

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 18:10 (SGT)
Date of Accident 18/12/2021 14:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information BLK 156 TAMPINES CAR PARK ST. 12
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY8346A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN CHEE SIONG
NRIC No S1639332J
Email Address ddicksonn@gmail.com
Mobile Phone No (Phone) +65-88222928
Alternative Phone No +65-88222928

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Lancer
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 Auto
CC 1584

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z21VP05030049
Cover Note Number 06/10/21 - 05/10/22

DRIVER

Name of Driver DICKSON TAN JIN HUA
NRIC No S1639332J

Date Of Birth	17/06/1988
Occupation	Indoor
Date Of Driving Pass	04/08/2020
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88222928
Alt. Phone Number	-
Email Address	ddicksonn@gmail.com
Address	BLK 405 ADMIRALTY LINK #15-40
Address complement	-
Postcode	750405
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WILLIAM TAN WEIQIANG(S9212242E)
Gender	Male

PASSENGER 2

Name	KWAN HSIAO LOONG CHRISTOPHER(S8828707Z)
Gender	Male

PASSENGER 3

Name	HONG MIN ER(S9631290C)
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

REFER TO SKETCH ATTACHED.

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	SFU6257E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOOVENDAN S/O SINGAYYAN
NRIC No	S2186233I
Contact Number	(Phone) +65-96645203
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	DICKSON TAN JIN HUA
Gender	Male
Phone No	(Phone) +65-88222928
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	2 DAYS MC.
Injured person in which vehicle?	SJY8346A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	WILLIAM TAN WEIQIANG(S9212242E)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	2 DAYS MC.
Injured person in which vehicle?	SJY8346A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	KWAN HSIAO LOONG CHRISTOPHER(S8828707Z)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	2 DAYS MC.
Injured person in which vehicle?	SJY8346A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	HONG MIN ER(S9631290C)
Gender	Female
Phone No	-

Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	2 DAYS MC.
Injured person in which vehicle?	SJY8346A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	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' 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

Witnessed by Reporting Centre Personnel

(45)

Sketch Plan

PLEASE TURN OVER

Sketch Plan

VEHICLE A : SJY 8346A
VEHICLE B : SFU 6257E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 18TH DECEMBER 2021, SATURDAY AT APPROXIMATELY 2.35PM, IN A CARPARK AT 156 TAMMINS STREET 12, I WAS LOOKING FOR A LOT TO PARK IN WHEN THE CAR IN FRONT WITH VEHICLE PLATE SME644SE CAME TO A STOP, AND I WAS HIT FROM THE BACK AFTER I CAME TO A STOP BY VEHICLE PLATE SFU6257E.

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.

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.:

() Claim Own Policy () Claim Third Party () Reporting Only
(✓) Claim OD/TP at other workshop (by FDK Automobile) & leasing Svc















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC1G21CK0009 Vehicle Registration No: SJ48346A
 Name (as shown in NRIC): Tan Jia Hui NRIC/FIN/Passport No: 58821178B
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 405 Admiralty Link #15-40 S(730405) Singapore ()
 Contact (Tel): _____ Mobile No.: 88222928
 Email Address: ddicksonn@gmail.com
 Date of Accident: 18/12/2021 Time of Accident: 14:35
 Place of Accident: BLK 156 Tampines Car park St. 12
 Insurance Company: Longac Insurance Bhd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

I WOULD LIKE TO WITHDRAW PREVIOUS CLAIM REPORT AND REPLACE WITH THE FOLLOWING.

ON 18TH DECEMBER 2021, SATURDAY AT 2.35PM, IN A CARPARK AT 156 TAMPINES ST 12, I WAS LOOKING FOR A LOT WHEN THE CAR IN FRONT OF ME WITH PLATE SME6445B CAME TO A STOP AND STARTED REVERSING VERY QUICKLY TOWARDS ME. IN ORDER TO PREVENT A COLLISION I QUICKLY REVERSED TOO, QUICKLY AS WELL BUT COLLIDED THE REAR CAR PLATE SFU6257E.

Policyholder / Driver's Signature
 Date: 23/12/21



Reporting Centre Personnel's Signature
 Name: Wei Lin
 NRIC/FIN No.: _____
 Date: 23/12/21