

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 02/12/2020 12:34 (SGT)
Date of Accident 28/11/2020 22:15 (SGT)
Exact Location of Accident Yishun Ave 1, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF9237U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner JSM Construction Group Pte Ltd
Company Reg No 200210019N
Email Address yanglin.0906@gmail.com
Mobile Phone No (Phone) +65-98009379
Alternative Phone No +65-98009379

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
Variant -
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 - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Lonpac
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z20VC05005178
Cover Note Number -

DRIVER

Name of Driver Xiao Yang Lin
Work Permit No G7633621R
Date Of Birth 19/02/1979
Occupation Outdoor

Date Of Driving Pass	19/11/2018
Driving experience	2 YEARS
Gender	Male
Mobile Number	(Phone) +65-98009379
Alt. Phone Number	-
Email Address	yanglin.0906@gmail.com
Address	52, Pheng Geck Ave
Address complement	-
Postcode	348247
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Mao Hua Qing
Gender	Male

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

Refer to attached sketch plan.

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	SHA2554E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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:

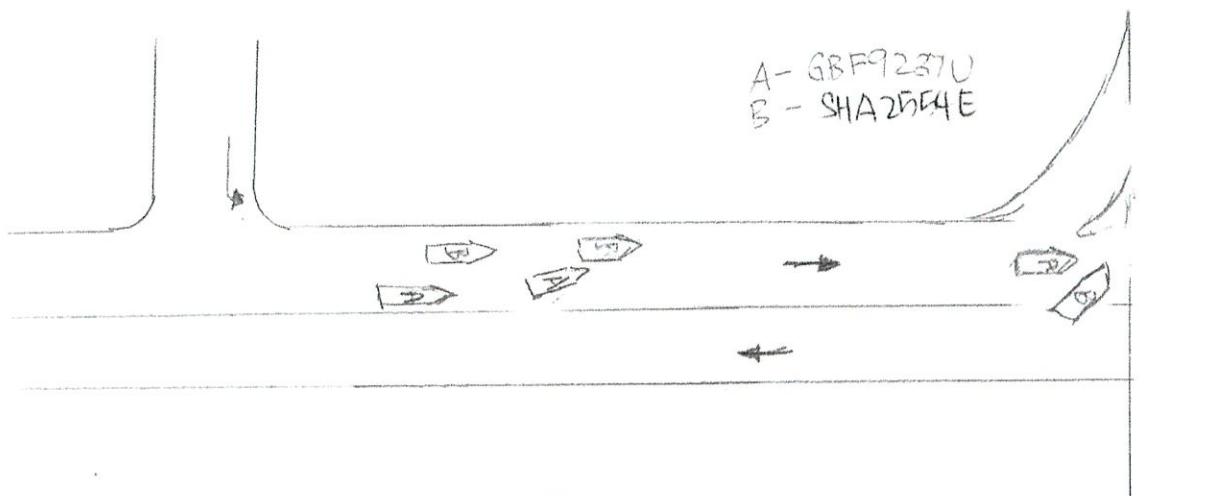
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.

() Claim Own Damage () Claim TP ☒ Reporting Only () Claim OD TP at other workshop

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

我从朋友家的停车场出来转弯, 然后转进左边车道时有一辆出租突然从后方驶过来, 我就立刻又变回原车道, 我当时没有感觉碰到他的车, 我就继续前行, 在红绿灯路口出租突然斜插在我的车前, 正如我在快, 立即急刹车, 停下, 然后出租司机就下车来说我碰到他的车了。

turning left.

On 28/11/20, @ about 22:15 hrs, I was, exiting out from my friend's place carpark. As I was turning left into the lane, a rental vehicle suddenly

came from behind. I immediately switched back to my original lane.

At that time, I did not feel that I had hit into his vehicle. I

continued moving my vehicle, at the traffic junction, the rental

vehicle suddenly cut into my lane in front of my vehicle. Luckily

I reacted fast, immediately stepped on the brake to stop. Then,

the driver of the rental vehicle came over and told me that I had hit into his vehicle.

DECLARATION

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



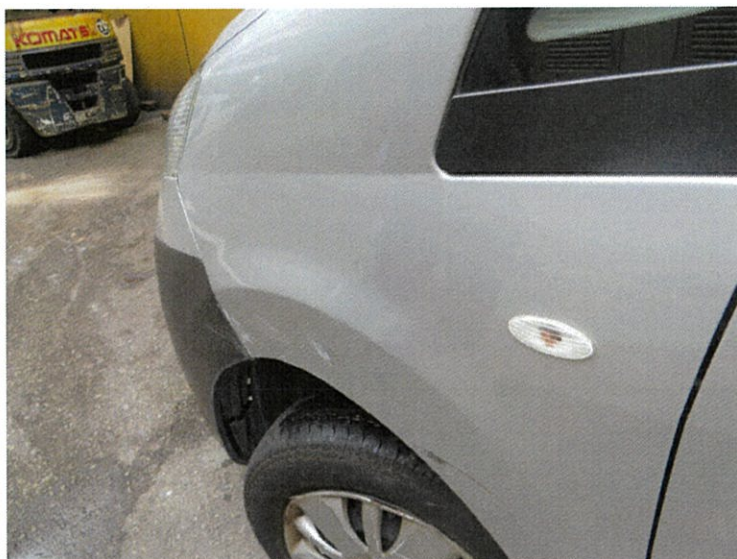
Policyholder's Signature
Date & Time

[Signature]

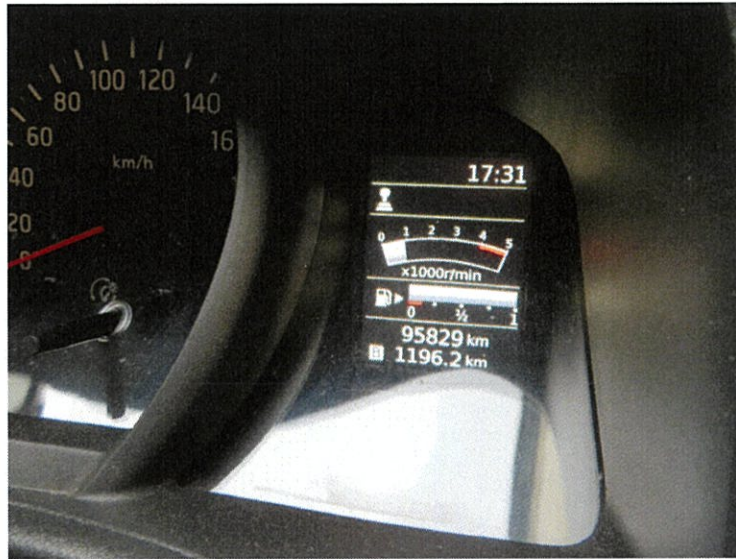
Driver's Signature
(if driver is not the policyholder)
Date & Time

[Signature] 2/12/20
Reporting Centre Personnel's Signature
Name
SPIC/PCIN

IMAGES







NISSAN

VSkyBAM20Z0130850

TYPE TYP	COLOUR, TRIM FABRE, POLST	
1-	2000	Kg
2-	3100	Kg
	980	Kg
	1100	Kg

YTKARURM20TWL-CAAC

KLO K 036

