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 witholding 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 the control of this report will fee fee be made qualified to the proposition by interested parties. 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	07/04/2021 14:25 (SGT)
Date of Accident	06/04/2021 20:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Jln Jeruju
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number	SKK5107F
Vernole registration runniber	ONNOTUTE

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA PEI LIN, PORNPHAILIN (CAI PEILIN)
NRIC No	S8817183G
Email Address	cpl0250@gmail.com
Mobile Phone No	(Phone) +65-91897497
Alternative Phone No	+65-91897497

VEHICLE PARTICULARS

Manufacturer

Model Variant	CIVIC IMA 1.5L CVT
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z20VP05027145
Cover Note Number	26/07/20 - 25/07/21

DRIVER

Name of Driver	CHUA PEI LIN, PORNPHAILIN (CAI PEILIN)
NRIC No	S8817183G

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	20/05/1988 Indoor 04/01/2007 14 YEARS AND 3 MONTHS Female (Phone) +65-91897497 +65-91897497 cpl0250@gmail.com BLK 674B YISHUN AVE 4 #07-700 - 762674 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Major/Minor Rd Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 2 No
PASSENGER 1 Name Gender	DAUGHTER Female
	- Gildio
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
big and when driving mid turn, a taxi (SHD317X) came. Hence my driver side wheel. On the taxi, these were some scratches above	the wheel and a small dent on the door. On my car, there was a dent e front passenger door. Both myself and taxi driver did not have injury
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SHD317X -

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-97638655
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 : SKK SIOTE

2.INSURER CO: Longac

3.ACCIDENT

DATE & TIME: 6 | 4 | 21 8.30pm

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- 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)

Lunderstand, acknowledge, agree and consent that :

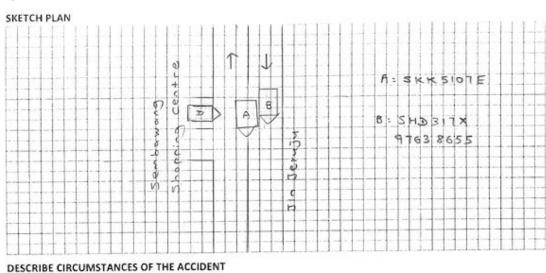
- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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;
- (ii) 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 &

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

Sketch Plan

PLEASE TURN OVER



Veh NO: SKKSIOTE DOA = 6/4/21 8-30pm Ins = Longas Has exiting Sembahang Shopping Centre at around were clear and timed out. The a taxi (SHD317X) cam taxi, these were some scratches above door. On my cor, there was a scratches along the side from the front not have miny than the incident my doughter There was no passenger in the taxi , ad uas not hut too 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.

Policyhelder's Signature Date & Time:

Driver's Signature

Reporting Centre Personnel's Signature

(If driver is not the policyholder)
Date & Time:

Name: NRIC/FIN No.:

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

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