

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	05/08/2019 17:07
Date Of Accident	04/08/2019 00:10
Exact Location Of Accident	JUNC OF YIO CHU KANG RD & PHILLIPS AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF6536G
Insured/Policyholder	
Name Of Registered Owner	ZAW WIN THEIN
NRIC No	S2633061J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91393755
Alternative Phone No	OFFICE-91393755

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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/18/VP05/019609-001
Cover Note Number	-

Driver

Name of Driver	ALWYN THU NAUNG ZAW
NRIC No	S9343926J
Date Of Birth	22/11/1993
Occupation	INDOOR
Date Of Driving Pass	08/04/2014
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96626725
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 536 SERANGOON NORTH AVE 4 #04-203
Postcode	550536
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : THU AUNG ZAW GENDER: : MALE
Passenger 2	NAME: : BRENT THU NYI ZAW GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SGX5911D
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)

DETAILS OF INJURED PERSON 1

Name ALWYN THU NAUNG ZAW
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJF6536G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name THU AUNG ZAW
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJF6536G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name BRENT THU NYI ZAW
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJF6536G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident 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:

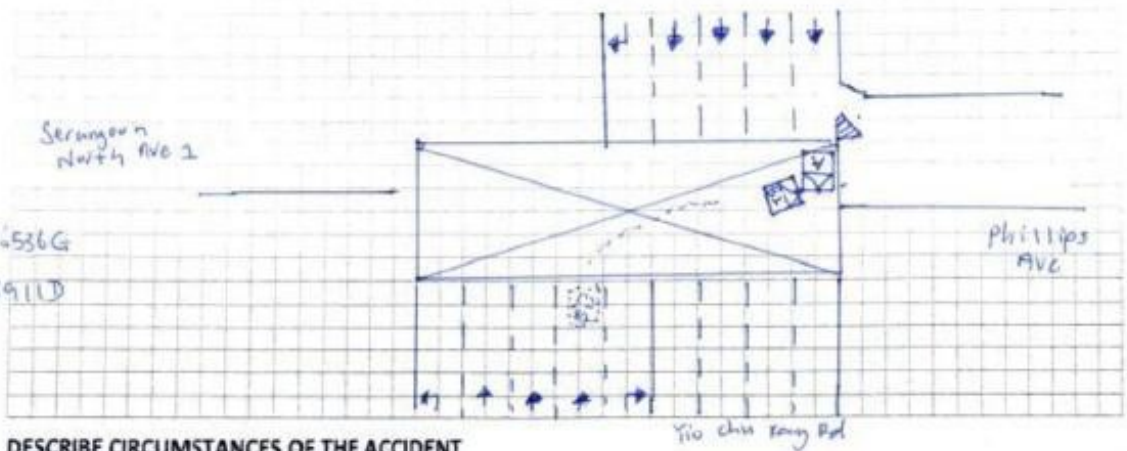


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Vehicle A: SF6536G
Vehicle B: SE6591LD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police 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:

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190804/7004

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190804/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/08/2019 14:13		Vide Report No.: E/20190804/0008		Station Diary No.:	
Informant's Particulars					
Name of Informant: ALWYN THU NAUNG ZAW			Address: APT BLK 536 SERANGOON NORTH AVENUE 4 #04-203 SINGAPORE 550536		
ID Type / ID No.: NRIC NO / S9343926J			Contact No.: Home/Office:		Mobile: 96626725
Nationality: SINGAPORE CITIZEN			Email: alwyn.zaw@outlook.com		
Sex: Male	Age: 25	Date of Birth: 22/11/1993	Type of Informant: Driver		
Race: Burmese			Language: English		Institution / School Name:
Occupation: Financial/Investment adviser			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/08/2019 00:10	Type of Location: X-Junction
Location: YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGX5911D	Car	TOYOTA		Beige	Seriously Damaged	1
SJF6536G	Car	TOYOTA		Silver	Seriously Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190804/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190804/7004

CONTINUATION OF REPORT

Driver			
Name	TAN JEE HUNG (CHEN YIHAN)		ID No. S7421674I
Related Vehicle	SGX5911D (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	Unknown Passenger		ID No. NIL
Related Vehicle	SGX5911D (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	THU AUNG ZAW		ID No. S8371290B
Related Vehicle	SJF6536G (Car)		Contact No. 90583851
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	04/08/2019	Date Discharge	04/08/2019
No. of Days granted Medical Leave	06	Degree of Injury	Slight
Driver			
Name	ALWYN THU NAUNG ZAW		ID No. S9343926J
Related Vehicle	SJF6536G (Car)		Contact No. 96626725
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	04/08/2019	Date Discharge	04/08/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190804/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190804/7004

CONTINUATION OF REPORT

Passenger			
Name	BRENT THU NYI ZAW	ID No.	S9343929E
Related Vehicle	SJF6536G (Car)	Contact No.	97570193
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/08/2019	Date Discharge	04/08/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

I was travelling along Yio Chu Kang Road towards Serangoon Nex. The accident happened at the junction near Philips Avenue.

I was going straight at about 40km/h and a car travelling in the opposite direction was making a discretionary right turn. He did not check for oncoming vehicles.

This is when he collided into my vehicle. I had the right of way at this point in time. When I saw him making the right turn, I applied the brake and horned but it was too late as he continued executing the right turn despite my warning and after possibly spotting me.

There are pictures of the post accident scene and witnesses at the time of the accident.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190804/7004

4 of 4

Report No. T/20190804/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
CHONG GUAN FATT
Contact No.: 65476083

Authentication Stamp


NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
04/08/2019 14:13

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9343926J**





Name
ALWYN THU NAUNG ZAW

Race
BURMESE

Date of birth
22-11-1993

Sex
M

Country of birth
SINGAPORE



For LKK/NAC Use Only

DRIVING DOC

4314193



NRIC No. S9343926J



For Driver Only

Date of Issue
27-11-2008

APT BLK 536 SERANGOON NORTH AVENUE 4 #04-203
SINGAPORE 550538

NRIC No. S9343926J Date: 11/02/2017

DRIVING DOC



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

