

# 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 ..... 01/03/2023 10:07 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 28/02/2023 10:00 (SGT)  
Exact Location of Accident ..... BKE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKW2331E

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Liao Yin Lin  
NRIC No ..... S6973056F  
Email Address ..... douglaschewjinghang@gmail.com  
Mobile Phone No ..... (Phone) +65-91388822  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 3  
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 ..... 0

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Policy Number / Cover Note Number ..... Z22VP05032172

### DRIVER

Name of Driver ..... Douglas Chew Jing Hang  
NRIC No ..... S9933638B  
Date Of Birth ..... 18/10/1999  
Occupation ..... Indoor

Date Of Driving Pass .....	30/03/2021
Driving experience .....	1 YEAR AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91388822
Alt. Phone Number .....	-
Email Address .....	douglaschewjinghang@gmail.com
Address .....	62 Woodlands Drive 16, #05-25
Address complement .....	-
Postcode .....	-
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 .....	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

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 .....	SLZ4872U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	Ong San Hock Patrick
NRIC No .....	S1482887G

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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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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

I understand, acknowledge, agree and consent that:

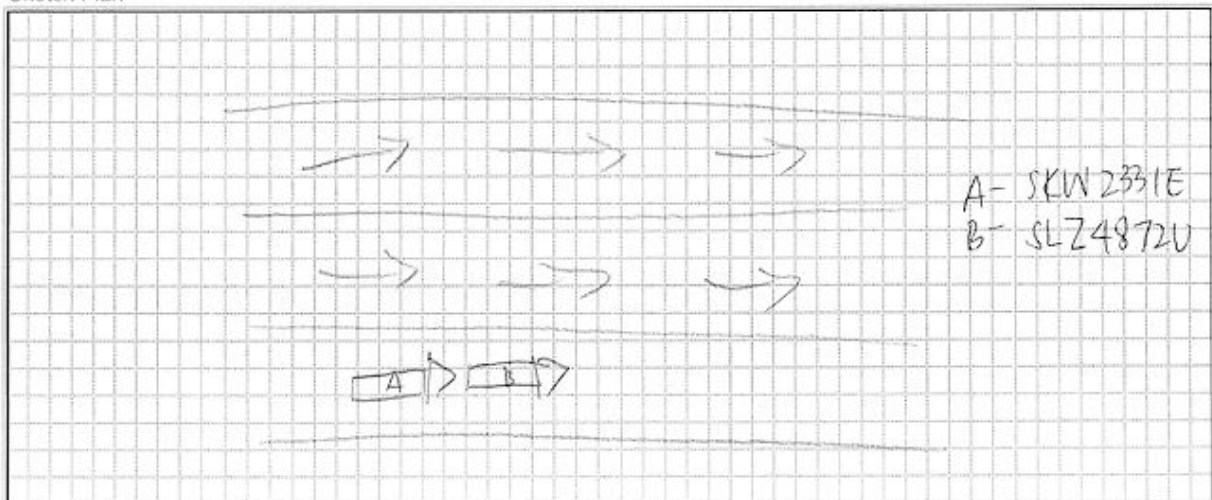
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

*Handwritten signature*

**Describe Circumstance of the Accident**

I was driving to Clementi Rd via BKE. On the first lane, there was a collision that occurred in front of the third party's vehicle. The third party came to a sudden stop and I did not brake in time. Crashed occurred at 10pm on 28/2/2023.

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.

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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 #17-04/05, The Concourse, Singapore 199505.

Tel: (65) 6250 7388 Fax: (65) 6256 3767 Website: www.lonpac.com.sg

GST Reg No.: F8-0005635-C

**THE SCHEDULE**

<b>Class of Policy</b>	: MOTOR CAREPLUS	<b>Policy No.</b>	: Z22VP05032172
<b>Insured</b>	: LIAO YINLIN (INSURED NOT DRIVING)	<b>Type of Cover</b>	: COMPREHENSIVE
<b>Address</b>	: APT BLK 62 WOODLANDS DRIVE 16 #05-25 SINGAPORE 737895	<b>Replacing CN/Policy No.</b>	: Z21VP05029968
<b>Business or Profession</b>	: MANAGER	<b>Account No</b>	: Z10593

<b>Period of Insurance</b>	
(a) From 22/10/2022 To 21/10/2023 (both dates inclusive)	
(b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.	

<b>H.P. Owner</b>	: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD
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Description of Vehicle		The Policy's Premium		
Vehicle/Trailer Regn. No		Premium Component	% Amount (S\$)	Total (S\$)
Vehicle/Trailer Regn. No	: SKW2331E	Basic Premium		2,481.08
Make & Model of Vehicle	: MAZDA 3 1.5 (A)	Workshop Discount	-25.00%	-620.27
Type of Body	: SALOON - 4 DR	Buy Up Excess	-2.66%	-49.50
Engine No	: P520318911	Premium After Discount		1,811.31
Chassis No	: JM6BM42A8G0319246	Gross Premium		1,811.31
Year of Registration	: 2015	Sun Roof / Moon Roof (Sum Insured: \$2000)	80.00	
c.c./Tonnage	: 1,496	Actual Gross Premium		1,891.31
Seating Capacity	: 5	GST	7.00%	132.39
Sum Insured	: MARKET VALUE	Premium Payable		2,023.70
Excess	S\$ 1,000.00 (SECTION 1) NAMED DRIVERS S\$ 2,000.00 (SECTION 1) UNNAMED DRIVERS S\$ 3,000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS S\$ 100.00 WINDSCREEN EXCESS AN ADDITIONAL EXCESS OF \$500 FOR 2ND & SUBSEQUENT CLAIM DURING THE POLICY PERIOD (FOR COMPREHENSIVE COVER ONLY).			
Condition	: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS			