

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 Actual 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 09/09/2022 17:21 (SGT)
Reported by Driver
Date of Accident 30/08/2022 16:16 (SGT)
Exact Location of Accident Changi Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJR8089D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Jeilani Bin Abdul
NRIC No S2184900F
Email Address masturajeilani.11@gmail.com
Mobile Phone No (Phone) +65-87287592
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Subaru
Model Impreza
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 1498

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Policy Number / Cover Note Number Z22VP05031682

DRIVER

Name of Driver Mastura Binte Jeilani
NRIC No S9223763Z
Date Of Birth 10/07/1992
Occupation Outdoor

Date Of Driving Pass	25/03/2013
Driving experience	9 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-87287592
Alt. Phone Number	-
Email Address	masturajeilani.11@gmail.com
Address	Blk 685A Choa Chu Kang Crescent, #04-290
Address complement	-
Postcode	681685
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	Side Swipe
Weather Conditions	Drizzling
Road Surface	Wet

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?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 attached sketch plan.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDM1052C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

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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.

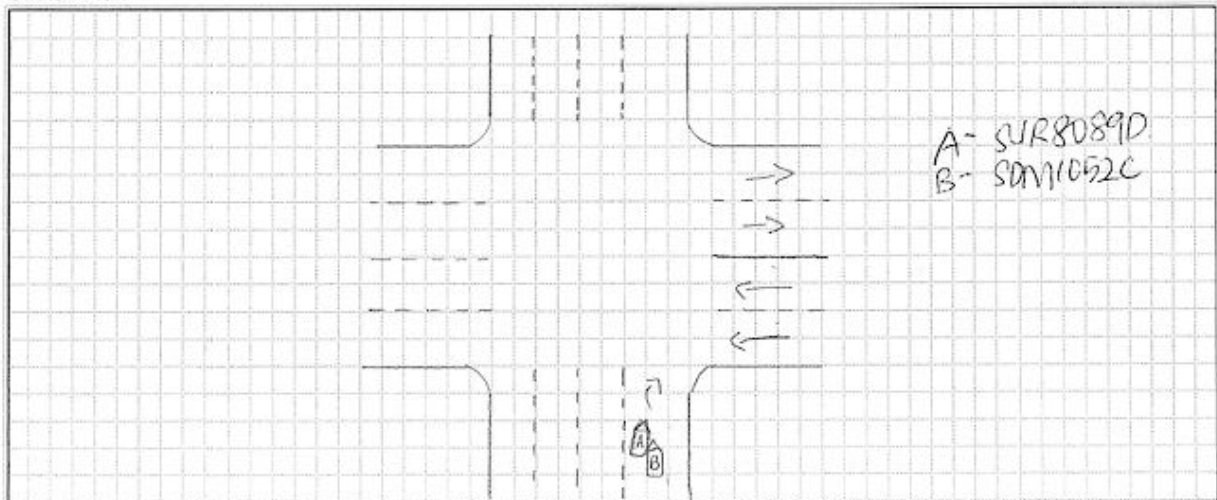


Policyholder's Signature / Date & Time

 9/9/22
Driver's Signature (if driver is not the policyholder) / Date & Time

 9/9/22
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Please note that you might be able to submit an Own Damage Claim under your own policy within 14 days. 1

() Claim Own Damage () Claim Third Party (✓) Reporting Only () Claim OD/ TP at other workshop



Describe Circumstance of the Accident

I was on the first lane of Changi Rd towards Joo Chiat. There were parallel parked vehicles along my lane. As I was ^{waiting to} turn right, vehicle 'B' appeared beside me trying to overtake and inching forward upon greenlight. As my vehicle's bonnet is ~~ahead~~ in front, of ~~to~~ I assumed he would wait for me to drive off. ^{on} Apparently he didn't and continue to inch forward which subsequently crashed into my right driver's side door.

1. Was this statement translated from another language?

() Yes (☒) No

** If Yes, please assist to provide the original statement and the details of the translator below:-

** NOTE: Translated statement is to be signed off by the Translator

2. What is the original language used in the statement?

() English () Mandarin () Malay () Tamil () Others: _____

2. Translator Information (all information required to be provided)

Name of Translator:

Translator ID:

Translator Mobile No.:

Translator Email:

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)






















LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/06, The Concourse, Singapore 199555.

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

THE SCHEDULE

Class of Policy	: MOTOR CAREPLUS	Policy No.	: Z22VP05031682
Insured	: JEILANI BIN ABDUL	Type of Cover	: THIRD PARTY FIRE & THEFT
Address	: 257 BUKIT BATOK EAST AVE 4 05-333 SINGAPORE 650257	Replacing CN/Policy No.	: Z21VP05029486
Business or Profession	: OTHERS	Account No	: Z50809
Period of Insurance			
(a) From 15/07/2022 To 14/07/2023 (both dates inclusive)			
(b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
H.P. Owner	: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD		
Description of Vehicle		The Policy's Premium	
Vehicle/Trailer Regn. No	: SJR8089D	Premium Component	% Amount (\$\$) Total (\$\$)
Make & Model of Vehicle	: SUBARU IMPREZA 1.5	Basic Premium	1,194.08
Type of Body	: SALOON - 4 DR	NCD	-30.00% -358.22
Engine No	: EL15D674605	OFD	-5.00% -41.79
Chassis No	: JF1GE3KS59G004550	Premium After Discount	794.06
Year of Registration	: 2009	Gross Premium	794.06
c.c./Tonnage	: 1,498	Actual Gross Premium	794.06
Seating Capacity	: 5	GST	7.00% 55.58
Sum Insured	: MARKET VALUE	Premium Payable	849.64