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 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.

ACCIDENT STATEMENT	
Date Of Report	10/11/2020 15:27
Date Of Accident	10/11/2020 12:00
Exact Location Of Accident	ALONG BALESTIER ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJU2847G
Insured/Policyholder	
Name Of Registered Owner	PHUA CHENG LIANG
Work Permit No	SXXXX559B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98807799
Alternative Phone No	OFFICE-98807799
Vehicle Particulars	
Manufacturer	BMW
Model	520I-2.0 ABS AIRBAG 2WD XENON HEADLAMP (A)
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05021034
Cover Note Number	
Driver	
Name of Driver	PHUA JIA WEI
NRIC No	SXXXX732E
Date Of Birth	23/11/1991
Occupation	INDOOR
Date Of Driving Pass	25/11/2016
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96815041
Fax Number	
Contact Number	
EMail Address	JAZEPHUA@GMAIL.COM

Address	BLK 101 JALAN RAJAH #02-08
Postcode	321101
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	SIDE SWIPE
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?	YES
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)	2
Passenger 1	NAME: : LOI SHI JIE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFFIC POLICE (UBI AVENUE 3)
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

Please refer to Sketch Plan.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGR326H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EUNICE TAN SOO PHING
NRIC/Passport Number	SXXXX502H
Contact Number	97988748
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	PHUA JIA WEI
Approximate Age	28
Injuries Sustain	NECK AND LOWER BACK
Injured person in which vehicle?	SJU2847G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	101 JALAN RAJAH #02-08
Postcode	321101

DETAILS OF INJURED PERSON 2	
Name	DEBRA LOI
Approximate Age	28
Injuries Sustain	LEFT SHOULDER AND LOWER BACK
Injured person in which vehicle?	SJU2847G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 95 GEYLANG BAHRU #11-30
Postcode	330095

SKETCH PLAN

IMPORTANT NOTICE

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6. The 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 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 :

   (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:

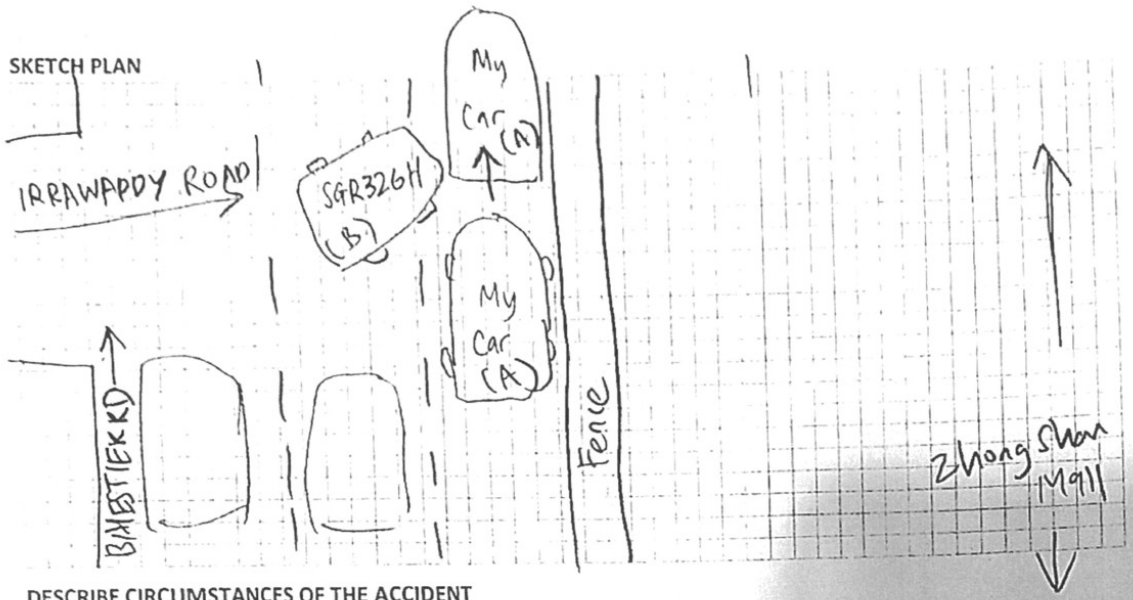
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature
Date & Time: 11 NOV 2020	Date & Time: 11 NOV 2020	Name: Jenny Lim
		NRIC/FIN No.:

GIABBIC SketchPlanForm_V3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

10/11/20 @ 1200 pm I was driving along Balestier Rd when another car drove towards me on the left and hit the side of my passenger door. I was driving within the speed limit and it was not at the traffic light. I had my right of way at that point.

Veh A - SJU 2847G
Veh B - SGR 3261H
policy : 218VP05021034.

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 11 NOV 2020	(If driver is not the policyholder)	Name:
	Date & Time: 11 NOV 2020	NRIC/FIN No.: Jenny Lim

SINGAPORE POLICE FORCE

T/20201111/7010

Report No. T/20201111/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
11/11/2020 11:30		

Informant's Particulars

Name of Informant: PHUA JIA WEI			Address: 101 JALAN RAJAH #02-08 SINGAPORE 321101	
ID Type / ID No.: NRIC NO / S9143732E			Contact No.: Home/Office: Mobile: 96815041	
Nationality: SINGAPORE CITIZEN			Email: JAZEPHUA@GMAIL.COM	
Sex: Male	Age: 28	Date of Birth: 23/11/1991	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Director			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/11/2020 12:00	Type of Location: T-Junction
Location: BALESTIER ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGR326H	Car	TOYOTA		Gold	Seriously Damaged	0
SJU2847G	Car	BMW	520i	Blue	Seriously Damaged	1

SINGAPORE POLICE FORCE

T/20201111/7010

Report No. T/20201111/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	EUNICE TAN SOO PHING		ID No.	S7482502H	
Related Vehicle	SGR326H (Car)		Contact No.	97988748	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL		Date	NIL	
No. of Days granted Medical Leave		NIL	Degree of	NIL	
Passenger					
Name	DEBRA LOI		ID No.	NIL	
Related Vehicle	SJU2847G (Car)		Contact No.	87520701	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL		Date	NIL	
No. of Days granted Medical Leave		NIL	Degree of	NIL	
Driver					
Name	PHUA JIA WEI		ID No.	S9143732E	
Related Vehicle	SJU2847G (Car)		Contact No.	96815041	
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	11/11/2020		Date	11/11/2020	
No. of Days granted Medical Leave		03	Degree of	Slight	

Brief Details.
On 10/11/2020 at about 1200 Hrs i SJU2847G was traveling along Balestier Road towards Thomson Road with 1 passenger onboard.While i was driving near to the Junction of Balestier Road and Irrawaddy Road,suddenly a car SGR326H dash out from the side Road of Irrawaddy Road with out checking for the oncoming vehicle from the main Road(Balestier Road) and collided onto my vehicle left side portion from the front door portion all the way to my vehicle left rear portion.After the accident we exchange particular and leave the scene.
Today i wake up i felt my right side body was in pain(neck and lower back) due to the sudden impact of the accident so i consult doctor and was given 3 days MC from 11/11/2020

SINGAPORE POLICE FORCE

T/20201111/7010

Report No. T/20201111/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

to 13/11/2020.

SINGAPORE POLICE FORCE

T/20201111/7010

Report No. T/20201111/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/11/2020 11:30
Officer In Charge Of Case: TP / TPHQ / SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case:

Authentication Stamp

NP168

Third Party Car damage

Third Party Car damage

Third Party Car Damage

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Odometer Reading

Chassis Number

Accident Photo

Accident Photo

Accident Photo

GENERAL INSURANCE ASSOCIATION RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MLHM20099444 Vehicle Registration No: SJU 2847G

Name(as shown in NRIC) : Phua Jia Wei NRIC/FIN/Passport No : SXXXX732E

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Blk 101 Jalan Rajah #02-08 Singapore(321101)

Contact (Tel) : Mobile No. : 96815041

Email Address :

Date of Accident : 10/11/2020 Time of Accident : 12:00 hours

Place of Accident : Balestier Road

Insurance Company : Lonpac Insurance Bhd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To upload Police Report No: T/20201111/7010 (Injured Person: Phua Jia Wei & Debra Loi).

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Jenny Lim
NRIC/FIN No.: -
Date: 11/11/2020

GIARMC addendumform_v5