#### 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 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.

<ol> <li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li> </ol>	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	13/09/2019 16:33
Date Of Accident	13/09/2019 13:45
Exact Location Of Accident	CTE (BEFORE BALESTIER RD EXIT)
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ1307P
Insured/Policyholder	
Name Of Registered Owner	KHOR CHEE KOK
NRIC No	S2505119Z
Email Address	CKKHOR96@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91091000
Alternative Phone No	OTHERS-91091000
Vehicle Particulars	
Manufacturer	NISSAN
Model	TEANA 2.5L CVT-2.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE USE
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	Z18VP05020807
Cover Note Number	05/11/2018 - 04/11/2019
Driver	

Name of Driver KHOR CHEE KOK

NRIC No S2505119Z Date Of Birth 19/11/1962 Occupation **INDOOR** 06/05/1980 **Date Of Driving Pass** 

**Driving Experience** 39 YEARS AND 4 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-91091000

Fax Number

**Contact Number** OTHERS-91091000

**EMail Address** CKKHOR96@YAHOO.COM Address 96 LORONG TANGGAM

Postcode 798780

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 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 NO

Was any body injured in the Accident?
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

NO

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

### **Circumstances of Accident**

MOTOR CAR SMF5888L BRAKE TO STOP AND I FOLLOW TOO BUT COULDN'T IN TIME AND THUS HIT ONTO THE BACK OF SMF5888L. NO ONE WAS INJURED.

#### Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SMF5888L

Vehicle Make/Model/Colour WHITE BMW

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver JAVIER NG RUI QIANG

NRIC/Passport Number S8827128I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

VEHICLE NO.: SKO 1307P
INSURER : LONDOC
DATE & TIME: 13109119 (A 1345

#### **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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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

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:

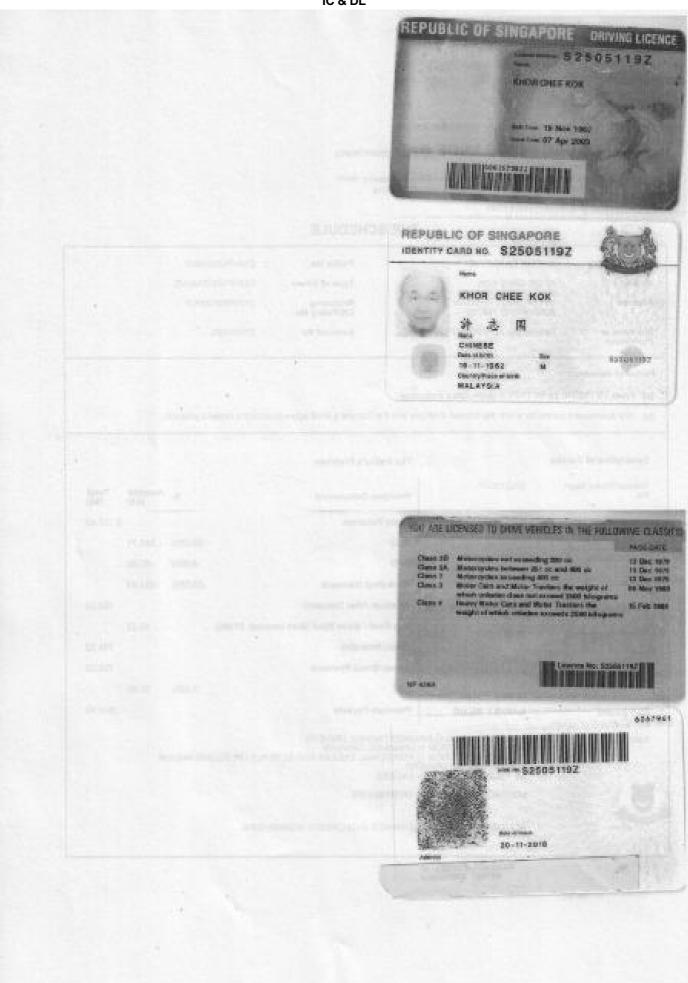
Reporting Centre Personnel's Signature

NRIC/FIN No.:

GIARARE SketchPlanForm\_V3

## Sketch Plan #2

SKETCH PLAN	- Xi	
	1 2	A: SKQ 1307P
		(alone)
	Balerter	6: SMF 5888L (alone White BMW
	CTE (bertun	Javiev Ng Rui Qiang
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	Telephone and te
Vehicle No: S	KO 1307P (LOUDAD)	chi lot sociates landicione so com pages. A
Dute & Time: 1	3/09/19@1345 (	(lean dw)
America Southern will are a	di pendi diti di su tu tu dan salamata sa	and a Vinger or on the second
Motor Car JMI	-5888L brake to stop	and i follow too but couldn't of Smf5888L. No one was
	us hit onto the back	Of JMF5888L. No one was
injured.		JAN 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ryl miliani yn it pebroar it wo	Appendix you thin gold all on their and go you thin
AND DESCRIPTION OF	ow Asserting asserting on the	and all solutions are a sequential
20 12 to a 10 and 40 to 10 a	1654	districtions of a transference
Organization (Insi) viry little	Billion of the Parish of the State of the	The Colors And Maleshale Hills July House Cal
in the property and water	out wrong are too realized on an	autores sandicidas barbares en es colo pare parel de (d)
the parametrophi	and the same of th	to color), see places paying account to color at
null many system, not the sound but	All the latest pages and the first	Section of the part of the section o
andorse Gartis Boyses	de not you for more than the four to	is talked as still the ductionabilities on the object of
min many hope	all policy while shall be	Market Market and the last particular and the
THE SERVE SHEET	a of purifically species in recently a	negrette, het stillmannet test gebeuten
		e Frame for you to submit an Own Damage Claim
under your own co	mprehensive policy. Please check	k with your policy for more information.
The state of the s	ticulars are true in every respect.	
Policyholder's Signature / 6 2	Driver's Signature (If driver is not the policyholder) Date & Time:	NRIC/FIN No.:
	Claim Own Policy ( ) Claim Third Claim OD/TP at other workshop (	d Party ( ) Reporting Only















# **SCENE PHOTO**

