

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	27/12/2019 15:20
Date Of Accident	27/12/2019 11:30
Exact Location Of Accident	MARINA BOULEVARD TOWARDS SHEARES AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG8068S
Insured/Policyholder	
Name Of Registered Owner	AGAPE LOGISTICS PTE LTD
Co Reg No	2XXXXX279G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65729247

Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85AUE4AA-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY FOR DELIVERY
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VC00104896
Cover Note Number	

Driver

Name of Driver	SONG JIANGTAO
Passport No/FIN	GXXXXX829X
Date Of Birth	06/12/1982
Occupation	OUTDOOR
Date Of Driving Pass	23/01/2013
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87556539
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	30 SENOKO SOUTH ROAD
Postcode	758088
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	COLLISION - CHANGE/CROSS LANE
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?	
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

ON 27/12/2019 AT ABOUT 1130 HOURS, I WAS TRAVELLING IN LANE 3 ALONG MARINA BOULEVARD TOWARDS SHEARES AVENUE. LANES 3 IS GOING STRAIGHT AND TURN LEFT LANE. WHILE LANES 4 AND 4 ARE ALL LEFT TURN ONLY LANES. AT THAT TIME, THE TRAFFIC LIGHTS WERE GREEN. WHEN I REACHED THE JUNCTION OF MARINA BOULEVARD AND SHEARES AVENUE, I SIGNALLLED LEFT AND SLOWED DOWN THEN TURNED LEFT INTO SHEARES AVENUE. JUST THEN, A VEHICLE (REGN NO: SLL4262D) TRAVELLING ON MY LEFT IN LANE 4 SUDDENLY WENT STRAIGHT WHILST IN THE TURN LEFT ONLY LANE. AS A RESULT, THE ENTIRE RIGHT PORTION OF SLL4262D HIT ONTO THE FRONT LEFT PORTION OF MY MOVING VEHICLE (REGN NO: GBG8068S).

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	SLL4262D
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	RIGHT PORTION DAMAGED
Vehicle Category	PRIVATE HIRE
Name of Driver	QUEK GUAN SEAH
NRIC/Passport Number	SXXXX422B
Contact Number	83574883
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

RIGHT PORTION DAMAGED

No. Of Passenger (Including Driver)

1

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 purposes 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 (a) 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

27/12/19
1550 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time

27/12/19
1550 hrs



Reporting Centre Personnel's Signature

Name

NRIC/FIN No.

1. *What is the purpose of the study?*
 2. *What are the research questions or hypotheses?*
 3. *What is the study design?*
 4. *What is the sample size and how was it selected?*
 5. *What are the variables being studied?*
 6. *What are the data collection methods?*
 7. *What are the results of the study?*
 8. *What are the conclusions of the study?*
 9. *What are the limitations of the study?*
 10. *What are the implications of the study?*

Shoppers Ave
Roster Roll ECP change

(A) GBG 80683
(B) SLL 42620

maxim Bird

9 9 9 9 9

REFOR To Report

1/We do not know if ongoing particulars are true in every respect.

Policyholder Signature _____
Date & Time 2/7/19 1530 hrs

Driver's Signature: *[Signature]*
 If driver is not the policyholder:
 Date & Time: 2/12/19 1550 hrs


 Rep. _____
 Name _____
 Title _____

Identification Card

