

## 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	22/03/2021 17:56 (SGT)
Date of Accident	22/03/2021 15:35 (SGT)
Exact Location of Accident	Near 101 Jln Angin Laut, Singapore 489306
Additional Location Information	SLIP ROAD OF UPPER CHANGI ROAD/SIMEI AVENUE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1075C
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SONATA RAINBOW DANCEWEAR PTE LTD
Company Reg No	1XXXXX802E
Email Address	WAREHOUSE@SONATA-DANCEWEAR.COM
Mobile Phone No	(Phone) +65-81685844
Alternative Phone No	(Office) +65-68423048

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1461

#### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z/20/VC05/005780
Cover Note Number	-

#### DRIVER

Name of Driver	CHUA SHI WEI
NRIC No	SXXXX009H

Date Of Birth	22/10/1988
Occupation	Outdoor
Date Of Driving Pass	27/11/2017
Driving experience	3 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81685844
Alt. Phone Number	-
Email Address	MPEG4.CSW@GMAIL.COM
Address	52 LORONG G
Address complement	TELOK KURAU #05-02
Postcode	426235
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	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 22/03/2021 AT ABOUT 1535 HOURS, I WAS TRAVELLING ALONG UPPER CHANGI ROAD TOWARDS SIMEI AVENUE. AT THAT TIME, I HAD STOPPED MY VEHICLE (REGN NO: GBE1075C) AT THE SLIP ROAD OF UPPER CHANGI ROAD/SIMEI AVENUE AS THERE WERE ONCOMING VEHICLES FROM MY RIGHT. WHILE WAITING FOR THE ROADS TO CLEAR, I SUDDENLY HEARD A BANG AND FELT MY VEHICLE JOLTED FORWARD. I IMMEDIATELY REALISED THAT THE VEHICLE BEHIND ME (REGN NO: SMG7635G) HAD COLLIDED INTO THE REAR PORTION OF MY STATIONARY VEHICLE (GBE1075C). NEXT I MOVED MY VEHICLE TO THE SIDE OF THE ROAD AND ALIGHTED TO CHECK ON THE DAMAGES, TOOK PHOTOS AND EXCHANGED PARTICULARS.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH BOSS
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG7635G
Vehicle Manufacturer	Subaru
Vehicle Model	Forester
Vehicle Variant	-

Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	LOO THIAM SING
NRIC No	SXXXX747J
Contact Number	(Phone) +65-92322093
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	MINOR DAMAGE
Details of property damaged in accident	FRONT PORTION
No. Of Passenger (Including Driver)	1

**SKETCH PLAN****IMPORTANT NOTICE**

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6. The 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.
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

22/3/21

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

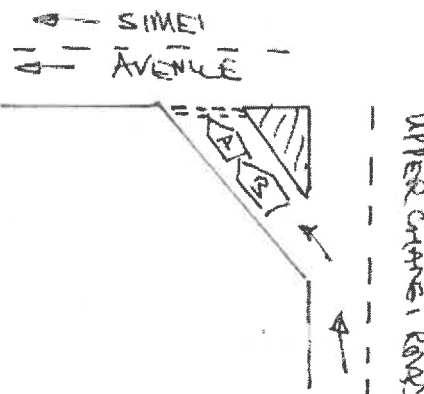


Witnessed by Reporting Centre Personnel

**Sketch Plan**

A GBE1075C

B SMG7685G





**Describe Circumstances of the Accident**


PLEASE REFER TO REPORT

**Declaration**

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

 22/3/21  
Policyholder's Signature / Date & Time

 22/3/21  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel











