

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 16/02/2023 12:40 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 14/02/2023 19:05 (SGT)
Exact Location of Accident Near Blk 3012, Singapore
Additional Location Information ALONG SIMEI AVENUE TOWARDS TAMPINES DIRECTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLC3267U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN YEW HWEE
NRIC No S6926513H
Email Address tan.yewhwee@vjc.edu.sg
Mobile Phone No (Phone) +65-93860397
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mazda
Model 2
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 1496

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Policy Number / Cover Note Number Z22VP05031290

DRIVER

Name of Driver TAN YEW HWEE
NRIC No S6926513H
Date Of Birth 28/07/1969
Occupation Indoor

Date Of Driving Pass	05/06/1990
Driving experience	32 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93860397
Alt. Phone Number	-
Email Address	tan.yewhwee@vjc.edu.sg
Address	15 TAMPINES CENTRAL 7
Address complement	#03-10
Postcode	528771
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SLP5607R
Insurance Company of Other Vehicle Owned by Driver	Lonpac Insurance Bhd

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
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)	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 14/02/2023 AT ABOUT 1905 HOURS, I WAS TRAVELLING ALONG SIMEI AVENUE TOWARDS TAMPINES DIRECTION. AT THAT TIME, IT WAS RAINING AND THE ROADS WERE WET. JUST AS I WAS PASSING THE BEDOK INDUSTRIAL PARK E, THE VEHICLE IN FRONT OF ME (REGN NO: SMN7728K) SUDDENLY JAMMED BRAKES. ON SEEING THAT I IMMEDIATELY APPLIED MY EMERGENCY BUT TO NO AVAIL. AS A RESULT, THE FRONT PORTION OF MY VEHICLE (SLC3267U) LIGHTLY CAME INTO CONTACT WITH THE REAR PORTION OF THE FRONT VEHICLE (SMN7728K). NEXT I ALIGHTED FROM MY VEHICLE TO TAKE PHOTOS AND EXCHANGED PARTICULARS.

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	SMN7728K
Vehicle Manufacturer	Hyundai
Vehicle Model	Avante
Vehicle Variant	-

Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	MAYA
Contact Number	(Phone) +65-97494842
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR PORTION SLIGHTLY DAMAGED
Details of property damaged in accident	REAR PORTION SLIGHTLY DAMAGED
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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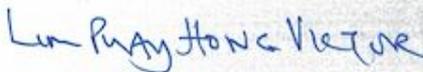
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

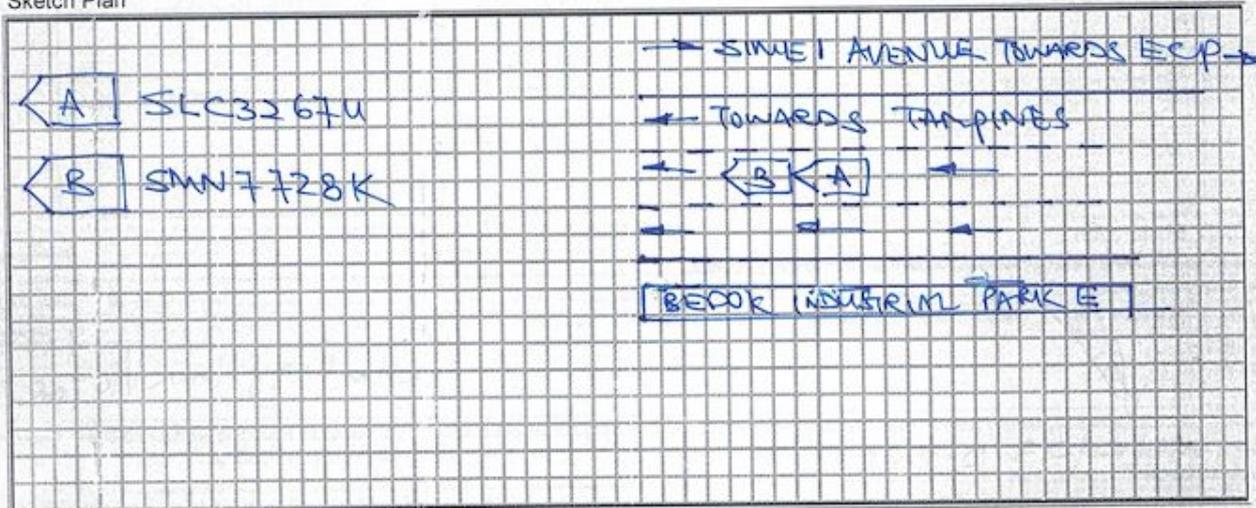
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
 16/02/23 12:10hrs

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

REFER TO REPORT

Declaration

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

Policyholder's Signature / Date & Time

16/02/23 12:10HRS

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

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









