



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 25/08/2021 18:40 (SGT)
Date of Accident 22/08/2021 13:10 (SGT)
Exact Location of Accident 965 Bukit Timah Rd, Singapore 589662
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG2070E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Soo Kong Hua
NRIC No S7775093B
Email Address konghua.soo@gmail.com
Mobile Phone No (Phone) +65-86178521
Alternative Phone No +65-86178521

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z19VP05024455
Cover Note Number 2/20/2021/027544

DRIVER

Name of Driver Soo Kong Hua
NRIC No S7775093B



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Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z19VP05024455
Cover Note Number 2/20/2021/027548

DRIVER

Name of Driver Soo Kong Hua
NRIC No S7775093B

Date Of Birth	24/05/1977
Occupation	Indoor
Date Of Driving Pass	06/02/2012
Driving experience	9 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86178521
Alt. Phone Number	+65-86178521
Email Address	konghua.soo@gmail.com
Address	21, Linden Drive, #B4-14
Address complement	-
Postcode	288735
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Side Swipe
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 vehicle 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	Soo Ke Xin
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

- I was driving my car into a car park via a downward right-turn ramp.
- I was driving on my left lane.
- During the turn, a motorcycle came out from the carpark. The motorcycle was driving on the middle lane.
- The motorcycle tried to divert away, but still brushed against the right side of my car.
- During the brushing, my car direction swayed abit, and end up stopping at a position crossing a bit to the right lane.
- The motorcyclist stood up and took photo of my car.
- He was fine but claimed that he felt a bit pain on his wrist.
- The motorcyclist asked his insurance company representative come to the location. The insurance representative said both of us were fine and thus no need to go for police report.

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	FBN3919H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.



Stim 25 Aug 2021
Policyholder's Signature / Date & Time

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

N 25/8/21
Witnessed by Reporting Centre Personnel

Sketch Plan

A - SLG2070E
B - FBV3919H

Please note that you might be able to submit an Own Damage claim under your own policy within 14 days.
☐ Claim Own Damage (OD) ☐ Claim Third Party (TP) ☒ Reporting Only ☐ Claim OD/TP at other workshop

Describe Circumstances of the Accident

- I was driving my car into a car park via a downward right-turn ramp.
- I was driving on my left lane.
- During the turn, a motor cycle came out from the car park. The motor cycle was driving on the middle line.
- The motor cycle tried to divert away, but still brushed against the right-side of my car.
- During the brushing, my car direction swayed a bit, and ended up stopping at a position crossing a bit to the right lane.
- The motor-cyclist stood up and took photo of my car.
- He was fine but claimed that he felt a bit pain on his wrist.
- The motor cyclist asked his insurance company representative. came to the location. The insurance representative said both of us were fine and thus no need to go for police report.

Declaration

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

Witnessed by Reporting Centre
Personnel

















