

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 16/03/2021 18:35 (SGT)
Date of Accident 14/03/2021 19:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information CANTONMENT EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD5811Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CALISTA HOMEFASIONS (2001) PTE LTD
Company Reg No 201332888G
Email Address paul25165@gmail.com
Mobile Phone No (Phone) +65-96275626
Alternative Phone No (Office) +65-96275626

VEHICLE PARTICULARS

Manufacturer Renault
Model KANGOO II EXPRESS 1.5L DCI 90 BHP MT 6DR
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Auto
CC 1461

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z/21/VC00/109677
Cover Note Number 06/01/21 - 05/01/22

DRIVER

Name of Driver LIM CHUAN TEE PAUL
NRIC No S1733259G

Date Of Birth	25/01/1965
Occupation	Outdoor
Date Of Driving Pass	12/04/1985
Driving experience	35 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96275626
Alt. Phone Number	-
Email Address	paul25165@gmail.com
Address	Blk 468A Yishun Street 43 #12-63
Address complement	-
Postcode	761468
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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

REFER ATTACHED.

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	SGC9339R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

1. VEHICLE NO.: GBD5811Z
 2. INSURER CO.: looper
 3. ACCIDENT DATE & TIME: 14/3/21 7.45pm

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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.



Policyholder's Signature / Date & Time

[Handwritten Signature]

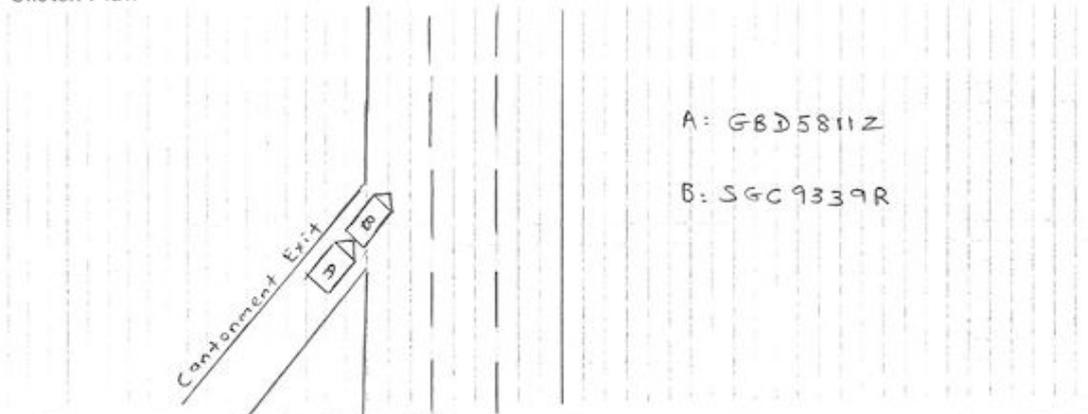
Driver's Signature (if driver is not the policyholder) / Date & Time

(45) mg 16/3/21
 Witnessed by Reporting Centre Personnel

Sketch Plan

PLEASE
TURN
OVER

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ins: Lonpac Vch No: GBD5811Z DoA: 14/3/21 7.45pm

I was exiting cantonment and at the left filter lane. SGC9339A had stop at the filter lane infront of my vehicle. When I saw him moving off I looked towards the right for oncoming vehicle and moved a little as I had thought that the vehicle infront of me had moved off but he had stop again thus causing me to bang into the rear of his vehicle lightly.

Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/We hereby declare that 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.:

- () Claim Own Policy () Claim Third Party (/) Reporting Only
() Claim OD/TP at other workshop



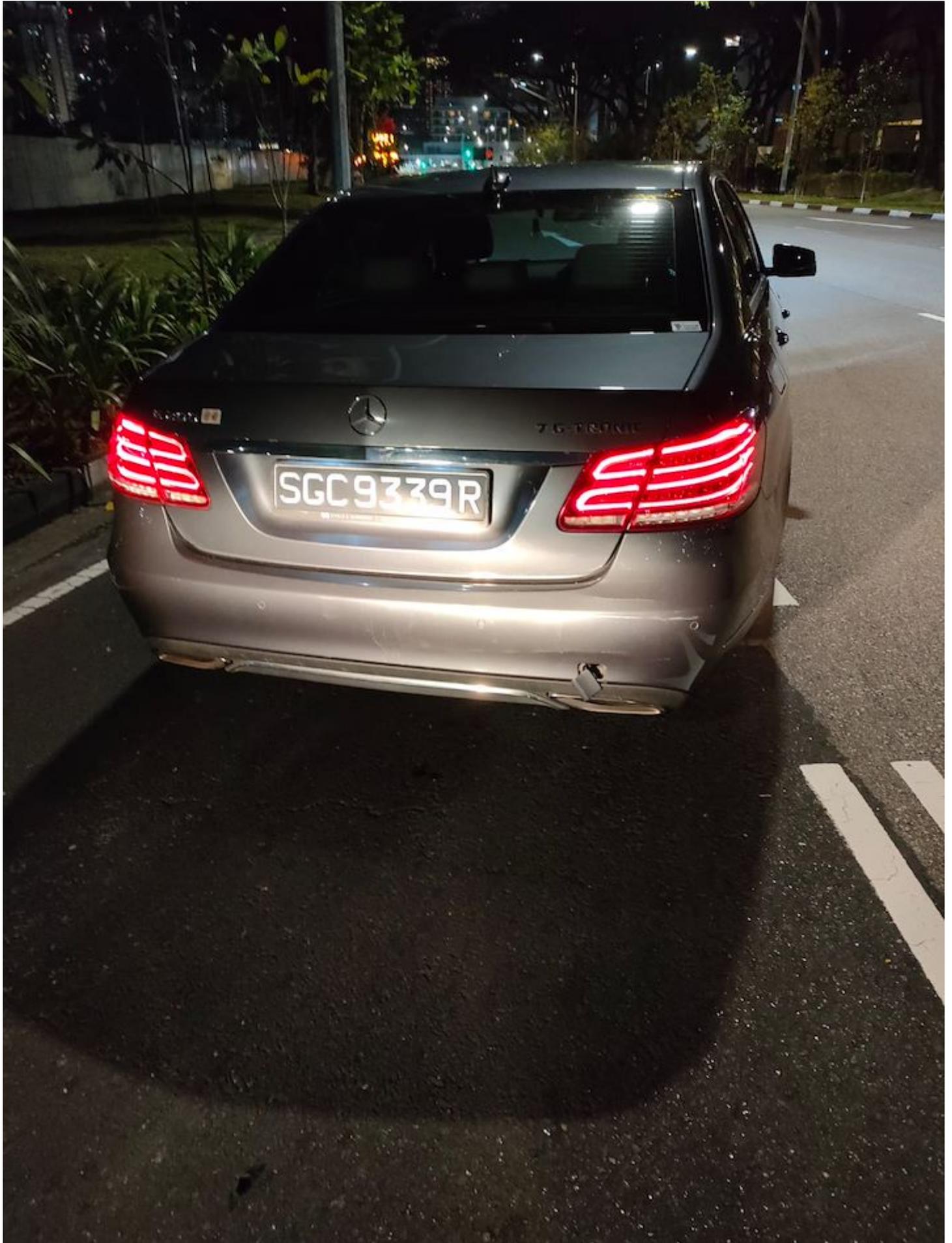














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC1G213G0005 Vehicle Registration No: GBD 5811Z
 Name (as shown in NRIC): Calista HomeFasions (2001) Pte Ltd NRIC/FIN/Passport No: 201332888G
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 96275626
 Email Address: paul25165@gmail.com
 Date of Accident: 14/03/21 Time of Accident: 19:45
 Place of Accident: Carport Exit
 Insurance Company: Leopac

(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:

Name of driver should be Lim Chuan Tee Paul (S1733259G)

 Policyholder / Driver's Signature
 Date:


 Reporting Centre Personnel's Signature
 Name: Wei Lin
 NRIC/FIN No.: _____
 Date: 24/3/21