

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	28/11/2019 11:30
Date Of Accident	14/11/2019 14:20
Exact Location Of Accident	AFTER WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBG8803L
Insured/Policyholder	
Name Of Registered Owner	LOO MENG YUEN
NRIC No	S1154920I
Email Address	LINDAYEOST@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96661376
Alternative Phone No	OTHERS-96661376

Vehicle Particulars

Manufacturer	BMW
Model	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	Z19VP05023432
Cover Note Number	

Driver

Name of Driver	LOO MENG YUEN
NRIC No	S1154920I
Date Of Birth	26/10/1956
Occupation	INDOOR
Date Of Driving Pass	10/06/1976
Driving Experience	43 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96661376
Fax Number	
Contact Number	OTHERS-96661376
Email Address	LINDAYEOST@HOTMAIL.COM

Address	BLK 542 JELAPANG ROAD #16-46
Postcode	670524
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	SIDE SWIPE
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)	4
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 3	NAME: : DR. MICHAEL WANG (SON IN LAW) GENDER: : MALE

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

My name is Dr Michael Wang. I am the son-in-law of Mr Gibson Loo. I am a New Zealand citizen living in New Zealand and was in Singapore for my wedding. The incident occurred soon after clearing Singapore immigration and before the Johor–Singapore Causeway Tambak Johor–Singapura. I was sitting in the back seat behind the driver who was Gibson Loo. I saw the incident from the beginning before the collision. I was watching the Honda as I was uncomfortable with how close he was. We were both merging from a 2 lanes into one. Gibson's car was on the left of the Honda. Gibson and the Honda driver were both periodically edging forwards. Gibson momentarily stopped the car. Seconds after this, the Honda driver started moving and his passenger side mirror came into contact with Gibson's drivers side mirror. I noted that Gibson's drivers mirror was forced towards the front of the car. There was visible damage to Gibson's mirror as it was cracked. I also noted that there was visible damage to the front panel of the Honda's mirror. I started shouting for him to stop. He then stopped after he apparently noticing the collision. Both cars stopped and Gibson and the Honda driver both stepped out. I took photos detailing the damage and the face of the Honda driver as well as the Honda's number plate.

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	SLC5457A
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

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. 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.
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: 28/11/2019
10.55AM

Driver's Signature

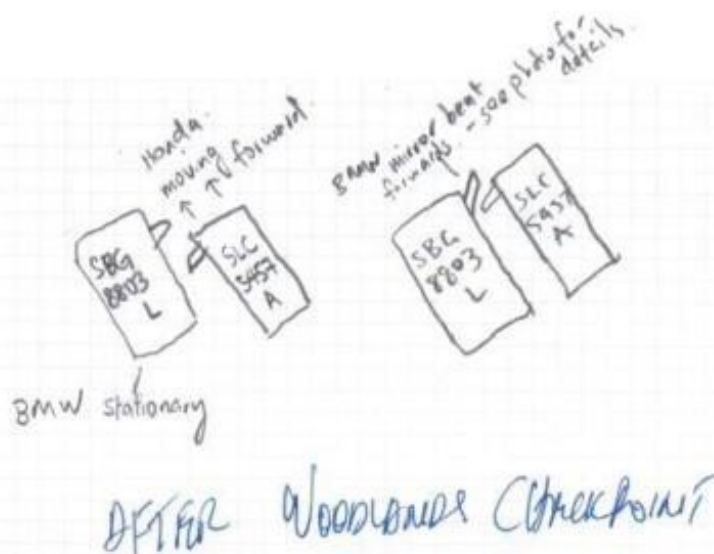
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: [Signature]
NRIC/FIN No.: [Signature]

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO STATEMENT

DECLARATION

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

Policyholder's Signature _____

Date & Time: 28/11/2019

11-09AM

© 2000 Blackwell Science Ltd

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No. 1

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

