

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 18:12
Date Of Accident	04/08/2019 09:40
Exact Location Of Accident	JALAN BAHRU
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE7776E
Insured/Policyholder	
Name Of Registered Owner	MY COOL AIR-CONDITIONING SERVICES
Co Reg No	53208897B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05020281
Cover Note Number	

Driver

Name of Driver	CHAI KAM CHEONG
NRIC No	S7761150I
Date Of Birth	29/11/1977
Occupation	OUTDOOR
Date Of Driving Pass	28/09/2001
Driving Experience	17 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92358301
Fax Number	
Contact Number	OFFICE-92358301
EEmail Address	NOEMAIL

Address	BLK 17 HOUGANG AVENUE 3 #04-133
Postcode	530017
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?	YES
Foreign Vehicle Registration Number	JMN6620 (MOTORCYCLE)
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)	6
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - GENDER: : FEMALE
Passenger 5	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - F/20190804/2080.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JMN6620
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.



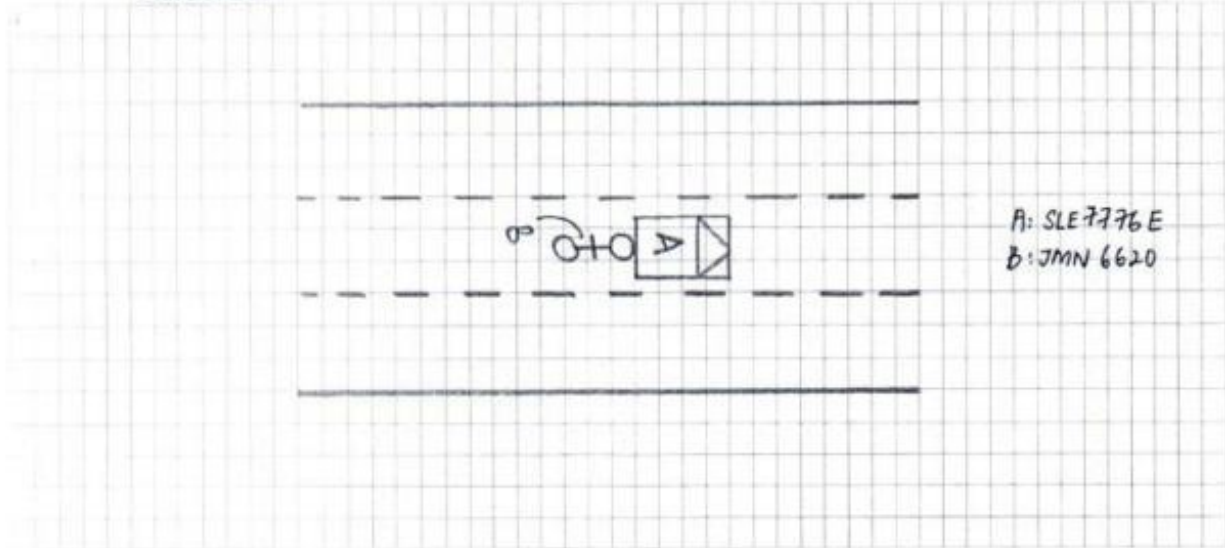
Policy holder's signature
Date / time:


Driver's signature
(if driver is not policy holder)
Date / time:


reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

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



Policy holder's signature
Date & time:



Driver's signature
(if driver is not policy holder)
Date & time:

Signature of the personnel's

reporting centre personnel's Signature
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



F/20190804/2080

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POLICE REPORT (NP299)

Report No. F/20190804/2080

Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Date/Time Report Made 04/08/2019 20:57	Vide Report No.	Station Diary No. 103
Name Of Informant CHAI KAM CHEONG	Address APT BLK 17 HOUGANG AVENUE 3 #04-133 SINGAPORE 530017	
ID Type / ID No. NRIC NO / S7761150I	Contact No. Home/Office Mobile 92358301	
Nationality MALAYSIAN	Email Address	
Occupation AIRCONDITONING REPAIRMEN	Sex Male	Age 41
Institution/School Name	Date of Birth 29/11/1977	Race Chinese
Date/Time Of Incident 04/08/2019 09:40	Location Of Incident Jalan Bahru Kota Tinggi MALAYSIA	

Brief details.

On 04/08/2019 at 0940hrs, I was travelling along Jalan Bahru Kota Tinggi in my vehicle (SLE 7776E) and everything was in order. At the point of time, the traffic was slow moving and there was another motorcycle (JMN 6620) following behind me.

As there was another vehicle in front of me that applied the brakes, I also slowed down my vehicle. However, a short while later, the motorcycle following behind collided onto my vehicle. Due to the injuries

Signature Of Officer Recording The Report: F / Sgt 1 ONG YU HAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/08/2019 20:57
Officer In-Charge Of Case: F / Hougang N.P.C / SI GOH JA SEN Contact No.: 64890999	Classification Of Case:

Authentication Stamp

[Handwritten signature and stamp]

Police Report



**SINGAPORE
POLICE FORCE**



F/20190804/2080

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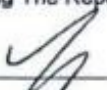
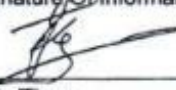
POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190804/2080

sustained by the motorcyclist and pillion, both of them were send to the hospital.

The damages to the vehicle are scratches and damages to the rear roof of the vehicle, rear door, and rear bumper. Furthermore, the rear bumper was also dislodged slightly. This is the first time such an incident had happened, the accident happened in Malaysia and this report is solely for insurance purposes. My passenger and I was not injured from the accident. I have also lodge a police report in Malaysia. I also wish to state that I have in car CCTV that captured the whole incident.

Signature Of Officer Recording The Report: F / Sgt 1 ONG YU HAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/08/2019 20:57
Officer In-Charge Of Case: F / Hougang N.P.C / SI GOH JA SEN Contact No.: 64890999	Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

