

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	28/08/2019 20:34
Date Of Accident	07/07/2018 17:00
Exact Location Of Accident	BASEMENT CARPARK @ 75 JURONG EAST STREET 13
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ4613B
Insured/Policyholder	
Name Of Registered Owner	ONG BOON ENG
NRIC No	S1415770J
Email Address	BOONENG.ONG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91193341
Alternative Phone No	OTHERS-91193341

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180
Exact Purpose for which vehicle was being used at time of accident	REVERSE PARKING
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	Z18VP05018517
Cover Note Number	

Driver

Name of Driver	ONG BOON ENG
NRIC No	S1415770J
Date Of Birth	11/09/1960
Occupation	INDOOR
Date Of Driving Pass	13/10/1983
Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91193341
Fax Number	
Contact Number	OTHERS-91193341
Email Address	BOONENG.ONG@HOTMAIL.COM

Address	75 JURONG EAST STREET 13 #08-01
Postcode	609652
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

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	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)	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

PLEASE REFER TO SKETCH PLAN

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	SLM545R
Vehicle Make/Model/Colour	BMW 318
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EDDIE LAI
NRIC/Passport Number	
Contact Number	96341029
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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
- (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:

28/8/18

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

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

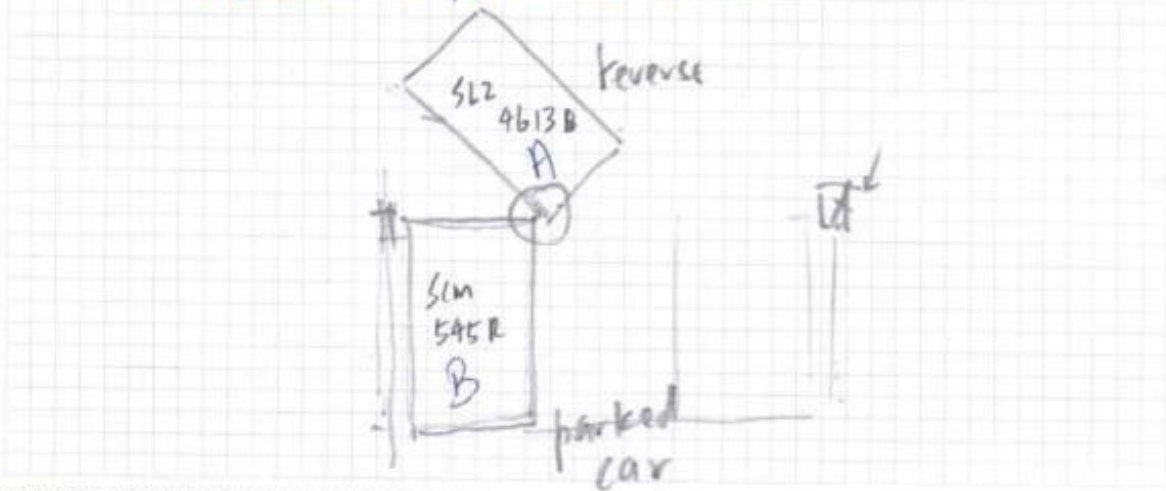
28/8/2018

28/8/18

Sketch Plan #2

SKETCH PLAN

BRECKENHART CORPARK @ 75 JURONG EAST S713.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(reversing)

- 1) On 7/7/18 @ 5 pm while I'm parking my car into car lot, my car rear left bumper came into contact with parked car (right bumper & headlight corner)
- 2) I immediately move my car forward & proceeded to repair my car properly. I write a note to apologise and inform car owner to contact me for repair work. (Right corner bumper and headlight was slightly scratched)
- 3) I did not receive any call from owner till 10 July when I met owner @ lift lobby. I approached him to apologise to him. Owner was unaware of this ~~matter~~ incident and had thrown the note into his car waste bin. (Note was found in the bin) I proposed to get him to spray paint workshop to repair the scratch on the bumper & touch up paint work & try to remove the headlight scratch.
- 4) message from owner on 11/7/18 on cost of lamp replacement @ 3.5k and to meet up for to discuss further. Met up on 12/11 & I told owner that need to claim from insurance as cost is too high.
- 5) message from owner that to monitor if rain water will seep into lights and over a period and decide later. I'm O.K with it. (any reply)
- 6) late report till now as was still unable to settle ~~repair work~~ issue.

DECLARATION

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

Policyholder's Signature

Date & Time:

28/8/19 14:35 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre/Personnel's Signature

Name:

NRIC/FIN No.:

28/8/2019
[Signature]
[Signature]

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: M20429113885 Vehicle Registration No: SLZ Y613B
Name (as shown in NRIC): ONG BOON EKH NRIC/FIN/Passport No: S1415770J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 91193341
Email Address: _____
Date of Accident: 07/07/2014 Time of Accident: 17:00
Place of Accident: BOHANN CARPARK @ 75 JURONG FISH ST 31
Insurance Company: WILLIS TOWERS WATSON

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

POLICY NUMBER IN 218VPO5018517

Policyholder / Driver's Signature
Date:

15/4/2014
Reporting Centre Personnel's Signature
Name: Rehman
NRIC/FIN No.: U000000000
Date: