

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	10/02/2023 17:03 (SGT)
Reported by	Driver
Date of Accident	09/02/2023 17:15 (SGT)
Exact Location of Accident	Near Springleaf Nature Pk, Singapore
Additional Location Information	BEFORE SHELL PETROL KIOSK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS6235U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG PEI CHIN
NRIC No	SXXXX917I
Email Address	kinyinlee88@gmail.com
Mobile Phone No	(Phone) +65-97456095
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z/22/VP05/031018

DRIVER

Name of Driver	LEE KIN YIN
NRIC No	SXXXX823H
Date Of Birth	29/07/1952
Occupation	Indoor

Date Of Driving Pass	14/07/1975
Driving experience	47 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94758443
Alt. Phone Number	-
Email Address	kinyinlee88@gmail.com
Address	LEE KIN YIN
Address complement	3 SPRINGSIDE VIEW
Postcode	786388
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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
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

ON 09/02/2023 AT ABOUT 1715 HOURS, I WAS TRAVELLING IN LANE 2 ALONG UPPER THOMSON ROAD TOWARDS CITY DIRECTION. JUST BEFORE THE SHELL PETROL KIOSK, I NOTICED THAT THE VEHICLE IN FRONT OF ME (A MERCEDES) SUDDENLY STOPPED. ON SEEING THAT I ALSO STOPPED MY VEHICLE (REGN NO: SKS6235U). MOMENTS LATER, I HEARD A LOUD BANG AND FELT MY VEHICLE JOLTED FORWARD. I IMMEDIATELY REALISED THAT THE VEHICLE BEHIND ME (REGN NO: SMX8218G) HAD COLLIDED INTO THE REAR PORTION OF MY STATIONARY VEHICLE (SKS6235U). NEXT I ALIGHTED FROM MY VEHICLE, TOOK PHOTOS AND EXCHANGED PARTICULARS. FORTUNATELY NO ONE WAS INJURED.

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	SMX8218G
Vehicle Manufacturer	MG
Vehicle Model	-
Vehicle Variant	-



Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	ONG WEI SHENG WILSON
NRIC No	SXXXX113J
Contact Number	(Phone) +65-96808227
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT PORTION DAMAGED
Details of property damaged in accident	FRONT PORTION DAMAGED
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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6. 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

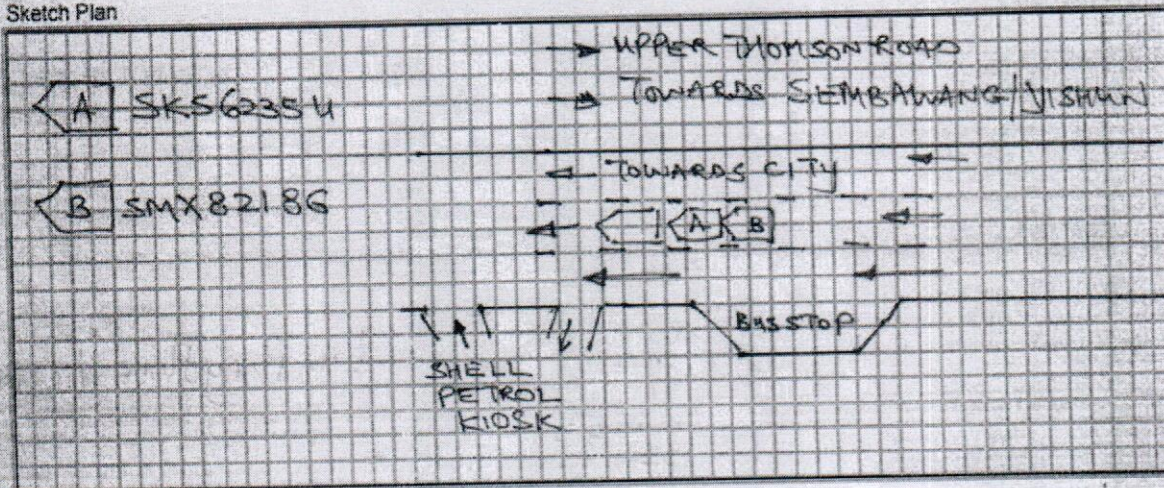
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

PLEASE REFER TO REPORT

Declaration

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

Policyholder's Signature / Date & Time

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

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

[Signature]

10/02/23
1930HRS

LIM PHAY HONG VICTOR