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.
- 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.

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Date Of Report 16/09/2019 18:08

Date Of Accident 16/09/2019 10:10

Exact Location Of Accident PIONEER ROAD NORTH

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC6207S

Insured/Policyholder

Name Of Registered Owner OWJ AUTOMOBILE PTE LTD

Co Reg No 201635254W Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-94598718

Vehicle Particulars

Manufacturer TOYOTA

Model DYNA 150 MANUAL

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

COMMERCIAL VEHICLE

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 WONG KOK CHOY

 NRIC No
 S1150939H

 Date Of Birth
 03/07/1956

 Occupation
 INDOOR

 Date Of Driving Pass
 16/12/1981

Driving Experience 37 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94598718

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 807A CHOA CHUA KANG AVENUE 1

#06-512

Postcode

681807

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

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO 3

Number of vehicles (including own vehicle)

involved in the accident

6-00440

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)

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

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

GBH1185C

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBJ6969A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

Sketch Plan Pg. 1

SKETCH PLAN

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- 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 .
 - (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.

VVJ AUTOMOBILE PTE. LTD. 201635254W

Blk 524 Jurong West St 52 #09-245 S640524

Policyholder's Signature Date & Time: 黄圆射

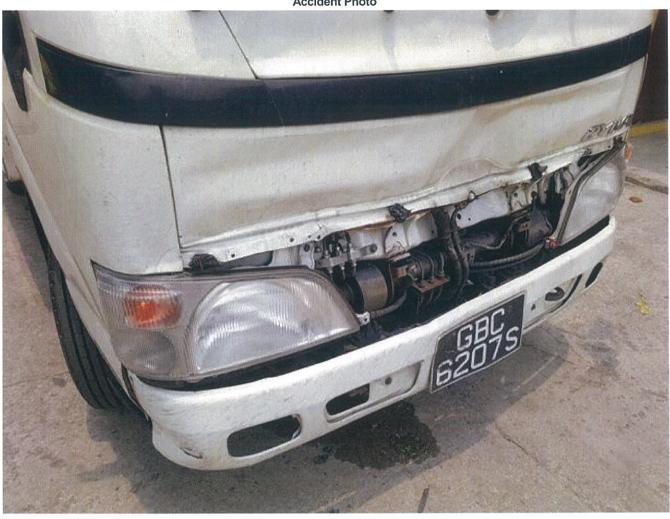
Driver's Signature (If driver is not the policyholder) Date & Time Reporting the state of state o

Sketch Plan Pg. 2

SKETCH PLAN	(A) GBC 600TS (B) GBH 1185C (E) GBJ 65
SKETCH PLAN	11/1////
Notification of the Control of the C	
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DESCRIBE CIRCUMSTANCES OF THE ACCIDEN	NT
LICENSE PLATE: QBC 6001S	ACCIDENT DATE & TIME: (6.9.>019 & (010408.
CONTACT NUMBER: 94598718	E-MAIL ADDRESS:
LOCATION PIDNETA ROAD HORTH	
vear protion of the velve	de. That's all.
	IRER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN
	POLICY, PLEASE CHECK YOUR POLICY FOR MORE INFORMATION
Please slate.	
() Claim Own Policy () Claim Third P	Party () Claim OD/TP at other workshop () Reporting Only
DECLARATION //We declare the foregoing particulars are true in ev	(7)



Accident Photo



Accident Photo



Accident Photo





Addendum Sheet Pg. 1



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: 566550020G / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MMOVI9122886 Vehicle Registration No: 6BC6207S Name(as shown in NRIC): WONG KOK CHOU NRIC/FIN/Passport No : \$1509391H (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(9459 8718 Mobile No.: Contact (Tel) Email Address 16/09/19 ____Time of Accident : ____10 : 10 Date of Accident : Pioneer road north Place of Accident Insurance Company: WNDAC . (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Driver doing reporting only, no claim. Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: NRIC/FINNO .:

Date:

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