

## 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 14/08/2020 12:56  
 Date Of Accident 14/08/2020 11:00  
 Exact Location Of Accident ANG MO KIO ST 11  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number YM3267M

#### Insured/Policyholder

Name Of Registered Owner OR KIM PEOW CONTRACTORS (PTE) LTD  
 Co Reg No 197701891R  
 Email Address ANNIEYEO@OKPH.COM  
 Mobile Phone No  
 Alternative Phone No OFFICE-63671960

#### Vehicle Particulars

Manufacturer MITSUBISHI  
 Model FE83PEOSRDEA  
 Exact Purpose for which vehicle was being used at time of accident COMMERCIAL 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 COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company LONPAC INSURANCE BHD  
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT  
 Fleet Policy NO  
 Policy Number Z/20/VC00/107149  
 Cover Note Number 23/05/20 - 22/05/21

#### Driver

Name of Driver KYAW MYINT  
 Passport No/FIN F9060160K  
 Date Of Birth 14/11/1974  
 Occupation OUTDOOR  
 Date Of Driving Pass 29/07/2011  
 Driving Experience 9 YEARS AND 0 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-86495757  
 Fax Number  
 Contact Number  
 EMail Address NOEMAIL

Address	-
Postcode	
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### 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)	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 ATTACHED.

#### 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	SKX5368A
Vehicle Make/Model/Colour	
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

1. VEHICLE NO.: YM826TM  
2. INSURER CO: Insurac  
3. ACCIDENT  
DATE & TIME: 14/8/20 11:00am

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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 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.:

### Sketch Plan #2

### SKETCH PLAN

DATA FOR FIG 4-8 AVE 2

A: 4M3267M  
B: 2KX3568A  
X: Map Located (Park Ave)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ins: Hooper      Veh No: YM3267M      DOA: 14/8/20 11am

It was raining. I did not see SMX3368A. I heard collision sound  
I realised our vehicles got contact with each other.

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim  
under your own comprehensive policy. Please check with your policy for more information.

## DECLARATION

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

人  
 Policyholder's Signature  
 Date & Time

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

(75) and 14/8/20  
Reporting Centre Personnel's Signature:  
Name:  
NRSC/EIN No.:

☐ Claim Own Policy    ☐ Claim Third Party    ☒ Reporting Only  
☐ Claim ODTP at other workshop ( )

Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



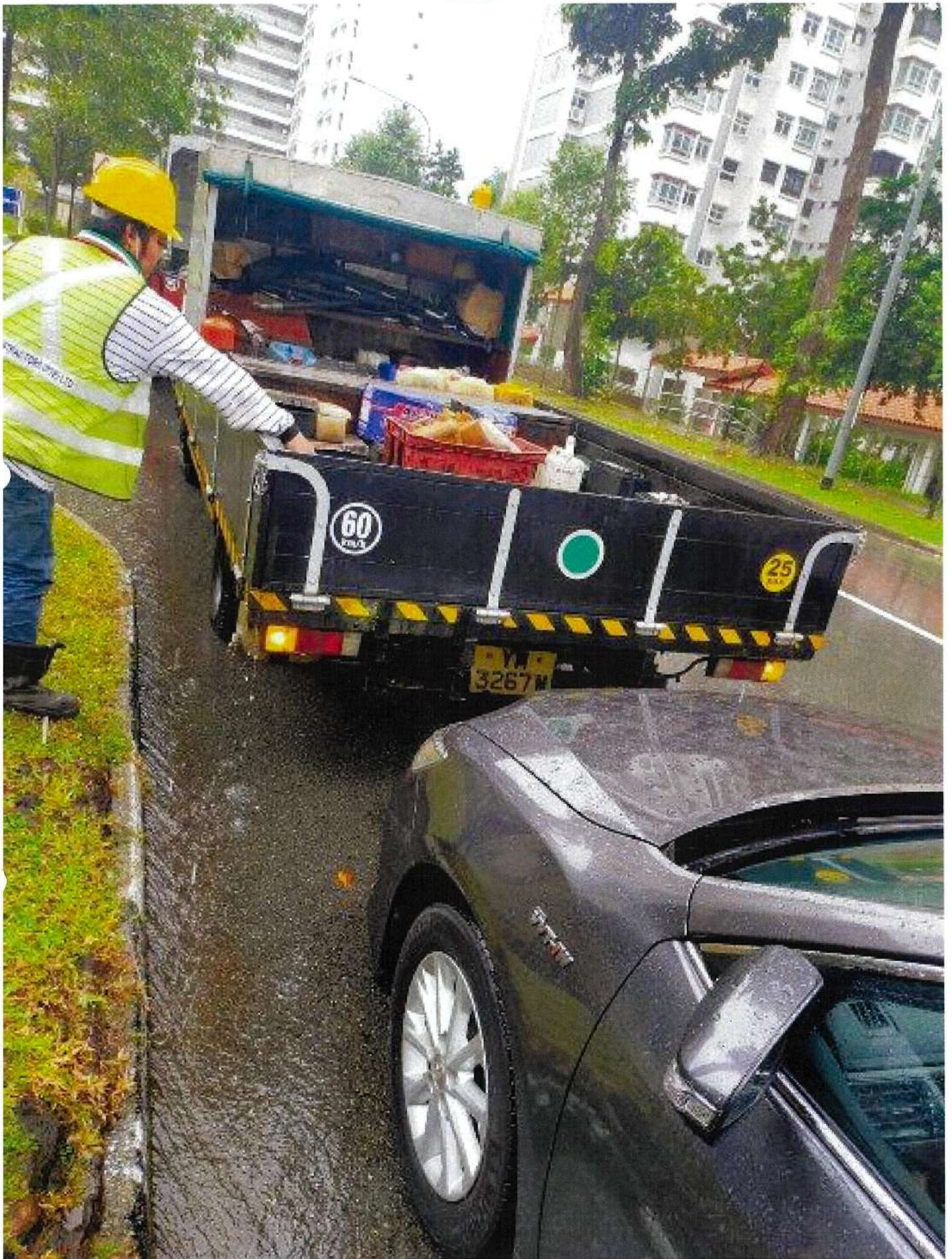


SCENE





SCENE





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