

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	12/04/2021 21:57 (SGT)
Date of Accident	09/04/2021 12:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVE 10 OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ4148X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH CHIN LYE

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	Z20VP05027011
Cover Note Number	11/07/2020 - 10/07/2021

DRIVER

Name of Driver	KOH CHIN LYE
NRIC No	S1822518B
Address	BLK 220B SUMANG LANE #11-67
Address complement	-
Postcode	822220
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Was anybody injured in the Accident?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

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	SKG7552K
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANG TECK BENG
Insurance Company Name	-

SKETCH PLAN

1. VEHICLE NO.: S6J4148X
 2. INSURER CO.: Impac
 3. ACCIDENT DATE & TIME: 09/10/21 @ 12.50

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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' 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;
 (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' 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.

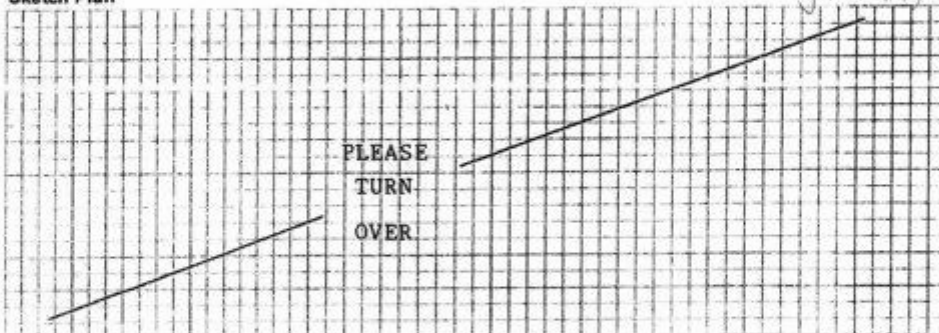
[Signature] 12/4/21
 Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

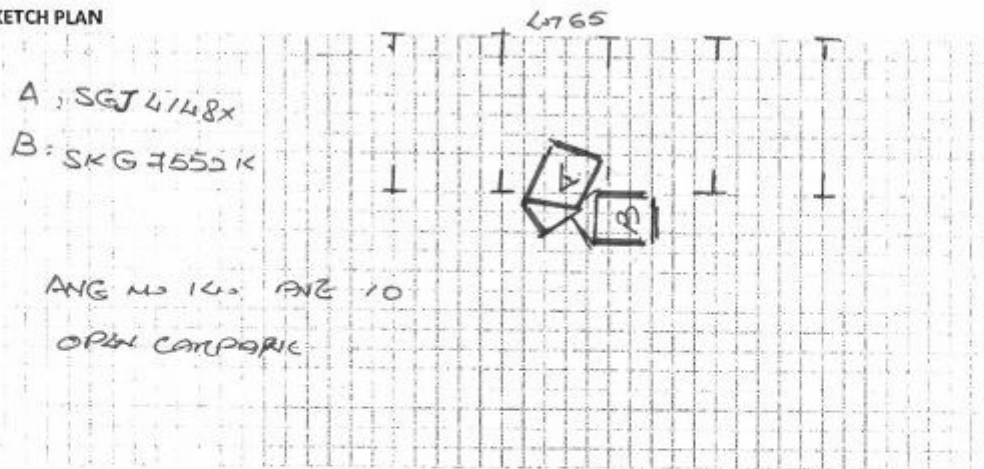
[Signature] 12/04/21

Sketch Plan



PLEASE
TURN
OVER

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE DATE & TIME MENTION ABOVE I WAS
DRIVING MY CAR FROM THE CAR PARK LOT 65
SUDDENLY I FEEL AN IMPACT ON MY CAR FRONT
PORTION I CAME OUT FROM MY CAR & DISCOVERED
THAT VEHICLE NO. SKG 7552K HIT INTO MY CAR
FROM LEFT PORTION

DECLARATION

**Reporting Only*
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:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: (AMK)











