

# 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 ..... 17/08/2021 17:33 (SGT)  
Date of Accident ..... 14/08/2021 15:56 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... EXIT 4A TOWARDS SIMEI AVENUE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SW5851G

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN SEE HING CHARLIE  
NRIC No ..... SXXXX688B  
Email Address ..... charlie@bigman.com.sg  
Mobile Phone No ..... (Phone) +65-96828968  
Alternative Phone No ..... +65-97922068

### VEHICLE PARTICULARS

Manufacturer ..... Volkswagen  
Model ..... Beetle  
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 - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Manual  
CC ..... 1285

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... Z21VP05028152  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... jJORDAN TAN JIN WEI  
NRIC No ..... SXXXX337D

Date Of Birth .....	14/11/1998
Occupation .....	Indoor
Date Of Driving Pass .....	09/07/2018
Driving experience .....	3 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-97922068
Alt. Phone Number .....	-
Email Address .....	charlie@bigman.com.sg
Address .....	S JALAN PARI KIKIS
Address complement .....	-
Postcode .....	488531
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 vehicle 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

PLEASE REFER TO SKETCH PLAN

#### 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 .....	SJQ7525Z
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	E200
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KHOO LAY LUAN
NRIC No .....	SXXXX619Z
Contact Number .....	(Phone) +65-97872888
Address .....	-

Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
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' 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.

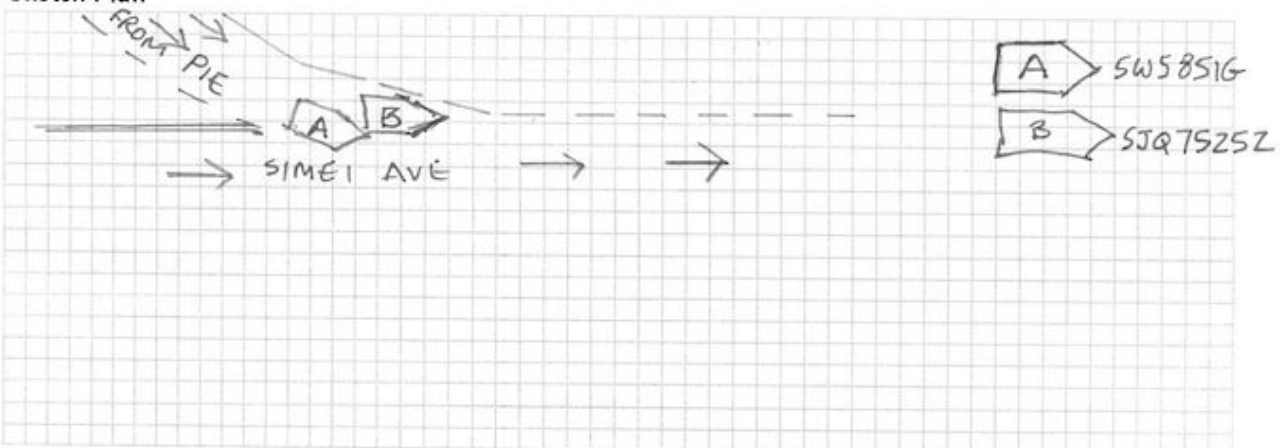
*[Signature]*

Policyholder's Signature / Date &  
Time 17/8/2021 3:18 PM

*[Signature]* 17 AUG 2021 3:18 PM

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

*[Signature]* 17/08/2021  
Witnessed by Reporting Centre  
Personnel

**Sketch Plan**

**Describe Circumstances of the Accident**

On 14 August 2021, at 1556 Hrs, I was exiting PIE at Simei Ave exit 4A. As I was reaching the junction joining into Simei Ave, I stopped behind vehicle SJQ7525Z. When the vehicle SJQ7525Z proceeded to move forward to join Simei Ave, I checked for traffic and when it was clear, I proceeded to move.

When I turned my head forward, the vehicle SJQ7525Z had stopped abruptly.

The front of my vehicle SW8816G collided with the back of the vehicle SJQ7525Z.


There was only one driver with no passengers in both vehicles. None of us were injured.


Because I am NTU student staying in hostel, I was unable to make a report earlier as the accident had happened on a Saturday evening. I returned to hostel on Sunday night and had back-to-back classes on Monday. Hence, the late reporting.

That is all.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date & Time  
 17/8/2021 3:18pm

  
 Driver's Signature (If driver is not the policyholder) / Date & Time  
 17/8/2021 3:18pm

  
 Witnessed by Reporting Centre Personnel  
 17/08/2021











