

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	09/12/2020 16:36 (SGT)
Date of Accident	08/12/2020 19:10 (SGT)
Exact Location of Accident	Lor 2 Toa Payoh, Singapore
Additional Location Information	twds pie
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EU44D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW TANG KANG @ LAU TEAH KANG
NRIC No	SXXXX926D
Email Address	stanlylau55@gmail.com
Mobile Phone No	(Phone) +65-63442911
Alternative Phone No	(Home) +65-63442911

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Slk230
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?	No - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Lonpac
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	Z20VP05027669
Cover Note Number	-

DRIVER

Name of Driver	JOHN LAU BENG TECK
NRIC No	SXXXX514Z
Date Of Birth	07/10/1963
Occupation	Indoor

Date Of Driving Pass	22/02/1983
Driving experience	37 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96791208
Alt. Phone Number	-
Email Address	stanlylau55@gmail.com
Address	22 BAYSHORE ROAD
Address complement	#10-01
Postcode	469970
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Wet

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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201209/2056.

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	GBB6886L
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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**IMPORTANT NOTICE**

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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.
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**")

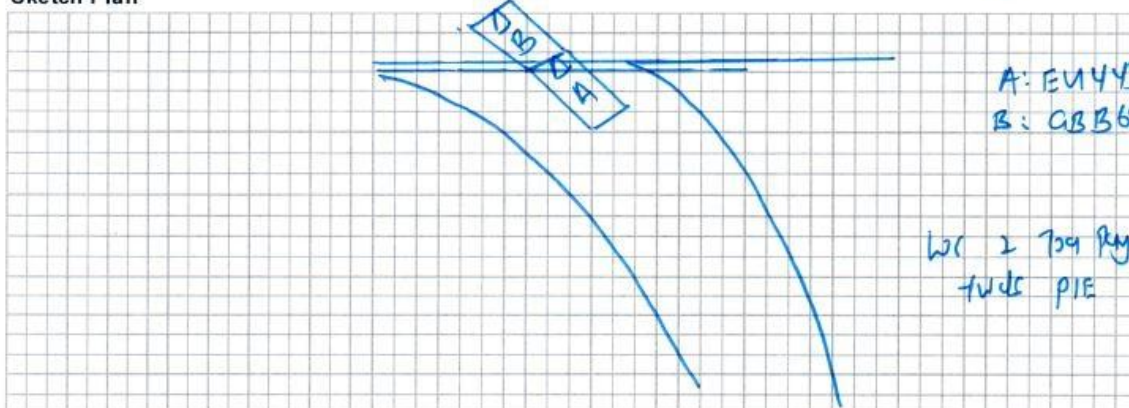
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

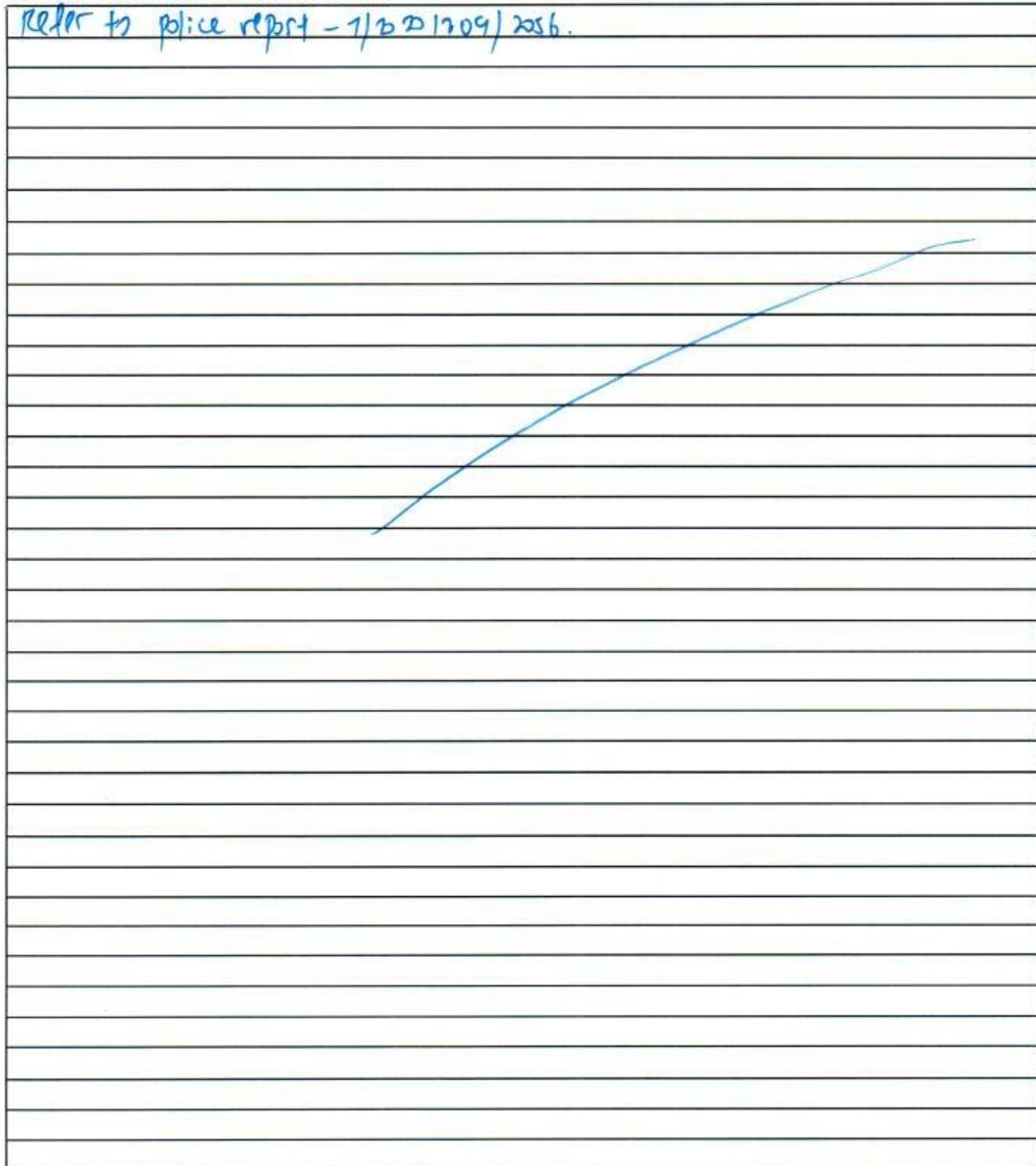
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

Refer to police report - 1/20/2019/2056.



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






















**SINGAPORE
POLICE FORCE**



T/20201209/2056

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

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Report No. T/20201209/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2020 13:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: JOHN LAU BRNG TECK			Address: APT BLK 22 BAYSHORE ROAD #10-01 THE BAYSHORE SINGAPORE 469970		
ID Type / ID No.: NRIC NO / S1590514Z			Contact No.: Home/Office: Mobile: 96791208		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 07/10/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/12/2020 19:10	Type of Location: Y-Junction
Location: LORONG 2 TOA PAYOH				
Weather: AFTER RAIN		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EU44D		MERCEDES BENZ	SLK 230 AUTO	Silver		0
GBB6886L		TOYOTA	HIACE MANUAL	Silver		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20201209/2056

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

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Report No. T/20201209/2056

CONTINUATION OF REPORT

Driver			
Name	JOHN LAU BRNG TECK		ID No. S1590514Z
Related Vehicle	EU44D		Contact No. 96791208
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	GBB6886L		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

ON STATED DATE, TIME AND LOCATION

ON 08/12/2020 AT 1910 HRS, I WAS BEARING PLATE NUMBER (EU44D) AND THE OTHER PARTY WAS BEARING (GBB6886L). I GOT INTO A ACCIDENT WITH A VAN (GBB6886) AT TOA PAYOH, I ACCIDENTLY HIT THE CAR INFRONT OF ME. AS THEY CAME OUT AND DID NOT WANT TO GIVE THEIR PARTICULARS TO BE.
THERE IS A FEW PERSON WHO CAME AND SAID THEIR THE REPAIR MAN. THEY DID NOT OFFER TO FI MY VEHICAL, AND HE OFFERED ME TO BRING TO HIS WORK SHOP. ITS WAS VERY SUSPICIOUS AS THEY DID NOT GIVE PERSONAL INFORMACTION . THEREFORE I AM MAKING A POLICE REPORT.



SINGAPORE POLICE FORCE



T/20201209/2056

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

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Report No. T/20201209/2056

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
TP /
SC MUHAMMAD SHAFFIY BIN ROSLAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/12/2020 13:26

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI 2/3 move day
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

Signature: