

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 29/03/2021 18:10 (SGT)
Date of Accident 27/03/2021 17:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information Blk 196 Bishan St 11 Carpark
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB9262S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner OR KIM PEOW CONTRACTORS (PRIVATE) LIMITED
Company Reg No 1XXXXXX891R
Email Address annieyeo@okph.com
Mobile Phone No (Phone) +65-63671960
Alternative Phone No (Office) +65-63671960

VEHICLE PARTICULARS

Manufacturer Fiat
Model FIORINO 1.3MJTD (225.2L20)
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 Auto
CC 1248

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z/20/VC00/108629
Cover Note Number 04/10/20 - 03/10/21

DRIVER

Name of Driver HU YIHUI
Passport No/FIN SXXXX249C

Date Of Birth 02/10/1982
Occupation Outdoor
Date Of Driving Pass 17/03/2010
Driving experience 11 YEARS
Gender Male
Mobile Number (Phone) +65-83226157
Alt. Phone Number -
Email Address annieyeo@okph.com
Address BLK 308A ANCHORVALE ROAD #07-08
Address complement -
Postcode 541308
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 Hit and run / Vandalism / Damaged whilst parked
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

My vehicle was parked stationary. Out of sudden I heard collision sound & realised was hit by SLL8980M that reversing.

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 SLL8980M
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver CHOO CHIOW HWEE
NRIC No SXXXX051E
Contact Number (Phone) +65-92474747
Address -

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

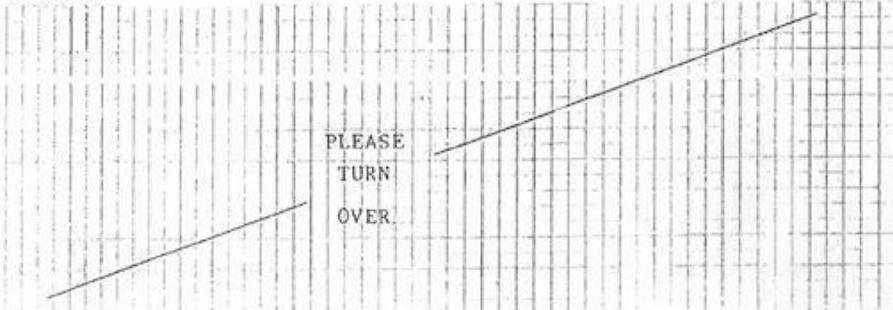
No. Of Passenger (Including Driver)



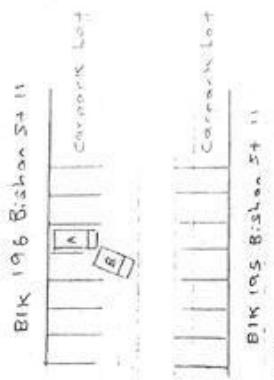
SKETCH PLAN	1 VEHICLE NO: 61B 9262S
	2 INSURER CO: LUFAC
IMPORTANT NOTICE	3 ACCIDENT DATE & TIME: 27/3/21 5:10pm
<p>1. Please report <u>correctly</u> the details of the accident to speed up the claims process.</p> <p>2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>.</p> <p>3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.</p> <p>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.</p> <p>5. <u>Any false reporting may be referred to the Police for investigation</u>.</p> <p>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.</p> <p>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.</p>	
<p>8. Consent under the Personal Data Protection Act (PDPA)</p> <p>I understand, acknowledge, agree and consent that:</p> <p>(a) My insurer(s), my workshop and the General Insurance Association of Singapore ("GIA") may/may be 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(s) (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (as insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurer(s)"), the Insurer's law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:</p> <ul style="list-style-type: none"> (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"); <p>(b) All insurer(s) who have insured vehicle(s) involved in this accident and the Insurer's law firm, may/may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and</p> <p>(c) my Personal Information may/may be disclosed by any of the Insurer(s) and/or GIA to their third party service providers or agents (including their law firm), which may be sited outside of Singapore, for one or more of the above Purposes.</p>	


 Policyholder's Signature / Date & Time: 
 Driver's Signature (if driver is not the policyholder) / Date & Time:
 Witnessed by Reporting Centre Personnel: (75) 029 291323

Sketch Plan



Sketch Plan:



A: GBB9262S

B: SLL8980M

Choo chiew Hwee

50044051C

92474747

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ins. Lopac

Veh No: GBB9262S

DDA: 27/3/21 5:10pm

My vehicle was parked stationary. Out of sudden I heard collision sound & realised was hit by SLL8980M that reversing.

→ 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 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:

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

(75) org 29/3/21

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No: