

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 Submission	01/12/2020 10:13 (SGT)
Date of Accident	27/11/2020 18:40 (SGT)
Exact Location of Accident	Near 10 Jln Serene, Singapore 258748
Additional Location Information	FARRER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	Q3C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KAYAKITA INVESTMENT PTE LTD
Company Reg No	1XXXXX371K
Email Address	mdfarouk48@yahoo.com
Mobile Phone No	(Phone) +65-00000000
Alternative Phone No	(Office) +65-00000000

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
Variant	-
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?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Lonpac
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z20VP05026867
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED FAROUK BIN SHEIK ABDUL GAFOOR
NRIC No	SXXXX459F
Date Of Birth	10/06/1948
Occupation	Outdoor

Date Of Driving Pass	20/06/1974
Driving experience	46 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82601165
Alt. Phone Number	-
Email Address	mdfarouk48@yahoo.com
Address	BLK 147 GANGSA ROAD #02-255
Address complement	-
Postcode	670147
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MOHD EFFANDY
Gender	Male

PASSENGER 2

Name	LYNN TEH
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG FARRER ROAD TOWARDS HOLLAND ROAD ON THE FIRST OUTER LANE. BUS (SMB 148 T) ON THE LEFT LANE SUDDENLY CUT INTO MY LANE AND GLAZE INTO LEFT FRONT OF MY CAR.

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	SMB148T
Vehicle Manufacturer	-
Vehicle Model	-

Accident Report Information			
Accident Date	27/11/2020	Accident Time	3:40pm
Location Of Accident	Farrer Road		
Vehicle Registration No	Q 3 C		
INSURED/POLICYHOLDER (OWN VEHICLE)			
Registered Owner Name	Kayakita Investment Pte Ltd		
NRIC No/ ROC No	198800371K		
Mobile Phone No		Email Address	
VEHICLE INFORMATION			
Manufacturer/ Model	Mercedes Benz E250		
Exact Purpose for which vehicle was being used at time of accident	<input checked="" type="radio"/> PRIVATE USE <input type="radio"/> COMMERCIAL USE <input type="radio"/> HIRER USE	Are you claiming under your own insurance policy for repair to your vehicle?	<input checked="" type="radio"/> Own Damage <input type="radio"/> Third Party Reporting Only
Vehicle Category	<input checked="" type="radio"/> PRIVATE VEHICLE <input type="radio"/> COMMERCIAL VEHICLE <input type="radio"/> MOTORCYCLE	<input type="radio"/> TAXI <input type="radio"/> BUS <input type="radio"/> MOTOR TRADE	<input type="radio"/> TANKER <input type="radio"/> PRIVATE HIRER <input type="radio"/> GOVERNMENT
INSURANCE COMPANY (OWN VEHICLE)			
Insurance Company	Longac	Fleet Policy	Yes <input checked="" type="radio"/> No
Policy Number	Z/20VP05/026867	Type Of Coverage	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Only <input type="radio"/> Third Party Fire or Theft
Cover Note Number	26/06/20 - 25/06/2021		
DRIVER IDENTIFICATION			
Driver Name	Mohamed Farouk Bin Sheik Abdul Gafoor	Driver NRIC	S2019459F
Date Of Birth	10/06/1948	Occupation	Indoor <input checked="" type="radio"/> Outdoor
Driving Date Pass	20/06/1974	Gender	Male <input checked="" type="radio"/> Female
Mobile Phone No	82601165	Email Address	md # farouk 48 @ yahoo.com
Address	B1K 147 Bangsa Road #02-255 (S) 670147 Postcode		
Relationship	<input checked="" type="radio"/> Employee <input type="radio"/> Owner	<input type="radio"/> Relative <input type="radio"/> Friend	<input type="radio"/> Children <input type="radio"/> Sibling <input type="radio"/> Parent <input type="radio"/> Other :
GENERAL INFORMATION OF THE ACCIDENT			
Type Of Accident			
Weather Condition	Clear <input checked="" type="radio"/> / Raining / Others:	Road Surface	Dry <input checked="" type="radio"/> / Wet / Others:

OTHER INFORMATION

Injured	<input checked="" type="radio"/> No / Yes	Was there any other vehicle or property damaged?	<input checked="" type="radio"/> No / Yes
Was any injured conveyed to hospital by ambulance?	<input checked="" type="radio"/> No / Yes	Was any foreign vehicle involved in this accident?	<input checked="" type="radio"/> No / Yes
Foreign Vehicle Registration Number		Foreign Vehicle Category	
Police Report	<input checked="" type="radio"/> No / Yes		
Number of Passengers (Including Driver)	2		
Passenger Details	Male / Female - 1. Mohd Effandy		
	Male / Female - 2. Lynn Teh		
	Male / Female - 3.		
	Male / Female - 4.		
	Male / Female - 5.		
Car Camera ?	<input checked="" type="radio"/> No / Yes		

DETAILS OF OTHER VEHICLE 1

Vehicle Registration No	SMB 148T		
Name of Driver			
Driver's NRIC		Contact Number	

DETAILS OF OTHER VEHICLE 2

Vehicle Registration No			
Name of Driver			
Driver's NRIC		Contact Number	

DETAILS OF OTHER VEHICLE 3

Vehicle Registration No			
Name of Driver			
Driver's NRIC		Contact Number	

DETAILS OF WITNESS

Name of Witness			
Witness 's NRIC		Contact Number	
Address Line			
Email			

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' 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:

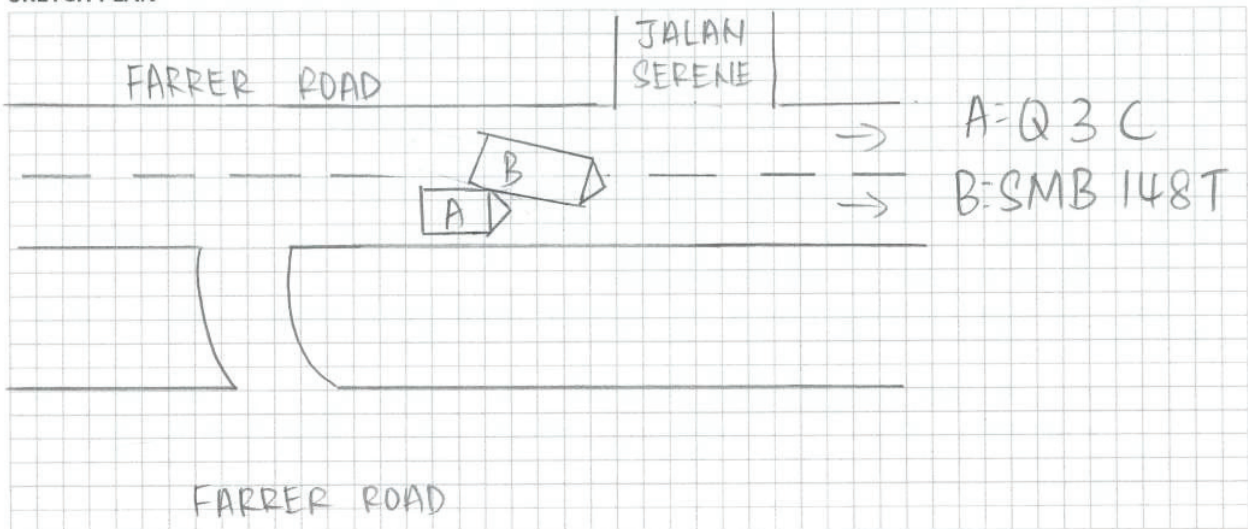

Driver's Signature
(If driver is not the policyholder)
Date & Time:

27/11/20 1655



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Farrer Road toward Holland Road, on the first outer lane. Bus (SMB 148T) on the left lane suddenly cut into my lane and glaze into left front of my car.

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

