

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	21/10/2019 12:47
Date Of Accident	21/10/2019 08:30 ✓
Exact Location Of Accident	X OF HOUGANG AVE 6 & BUANGKOK DR ✓
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF3505R
Insured/Policyholder	
Name Of Registered Owner	THONG HOW TBK LAWRENCE
NRIC No	S1591796B
Email Address	THONGMAYLING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96416722
Alternative Phone No	OFFICE-96416722

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z19VP05023267
Cover Note Number	

Driver

Name of Driver	THONG MAY LING @TAN BEE KIAW
NRIC No	S1539482Z
Date Of Birth	01/04/1962
Occupation	INDOOR
Date Of Driving Pass	29/04/1981
Driving Experience	38 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96638166
Fax Number	
Contact Number	
Email Address	THONGMAYLING@GMAIL.COM

Address	BLK 915 HOUGANG ST 91 #09-02 S530915
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	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 attached report

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ8561R ✓
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BARI SUDIPTO
NRIC/Passport Number	
Contact Number	81110270
Address	NA
	NA
Postcode	NA

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: : PASSANGER

GENDER: : FEMALE

DETAILS OF INJURED PERSON 1

Name

PASSANGER

Approximate Age

Injuries Sustain

UNKNOWN

Injured person in which vehicle?

SLZ8561R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Accident Sketch Plan Pg. 1

SKETCH PLAN

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7. 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.

Policyholder's Signature
Date & Time:

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

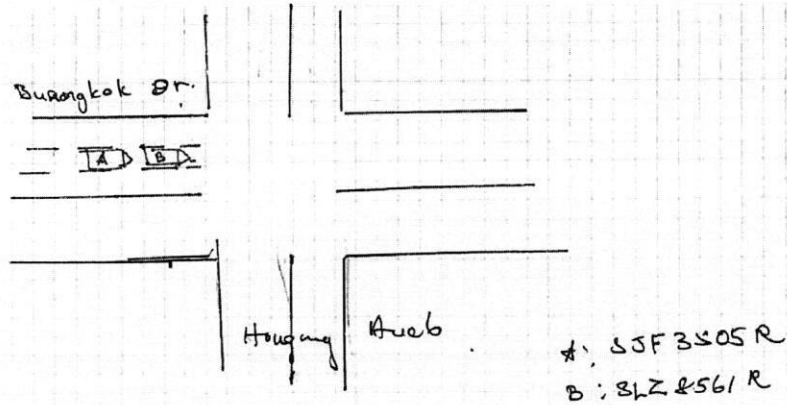
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



21/10/19
1:05 PM

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached police report

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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



POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20191021/2043

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

1 of 3

Report No. T/20191021/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2019 12:16	Vide Report No.: F/20191021/0038	Station Diary No.: 68
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Informant's Particulars

Name of Informant: THONG MAY LING			Address: APT BLK 915 HOUGANG STREET 91 #09-02 SINGAPORE 530915		
ID Type / ID No.: NRIC NO / S1539482Z			Contact No.: Home/Office: Mobile: 96638166		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 57	Date of Birth: 01/04/1962	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Administrative Assistant			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No✓	Date/Time of Accident: 21/10/2019 08:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BUANGKOK DRIVE HOUGANG AVENUE 6 X-Junction of road 1 and road 2.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJF3505R	Car				Seriously Damaged	0
SLZ8561R	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20191021/2043

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

Report No. T/20191021/2043

CONTINUATION OF REPORT

Driver			
Name	THONG MAY LING		ID No. S1539482Z
Related Vehicle	SJF3505R (Car)		Contact No. 96638166
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	BARI SUDIPTO		ID No. S8788128H
Related Vehicle	SLZ8561R (Car)		Contact No. 81110270
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/10/2019 at 0830hrs, I was driving my vehicle bearing registration plate number SJF3505R along Buangkok drive X-Junction of Hougang Avenue 6. I then noticed there was a vehicle bearing registration plate number SLZ8561R in front of me came to a stop before the white stop line.

As such, the traffic light turned red and I slowly came to a stop. However, I did not managed to stop my vehicle on time and collided with the front vehicle. We then came out of our vehicles to make a check and took photos of the accident. We exchanged our particulars and my vehicle sustained serious dent and scratches on my vehicle front bonnet. The other vehicle then sustained dent and scratches on his vehicle rear portion.

Subsequently, ambulance and traffic police arrived and the other vehicle female passenger in his vehicle was conveyed to the hospital. I am not injured due to the accident.

Traffic police then took my vehicle in-vehicle CCTV SD card and I was advised by traffic police to lodge a traffic accident report.

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20191021/2043

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

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Report No. T/20191021/2043

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 TAI YOONG CHAN, DOMINIQUE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Signature Of Informant:

Date/Time:

21/10/2019 12:16

Classification Of Case:

Authentication Stamp

NP168