

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 ability
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 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	12/03/2016 16:49
Date Of Accident	12/03/2016 15:30
Exact Location Of Accident	PIE (CHANGI) NEAR PAYA LEBAR EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCV7808P
Insured/Policyholder	
Name Of Registered Owner	LIEW KHIM HWA
NRIC No	S1698492B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92378276
Alternative Phone No	Others-98239991

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA

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 Third Party

Vehicle Category Private Car

Insurance Company

Name of Insurance Company	Lonpac Insurance Bhd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z15VP05003276
Cover Note Number	

Driver

Name of Driver	LIEW YU WEI
NRIC No	S9433236B
Date Of Birth	11/09/1994
Occupation	Indoor
Date Of Driving Pass	11/08/2014
Driving Experience	1 Year And 7 Months
Gender	Male
Mobile Number	(Local) +65-98239991
Fax Number	
Contact Number	Others-92378276
EMail Address	LYW_11@HOTMAIL.COM

Address	BLK 941 TAMPINES AVENUE 5 #10-217 S520941
Postcode	
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Children
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Chain Collision
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	4

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 TO THE ATTACHED.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH6771B
Vehicle Make/Model/Colour	TAXI
Details Of Properties	NIL
Name of Driver	LAI KUM KHEONG
NRIC/Passport Number	S6831815G
Contact Number	90616603
Address	APT BLK 452 CHOA CHU KANG AVE 4 #12-141
Postcode	680452
Insurance Company Name	
Nature Of Damage	NIL
No. Of Passenger (Including Driver)	

Details of Witness

Name	NIL
Phone Number	NIL
Email Address	NIL

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGN680E
Vehicle Make/Model/Colour	TOYOTA/ GREEN
Details Of Properties	NIL
Name of Driver	NIL
NRIC/Passport Number	
Contact Number	NIL

Address	NIL
	NIL
Postcode	NIL
Insurance Company Name	
Nature Of Damage	NIL
No. Of Passenger (Including Driver)	

Details of Witness

Name	NIL
Phone Number	NIL
Email Address	NIL

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJW1090T
Vehicle Make/Model/Colour	HONDA/ WHITE
Details Of Properties	NIL
Name of Driver	NIL
NRIC/Passport Number	
Contact Number	NIL
Address	NIL
	NIL
Postcode	NIL
Insurance Company Name	
Nature Of Damage	NIL
No. Of Passenger (Including Driver)	

Details of Witness

Name	NIL
Phone Number	NIL
Email Address	NIL

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SJM2131E
Vehicle Make/Model/Colour	SUZUKI/ YELLOW
Details Of Properties	NIL
Name of Driver	ADRIAN
NRIC/Passport Number	S7503797Z
Contact Number	97489089
Address	NIL
	NIL
Postcode	NIL
Insurance Company Name	
Nature Of Damage	NIL
No. Of Passenger (Including Driver)	

Details of Witness

Name	NIL
Phone Number	NIL
Email Address	NIL

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' law yers/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.

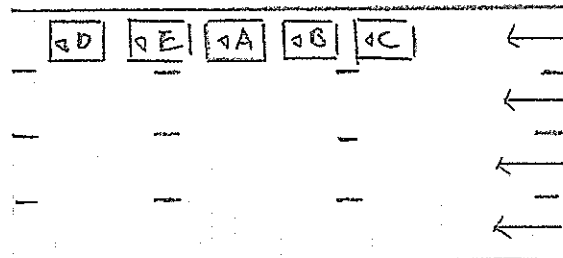
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 Policyholder's Signature / Date & Time	 Driver's Signature (If driver is not the policyholder) / Date & Time	12 Mar 2016 1628hrs Witnessed by Reporting Centre Personnel
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Sketch Plan



PIE (Changi)

A - SCV 7808 P
 B - SH 6771 B
 C - SQN 680 E
 D - SJW 1090 T
 E - SJM 231 E

Accident Sketch Plan Pg.1

Describe Circumstances of the Accident

The car in front brake, hence I brake immediately. I manage to stop in time, but the car behind me crash into me. Because of the impact, I crash into the car in front. When I got down, I saw 5 cars involved, 2 in front & 2 behind.

Insurance Co.	Lompac Ins.	
Vehicle No.	SEN 7808 P	Date of Accident 12 May 2016
<input type="checkbox"/>	Reporting Only	
<input type="checkbox"/>	Own Damage Claim	
<input checked="" type="checkbox"/>	Third Party Claim	
<input type="checkbox"/>	Other Workshop	

Declaration

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

Witnessed by Reporting Centre Personnel