

## 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	20/12/2021 13:20 (SGT)
Date of Accident	18/12/2021 10:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS BEFORE PAYA LEBAR ROAD EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB4761G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GUI AH BAH
NRIC No	S1486466J
Email Address	steven2186@gmail.com
Mobile Phone No	(Phone) +65-94519611
Alternative Phone No	+65-94519611

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	VIOS J AUTO
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1497

#### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	Z21VP05028203
Cover Note Number	15/01/2021 TO 14/01/2022

#### DRIVER

Name of Driver	ANG HOON YEN
NRIC No	S1740807J



Date Of Birth	26/02/1966
Occupation	Indoor
Date Of Driving Pass	04/11/1998
Driving experience	23 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-91253132
Alt. Phone Number	-
Email Address	steven2186@gmail.com
Address	30 JALAN PARI UNAK SINGAPORE 488503
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	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)	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

REFER WITH ATTACHED.

#### 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	SHA9516U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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) ..... -

PLATE NUMBER

UNIQUE IDENTIFIER

Insurance policy details (including policy number, date of issue, expiry date, etc.)

Details of the accident (including date, time, location, weather conditions, etc.)

Details of the damaged property (including make, model, year, etc.)

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Signature of the insured

Signature of the insurer

Details of the damaged property (including make, model, year, etc.)

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# SKETCH PLAN

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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' 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.

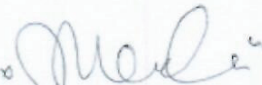
(collectively the "Purposes")

(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.



Policyholder's Signature / Date & Time



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

13:00

18/12/21



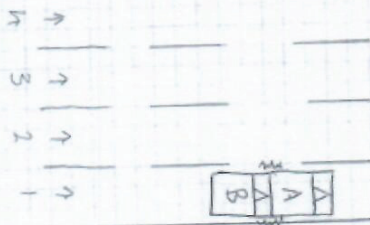
Witnessed by Reporting Centre Personnel

Sketch Plan

P2E Towards Tuas Before Paya Lebar rd exit.

A-SJS 4761G

B-SHA 9516U.



**Describe Circumstances of the Accident**


AS per above date and time, I was driving SJB 4761G along  
 Res Towards Tuns on the extreme right lane. Somewhere before  
 paya lebar rd exit, vehicles in front of me suddenly slowed  
 down. Therefore, I applied brake and slowed down as well. Out of  
 sudden, I felt an impact from the rear. I alighted and  
 discovered vph (B) SHA 9516U front portion collided onto my  
 vehicle rear portion.

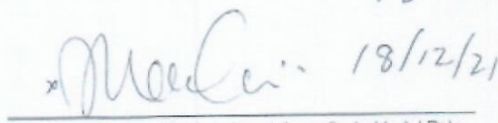
A - SJB 4761G

B - SHA 9516U.

**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

13.00

18/12/21



Witnessed by Reporting Centre  
 Personnel