



# 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 ..... 15/03/2021 23:05 (SGT)  
Date of Accident ..... 14/03/2021 09:45 (SGT)  
Exact Location of Accident ..... 72 Da Silva Ln, Singapore 549795  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGG1889B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MOK YING YUAN PAMELA  
NRIC No ..... S8013702H  
Email Address ..... moklipkiang@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-93637248  
Alternative Phone No ..... (Home) +65-62868930

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Sunny  
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 - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... Z/20/VP05026557  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOK LIP KIANG  
NRIC No ..... S0147412Z  
Date Of Birth ..... 19/05/1946  
Occupation ..... Indoor

Date Of Driving Pass .....	08/11/1963
Driving experience .....	57 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96269102
Alt. Phone Number .....	-
Email Address .....	MOKLIPKIANG@YAHOO.COM.SG
Address .....	72 DA SILVA LANE
Address complement .....	-
Postcode .....	549795
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Parent
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 .....	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) .....	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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 14/03/2021 AT ABOUT 0945 HOURS, I WAS TURNING INTO MY HOUSE AT 72 DA SILVA LANE. WHEN I COULD NOT ENTER THE GATE, I REVERSED MY CAR (REGN NO: SGG1889B) A LITTLE. JUST THEN I SUDDENLY HEARD A BANG SOUND AND FELT MY CAR JOLTED FORWARD. I IMMEDIATELY REALISED THAT ANOTHER VEHICLE (REGN NO: SGU8845H) HAD COLLIDED INTO THE REAR RIGHT PORTION OF MY CAR. VEHICLE SGU8845H HAD JUST TURNED LEFT INTO DA SILVA LANE FROM PARRY AVENUE.

#### 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 .....	SGU8845H
Vehicle Manufacturer .....	Daihatsu
Vehicle Model .....	Materia
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	YEO SIEW MENG ROLAND
NRIC No .....	S6846125A
Contact Number .....	-

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	MINOR
Details of property damaged in accident .....	FRONT PORTION
No. Of Passenger (Including Driver) .....	1

**SKETCH PLAN**

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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' 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.



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time  
15/03/2021 1155 hrs

Witnessed by Reporting Centre Personnel

**Sketch Plan**

**Describe Circumstances of the Accident**

PLEASE REFER TO REPORT

**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

15/02/2014

Witnessed by Reporting Centre Personnel















