

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	01/05/2021 18:56 (SGT)
Date of Accident	30/04/2021 18:10 (SGT)
Exact Location of Accident	Near 1 Ubi Rd 4, Singapore 408607
Additional Location Information	ALONG EUNOS LINK TOWARDS STILL ROAD DIRECTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFS8846C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA KHANG JYE
NRIC No	SXXXX452I
Email Address	khangjye@singnet.com.sg
Mobile Phone No	(Phone) +65-96459433
Alternative Phone No	(Office) +65-65429321

VEHICLE PARTICULARS

Manufacturer	Seat
Model	Leon
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
Transmission	Auto
CC	999

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z/20/VP05/026293
Cover Note Number	-

DRIVER

Name of Driver	CHUA JIEYANG
NRIC No	TXXXX230B

Date Of Birth	24/04/2000
Occupation	Indoor
Date Of Driving Pass	05/02/2021
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96453430
Alt. Phone Number	-
Email Address	jieyangchua@gmail.com
Address	8 GUAN SOON AVENUE
Address complement	-
Postcode	489581
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHUA JIEHANG
Gender	Male

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 30/04/2021 AT ABOUT 1810 HOURS, I WAS TRAVELLING ALONG EUNOS LINK TOWARDS STILL ROAD DIRECTION. AT THAT TIME THE TRAFFIC WAS HEAVY AND SLOW MOVING AND I HAD STOPPED MY VEHICLE (REGN NO: SFS8846C) IN LANE 3 AND BEHIND A FEW VEHICLES AS THE TRAFFIC LIGHTS IN FRONT WERE RED. AFTER QUITE A WHILE, I SUDDENLY HEARD A LOUD BANG SOUND AND FELT MY VEHICLE JOLTED FORWARD. I IMMEDIATELY REALIZED THAT THE VEHICLE BEHIND ME, A LORRY (REGN NO: GBE8456R) COLLIDED INTO THE REAR RIGHT PORTION OF MY STATIONARY VEHICLE (SFS8846C). NEXT I ALIGHTED FROM MY VEHICLE TO CHECK ON THE DAMAGES, TOOK PHOTOS AND EXCHANGED PARTICULARS. FORTUNATELY NO ONE WAS INJURED. UPON VIEWING THE CAMERA FOOTAGE, I SAW THAT THE LORRY HAD FILTERED INTO THE LANE AFTER EXITING FROM KAKI BUKIT AVENUE 2 AND WANTING TO FILTER RIGHT TO LANE 2 WHEN IT HIT MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE8456R
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Commercial vehicle
Name of Driver	SIRAJUL ISLAM
NRIC No	SXXXX672D
Contact Number	-
Address	BLK 337B TAH CHING ROAD
Address complement	#17-49
Postcode	612337
Insurance Company Name	-
Nature Of Damage	MINOR DAMAGE
Details of property damaged in accident	FRONT LEFT PORTION DAMAGED
No. Of Passenger (Including Driver)	1

SKETCH PLAN**IMPORTANT NOTICE**

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8. **Consent under the Personal Data Protection Act (PDPA)**

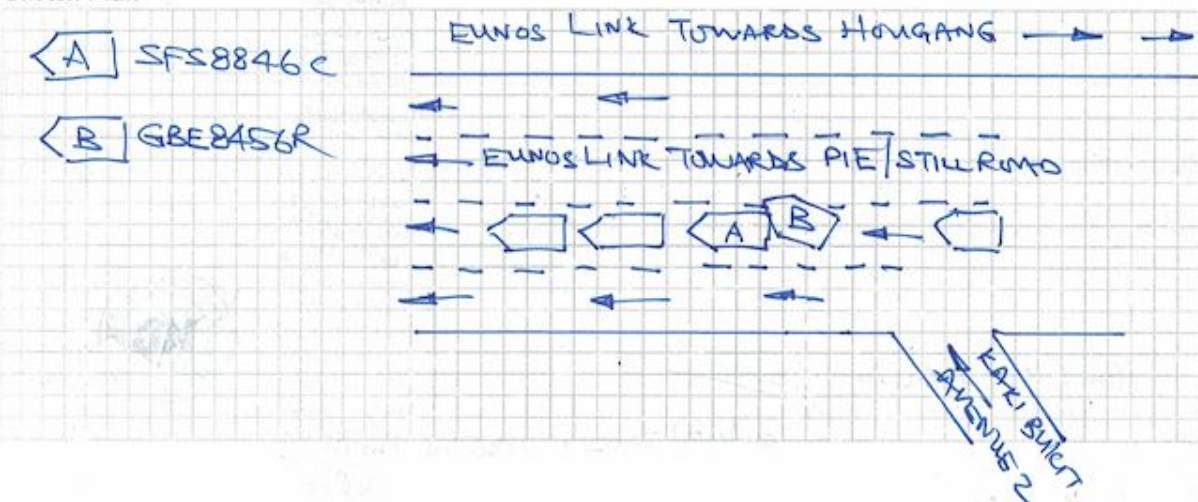
I understand, acknowledge, agree and consent that:

- (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.

4/1 May 1/5/21 6:25pm
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
01/05/2021 18:25 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

Amay 1/5/21 6:25pm

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



01/05/2021 18:25 hrs

Witnessed by Reporting Centre Personnel



















