

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 26/11/2021 17:53 (SGT)
Date of Accident 26/11/2021 07:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE TOWARDS CHANGI AIRPORT BEFORE BKE EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBW777Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner COLIN TAN BOON LEE
NRIC No SXXXX530A
Email Address colintanbl@gmail.com
Mobile Phone No (Phone) +65-96569037
Alternative Phone No +65-96569037

VEHICLE PARTICULARS

Manufacturer Mercedes
Model CLA180 (R18 BI)
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 1595

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z21VP05028230
Cover Note Number 05/01/21 - 04/01/22

DRIVER

Name of Driver COLIN TAN BOON LEE
NRIC No SXXXX530A

Date Of Birth	12/12/1970
Occupation	Indoor
Date Of Driving Pass	01/09/1992
Driving experience	29 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96569037
Alt. Phone Number	+65-96569037
Email Address	colintanbl@gmail.com
Address	11 WOODLANDS DRIVE 72 #09-39
Address complement	-
Postcode	738094
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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

Driving along lane 2. There was a block of wood in the middle of the lane. There were cars so unable to avoid driving over the block of wood cause my car under carriage damage.

ATTACHMENT(S)

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

SKETCH PLAN

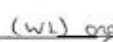
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8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process 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.

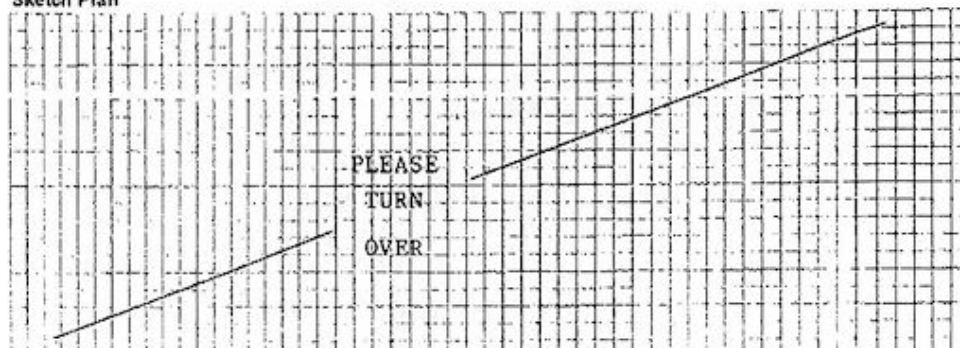
1. VEHICLE NO. SBW 777Y
2. INSURER CO. LONPAC
3. ACCIDENT
DATE & TIME 26/11/21 7:30a.m

 26/11/21
Policyholder's Signature / Date & Time

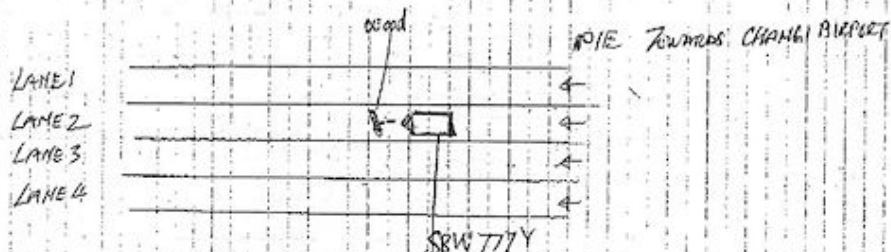
Driver's Signature (If driver is not the policyholder) / Date & Time

(w)  26/11/21
Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving along lane 2.
 There was a block of wood in the middle of the lane
 There were cars so unable to avoid + driving over the block
 of wood, cause my car undercarriage damage

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim
 under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

 26/11/21

Policyholder's Signature
 Date & Time:

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

(w) sig 26/11/21
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

☒ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☐ Claim OD/TP at other workshop ()