declare the foregoing particul Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: GARMC SketchPlanform_V5 () Clair () Clair	(If driver is not the policyholder) Date & Time:	Name: (YS) Reporting Only

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8572067H





WEN MEIHUA @WENG MEIHUA

美花

CHINESE

15-08-1985 Country/Place at birth CHINA

585**7206**7H



9390450



sc № S8572067H



CHINESE Date of leave

18-01-2016

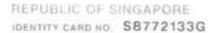
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg 28 Aug 2015
< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

NF 478A

OWNER IC







WENG JIANYAO

翁 健 Hate CHINESE

Date of birth 30-11-1987 Country/Place of birth CHINA

M

587721330

5744337



977

19-05-2017











