

## 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	12/07/2019 11:30
Date Of Accident	11/07/2019 16:45
Exact Location Of Accident	BENCOOLEN STREET TOWARDS MIDDLE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ3002E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG SOK TING
NRIC No	S6933252H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97989809
Alternative Phone No	OFFICE-97989809

### Vehicle Particulars

Manufacturer	BMW
Model	528I-2.0 F10 (A)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY FOR MEETING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VP05023374
Cover Note Number	

### Driver

Name of Driver	CHAN HONG POW @ VINCENT
NRIC No	S1721075J
Date Of Birth	22/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	11/04/1991
Driving Experience	28 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97989809
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 691 HOUGANG STREET 61 #03-286
Postcode	530691
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	
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 11/07/2019 AT ABOUT 1645 HOURS, I WAS TRAVELLING ALONG BENCOOLEN STREET TOWARDS MIDDLE ROAD. JUST AT THE TRAFFIC JUNCTION OF BENCOOLEN STREET/MIDDLE ROAD, THE VEHICLE IN FRONT OF ME (REGN NO: SMK156Y) SUDDENLY JAMMED HER BRAKES AT THE PEDESTRAIN CROSSING TO ALLOW AN OLD LADY WHO DASHED ACROSS THE ROAD EVEN THOUGH THE RED MAN LIGHT WAS ON. ON SEEING THAT I IMMEDIATELY APPLIED MY BRAKES BUT TO NO AVAIL. AS A RESULT, THE FRONT OF MY VEHICLE (REGN NO: SKQ3002E) COLLIDED INTO THE REAR PORTION OF SMK156Y. FORTUNATELY NO ONE WAS INJURED.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK156Y
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	REAR PORTION DAMAGED
Vehicle Category	PRIVATE CAR
Name of Driver	TAN GEK LENG
NRIC/Passport Number	S1706189E
Contact Number	81221320
Address	28 GARDENIA ROAD
Postcode	578830

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

REAR PORTION DAMAGED

2

NAME: :

GENDER: :

## Sketch Plan

### 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.

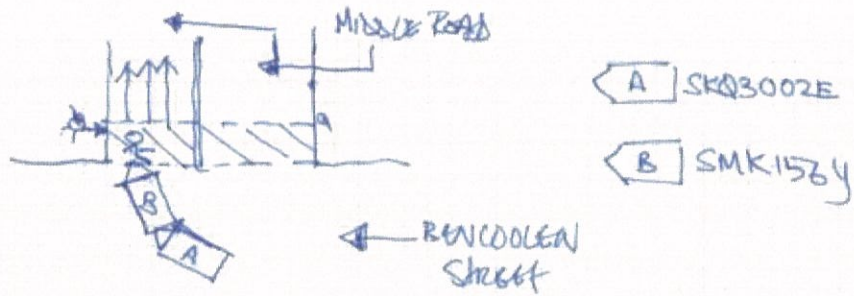
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 12/07/19  
1245hrs

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

# Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO ATTACHED REPORT

## DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 12/01/19  
1245hrs

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



Accident Photo



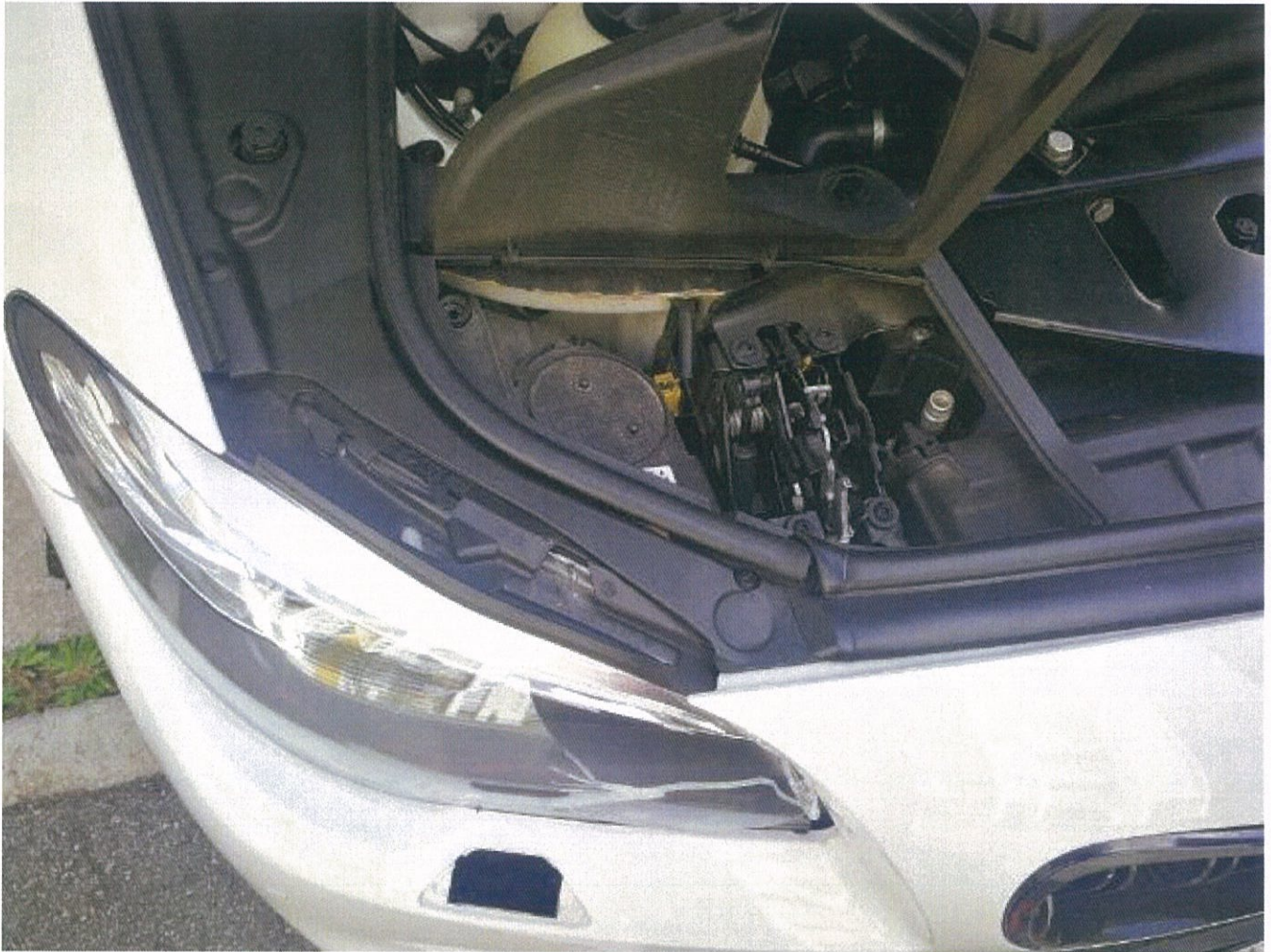
Accident Photo



Accident Photo



Accident Photo



Accident Photo

