

# 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 .....	22/05/2021 12:33 (SGT)
Date of Accident .....	21/05/2021 16:55 (SGT)
Exact Location of Accident .....	Near Seletar Flyover, Singapore
Additional Location Information .....	CTE EXIT TOWARDS TPE (CHANGI)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMM6325B
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SEAH POH HWA
NRIC No .....	S1457245G
Email Address .....	SEAHWOEIJIN01@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97375747
Alternative Phone No .....	+65-92311644

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Eclipse cross
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1499

### INSURANCE COMPANY

Name of Insurance Company .....	Lonpac Insurance Bhd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	Z20VP05028293
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SEAH WOEI JIN
NRIC No .....	T0037754B

Date Of Birth .....	02/11/2000
Occupation .....	Indoor
Date Of Driving Pass .....	05/12/2020
Driving experience .....	5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92311644
Alt. Phone Number .....	-
Email Address .....	SEAHWOEIJIN01@GMAIL.COM
Address .....	BLK 258C PUNGGOL FIELD
Address complement .....	#04-65
Postcode .....	823258
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 .....	Raining
Road Surface .....	Wet

#### 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 .....	NATASHA SEOW
Gender .....	Female

#### 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 21/05/2021 AT ABOUT 1655 HOURS, I WAS DRIVING ALONG CTE TOWARDS TPE (CHANGI). JUST AFTER ENTERING THE SLIP ROAD AND APPROACHING THE BEND BELOW THE FLYOVER, THE VEHICLE IN FRONT OF ME (RED BMW, REGN NO: SJT8327G) SUDDENLY APPLIED BRAKES. ON SEEING THAT I IMMEDIATELY APPLIED MY EMERGENCY BRAKES BUT TO NO AVAIL. AS A RESULT, THE FRONT PORTIONN OF MY VEHICLE (REGN NO: SMM6325B) COLLIDED INTO THE REAR PORTION OF SJT8327G. NEXT I ALIGHTED FROM MY VEHICLE TO TAKE PHOTOS AND EXCHANGED PARTICULARS. FORTUNATELY NO ONE WAS INJURED.

#### 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 .....	FILE TOO BIG
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJT8327G
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Vehicle Manufacturer .....	BMW
Vehicle Model .....	420i
Vehicle Variant .....	-
Vehicle Colour .....	Red
Vehicle Category .....	Private car
Name of Driver .....	LYNETTE LEE BEE LENG
NRIC No .....	S1776588D
Contact Number .....	(Phone) +65-98306363
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	MINOR DAMAGE
Details of property damaged in accident .....	REAR PORTION SLIGHTLY DAMAGED
No. Of Passenger (Including Driver) .....	2

## SKETCH PLAN

### IMPORTANT NOTICE

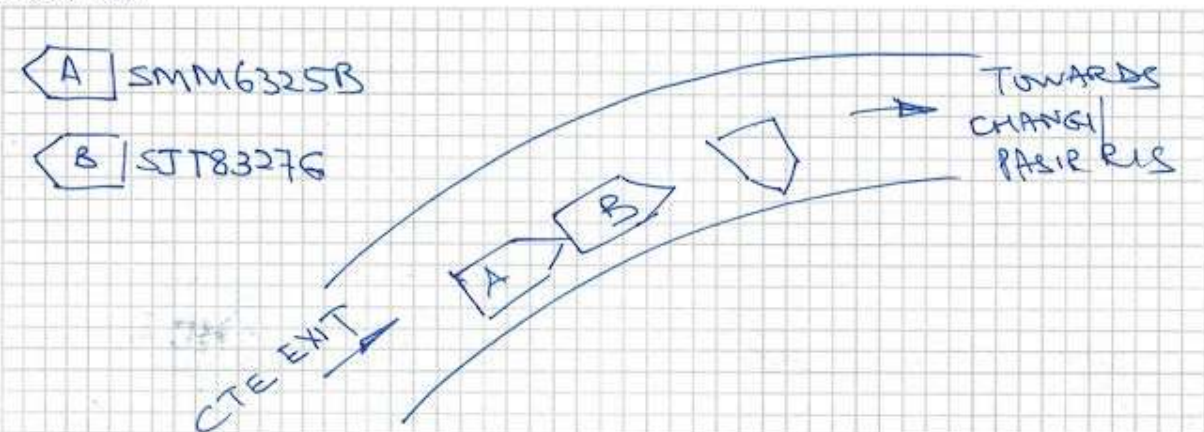
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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  
22/05/21

Driver's Signature (If driver is not the policyholder) / Date & Time  
22/05/21

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

22/05/21

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

22/05/21

Witnessed by Reporting Centre Personnel















