

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	16/09/2020 14:02
Date Of Accident	15/09/2020 14:25
Exact Location Of Accident	SLIP RD TOWARDS ANG MO KIO AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1107U
Insured/Policyholder	
Name Of Registered Owner	COMBI DESIGN
Co Reg No	53311087D
Email Address	KENGSENG527@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-92977355

Vehicle Particulars

Manufacturer	CITROEN
Model	BERLINGO LWB 1.6L EHDI ETG6
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/20/VC00/108376
Cover Note Number	08/09/20 - 07/09/21

Driver

Name of Driver	TEO KENG SENG
NRIC No	S1441220D
Date Of Birth	11/06/1960
Occupation	OUTDOOR
Date Of Driving Pass	31/07/1999
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92977355
Fax Number	
Contact Number	
EEmail Address	KENGSENG527@GMAIL.COM

Address	BLK 402 WOODLANDS ST 41 #04-134
Postcode	730402
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	COLLISION - HEAD TO REAR
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)	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	GBD676E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

VEHICLE NO.: GBE 1107 U
INSURER : LONPAC
DATE & TIME: 15/09/2020 14:27 HRS

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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.

COMBI DESIGN

Reg No 53311087D
50 Choa Chu Kang Track 14
Singapore 698940

HP: 92977355
Policyholder's Signature
Date & Time:

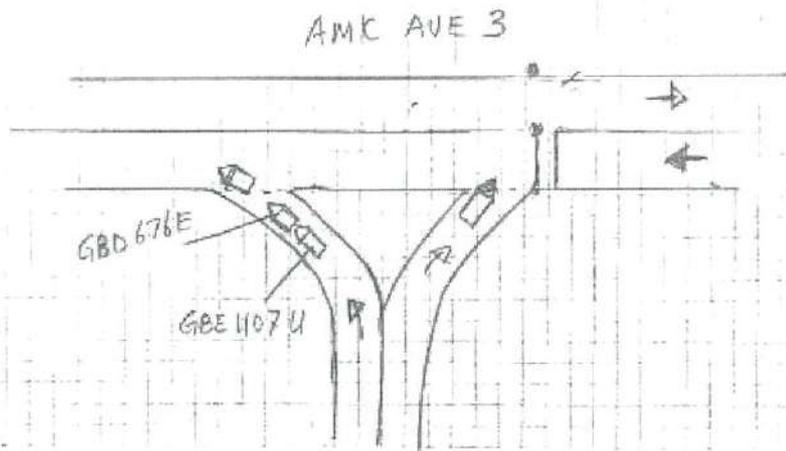


Driver's Signature
(if driver is not the policyholder)
Date & Time: 16/09/2020

(WL) ang 16/9/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the slip road towards AMK AVE 3, and stop at
 in front give way. When right side slip road lane traffic light turn
 green, so my lane in front vehicle start to move out. When I start
 to move on but vehicle (GBE 407U) did not move at all so cause my
 vehicle hit onto said vehicle rear portion.

But there was no injury on both party.

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

COMBI DESIGN particulars are true in every respect.

Reg No 53311087D
 50 Choa Chu Kang Track 14
 Singapore 698940
 Polygraphed Signature
 No: 92977355
 Date & Time

[Handwritten Signature]

Driver's Signature
 (if driver is not the policyholder)
 Date & Time: 16/9/20

(w) org 16/9/20
 Reporting Centre Personnel's Signature
 Name:
 NRIC/Fin No.:

- Claim Own Policy Claim Third Party Reporting Only
 Claim OD/TP at other workshop ()

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Scene Photo



Scene Photo



Scene Photo

