## 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 <u>truthful and accurate</u> 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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	ACCIDENT STATEMENT
Date Of Report	13/01/2020 10:48
Date Of Accident	12/01/2020 10:30
Exact Location Of Accident	ALONG TELOK BLANGAH DRIVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ8732L
Insured/Policyholder	
Name Of Registered Owner	RNJ MOTORING
Co Reg No	-
Email Address	EUROTIMESG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96668962
Alternative Phone No	OFFICE-96668962
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	Z/19/VC40/105413-001
Cover Note Number	

## **Driver**

Name of Driver LAM WENG KONG NRIC No SXXXX207E Date Of Birth 13/03/1951 Occupation **OUTDOOR** Date Of Driving Pass 28/06/1972 **Driving Experience** 47 YEARS AND 6 MONTHS Gender MALE Mobile Number (LOCAL) +65-96668962 Fax Number

Contact Number OTHERS-96668962

EMail Address EUROTIMESG@YAHOO.COM.SG

**BLK 62B STRATHMORE AVENUE** Address

#18-56

Postcode 143026

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**

SIDE SWIPE Type Of Accident 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

NO

ambulance?

Passenger 1

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

NAME:

: MDM NG SWEE MUI

GENDER: : FEMALE

## **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**

## PLEASE REFER TO SKETCH AND ATTACHMENT

## 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 SLB9851Z Vehicle Make/Model/Colour **NISSAN** 

**Details Of Properties** 

Vehicle Category PRIVATE CAR

MDM TAY PUAY HOON Name of Driver

NRIC/Passport Number SXXXX030B **Contact Number** 81822019

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

## SKETCH PLAN

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  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

(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 Sig

Name:

NRIC/FIN No.:

## **Accident Sketch Plan**

SKETCH PLAN	
CARPAR	K
	4 1
A) SMJ 8732L	
B) SLB 9851Z	1 Ann
	BUS STO
DESCRIBE CIRCUMSTANCE	
REFFER 20 A	MACHYNIAM!
	1
DECLARATION	
/We declare the foregoing part	Author 13/1/2020 and 13/01/2020,
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)  Date & Time:  Negro Fin No.

## **ATTACHMENT**

# ncident happened on 12/01/20 around 11 am.

Details of other party:

Car Plate no. SLB9851Z

Driver: Mdm Tay Puay Hoon

/C No. S1530030B

H.P. No.

Place: Telok Blangah Drive Bus-stop

Scenario

I was travelling along Telok Blangah drive on 12 Jan. 2020 morning.

This above car was parked at the bus-stop.

As my car passed by this vehicle, I signalled to the left.

Then I keep to the left in order to turn into the carpark further down.

Suddenly, this car drove forward and hit my left co-driver side.

an 13/01/2020

(m/ord 12/1/2020)

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