

# 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	08/01/2022 13:26 (SGT)
Date of Accident	07/01/2022 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPP.THOMSON RD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX6841T
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SEOW NGEE
NRIC No	S1234964E
Email Address	desmdtan@yahoo.com.sg
Mobile Phone No	(Phone) +65-90079746
Alternative Phone No	+65-90079746

### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	MAZDA6 4-DOOR SEDAN 2.0L SP.6EAT
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	1998

### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z21VP05030221
Cover Note Number	22/12/21-21/12/22

### DRIVER

Name of Driver	TAN SEOW NGEE
NRIC No	S1234964E

Date Of Birth .....	24/02/1957
Occupation .....	Indoor
Date Of Driving Pass .....	11/04/1980
Driving experience .....	41 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90079746
Alt. Phone Number .....	+65-90079746
Email Address .....	desmdtan@yahoo.com.sg
Address .....	BLK 331 SEMBAWANG CLOSE #08-351
Address complement .....	-
Postcode .....	750331
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 .....	Collision - Change/cross lane
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	ALOYSIUS TAN
Gender .....	Male

#### 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

IT WAS HEAVY RAIN AT THAT TIME. ALL VEHICLES MOVING SLOWLY. I WAS TRAVELLING ON THE MIDDLE LANE AND INTEND TO FILTER TO THE KEFT LANE. I SIGNALLED AND CHECKED. WHEN IT WAS SAFE TO FILTER, I SLOWLY GO TO THE LEFT WHEN M/CAR(B) APPROACHED AND OUR VEHICLES COLLIDED. I HAVE 1 PASSENGER ONBOARD. NO INJURIES ON ANYONE AT THAT POINT OF TIME.

#### 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 .....	SMR8232X
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KAN KUM WAH
NRIC No .....	S7344447J
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

1. VEHICLE NO.: SKX 6841T  
 2. INSURER CO.: Ionp7c  
 3. ACCIDENT DATE & TIME: 7-1-22  
7pm

**IMPORTANT NOTICE**

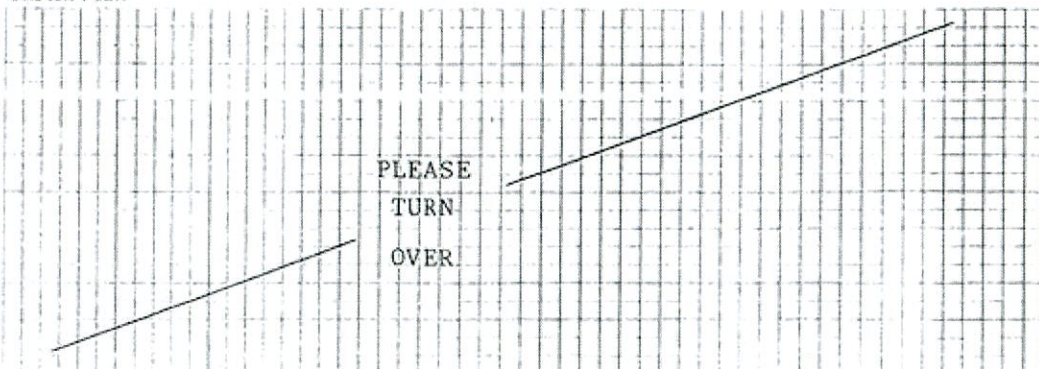
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
 I understand, 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.

Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



up Thomson Red



The diagram shows a vertical line with three upward-pointing arrows at the bottom. A rectangular box labeled 'A' is positioned on the line, with a smaller box labeled 'B' inside it. The boxes are tilted slightly to the right.

A = SKX 6841T  
B = SMR 8232X  
Kan Kum Wah  
57344447J

Doa: 7/1/22

Time : 1900 hrs

Ins: compac

It was heavy rain at that time. All vehicles moving slowly. I was travelling on the middle lane and intend to filter to the left lane. I signalled and checked. When it was safe to filter, I slowly go to the left when m/car CB approached and our vehicles collided.

I have 1 passenger onboard. No injuries on anyone at that point of time.

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.

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 ( )



























