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 <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

4101004141						
	ACCIDENT STATEMENT					
Date Of Report	21/08/2019 12:01					
Date Of Accident	10/08/2019 12:45					
Exact Location Of Accident	SIM LIM TOWER C/P					
Country/State of Loss	SINGAPORE					
DETAILS OF OWN VEHICLE						
Vehicle Registration Number	SJD5067K					
Insured/Policyholder						
Name Of Registered Owner	KONG TANG NAM					
NRIC No	S0002164D					
Email Address	DINGLINJIANG2001@YAHOO.COM.SG					
Mobile Phone No	(LOCAL) +65-98667323					
Alternative Phone No	OTHERS-98667323					
Vehicle Particulars						
Manufacturer	KIA					
Model	PICANTO 1.1(A)					
Exact Purpose for which vehicle was being used at time of accident						
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	COMPREHENSIVE					
Fleet Policy	NO					
Policy Number						
Cover Note Number						

Driver

Name of Driver KONG TANG NAM
NRIC No S0002164D
Date Of Birth 08/01/1951
Occupation INDOOR

Driving Experience 41 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98667323

Fax Number

Date Of Driving Pass

Contact Number OTHERS-98667323

EMail Address DINGLINJIANG2001@YAHOO.COM.SG

04/01/1978

BLK 48 TELOK BLANGAH DRIVE Address

#21-107

Postcode 100048

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

SIDE SWIPE Type Of Accident Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

NO

Was any body injured in the Accident?

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 1

Number of Passengers (Including Driver)

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?

Details of Police Action

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBH9440M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category **COMMERCIAL VEHICLE**

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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- 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:
 - 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

Driver's Signature (If driver is not the policyholder) Date & Time:

lame: ANA AN

onnel's Signature

NRIC/FIN No.:

See attached
Written report.
State next of Accident
Kong Tang Nam
50002164D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE:	SID.	5067 K.	ACCIDENT (DATE & TIME: 10/8	1901	2.45 Pu
CONTACT NUMBER	9866	7323	E-MAIL ADD	DRESS dinglinia	-	1@ yahow
LOCATION: SIN	n Lim	TOWER	Boinal o	drive way	3/	iom, So
				/	/	
NOTE: PLEA	ASE NOTE TH	AT YOUR INSURER	MAY HAVE 14 DAY	S TIME FRAME FOR	YOU TO SUE	MIT AN
OWN DAMAGE	CLAIM UNDE	R YOUR OWN POL	ICY. PLEASE CHEC	CK YOUR POLICY FOR	R MORE INF	ORMATION
Please state:						
() Claim Ow	n Policy	() Claim Third Party	() Claim OD/I	TP at other workshop	() Report	ing Only

DECLARATION

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

Policyholders algoature
Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: e Personnel's Signature

GRANDAC SKALDIPLANFORM_VA

Statement on accident between SJD 5067 K and GBH 9440 M on 10-8-19 @ Sim Lim Tower@abt 12.45 pm hoar.

(1) Oh 10-8-19 Sat@ 12,45pm I drove out of the car park lot from 3rd fly car park lot@ Sim Lim Tower. (I parked here everyday as I work for a company @ 02-25 Sim Lim Tower as a Technician)

Det down and out to Jalan Besar Main Road I have to drive pass through a spiral drive-way. This drive-way is a 2-way up/down drive-way. The driveway up/down is separated by a While drawn line at abt its center.

(3) Abst 30 meters from the exit driveway down a ran was on its way up and I was on my way down. The van was driving near the center line and my car was also close to the center line. Suddently I heard a bang."

4 I pulled a stop and get down so did the van driver. I inspected the van, there was dent on its rear near the rear wheel on the right side. See illustrated area. I he also inspected my cur front and there was also a dent on the mud guard area. (see illustration.

Becos it was @ peak hour@ 12.45pm. There were Several cars horning at us. SO I gave particulars of ICs. Un firtunately mine was written on a piece of paper and I hr misplaced it. However I hr taken

a picture of the Vern's rear number plate.

The driver (Van) was a chinele he said

the van belonged to his boss and he is a

delivery man. He said he will claim

Insurance. He is abot at his 35-45 years old.

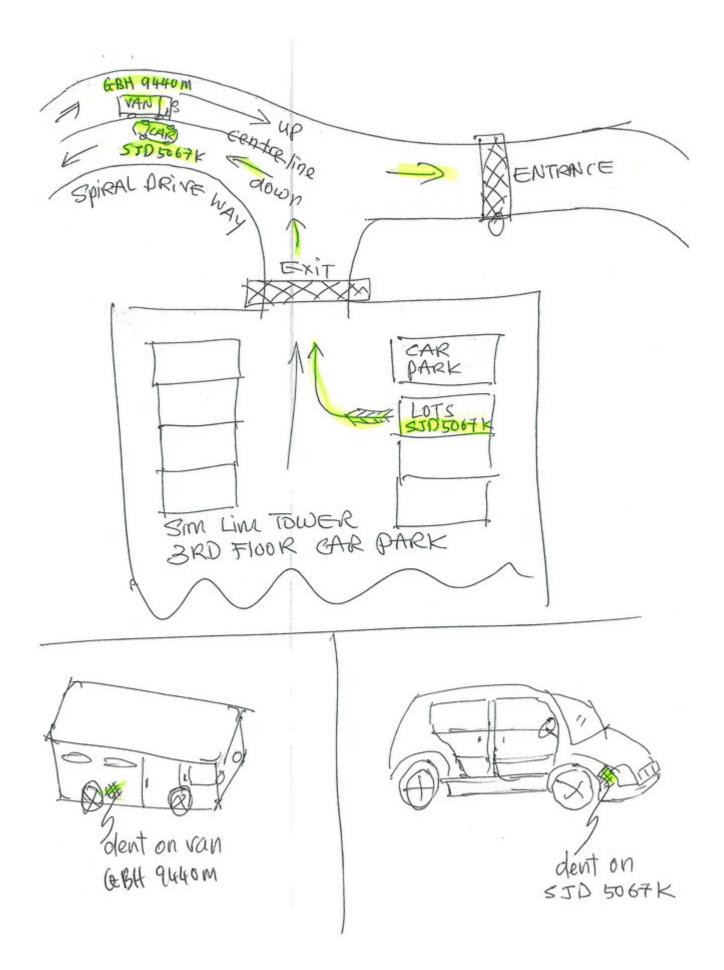
6) This is a minor accident, there is no one got hart. So I took my car to a repair shop @ Alexandra Villiage to knock repray the deats, Receipes attached.

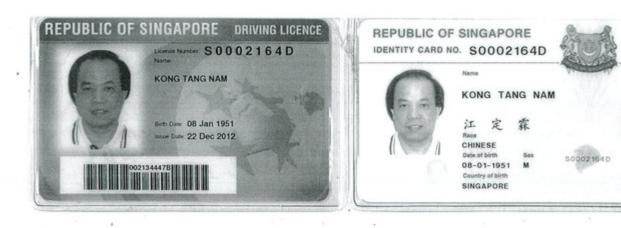
Kong (ang Nam 8000 2164/D SJD 5067 K BIK 48 #21-107 Telok Blaugah Drive 98667323 Add to Statement

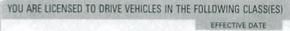
@ point of accident,
I have cked with

You decked with

You driver that he
is not hurt and there
is not hurt and there
is no injury on him.
He say he will claim
insurance on the
van's damage dent area.
He has agreed.







4913641

NRIC No. S0002164D

14-12-2012

APT BLK 48 TELOK BLANGAH DRIVE #21-107 SINGAPORE 100048



