

# 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 .....	08/04/2023 21:43 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	06/04/2023 19:00 (SGT)
Exact Location of Accident .....	Near 2 Holland Grove Rd, Singapore 278791
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLC7465M
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	KOH SIOK BEE
NRIC No .....	S8029867F
Email Address .....	siokbee@hotmail.com
Mobile Phone No .....	(Phone) +65-98537544
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Jazz
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 .....	1498

### INSURANCE COMPANY

Name of Insurance Company .....	Lonpac Insurance Bhd
Policy Number / Cover Note Number .....	Z22VP05031187

### DRIVER

Name of Driver .....	KOH SIOK BEE
NRIC No .....	S8029867F
Date Of Birth .....	28/09/1980
Occupation .....	Indoor

Date Of Driving Pass .....	02/05/2007
Driving experience .....	15 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98537544
Alt. Phone Number .....	-
Email Address .....	siokbee@hotmail.com
Address .....	16 WEST COAST CRESCENT
Address complement .....	#03-06
Postcode .....	128044
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 - 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 06/04/2023 AT ABOUT 1900 HOURS, I WAS TRAVELLING ALONG HOLLAND ROAD TOWARDS CITY DIRECTION. AT THAT TIME, THE TRAFFIC LIGHTS WERE RED AND ALL THE VEHICLES HAD STOPPED. WHEN THE TRAFFIC LIGHTS TURNED GREEN, I STARTED TO MOVE OFF. HOWEVER THE VEHICLE IN FRONT OF ME (REGN NO: SKA8168L) SUDDENLY APPLIED BRAKES AFTER MOVING OFF. ON SEEING THAT I IMMEDIATELY APPLIED MY EMERGENCY BRAKES BUT TO NO AVAIL. AS A RESULT, THE FRONT PORTION OF MY VEHICLE (REGN NO: SLC7465M) COLLIDED INTO THE REAR PORTION OF SKA8168L. NEXT I ALIGHTED FROM MY VEHICLE TO TAKE PHOTOS AND EXCHANGED PARTICULARS. THE DRIVER OF SKA8168L, MR PANG WEI KUAN JAMES, NRIC NO: S8300542D) SAID THAT HE HAD TO APPLY BRAKES BECAUSE THE VEHICLE IN FRONT OF HIM, SUDDENLY BRAKED. 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 .....	SKA8168L
Vehicle Manufacturer .....	Maserati

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Private car
Name of Driver .....	PANG WEI KUAN JAMES
NRIC No .....	S8300542D
Contact Number .....	(Phone) +65-96390366
Address .....	26 SWISS CLUB ROAD
Address complement .....	-
Postcode .....	288121
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) .....	1

**SKETCH PLAN****IMPORTANT NOTICE**

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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.

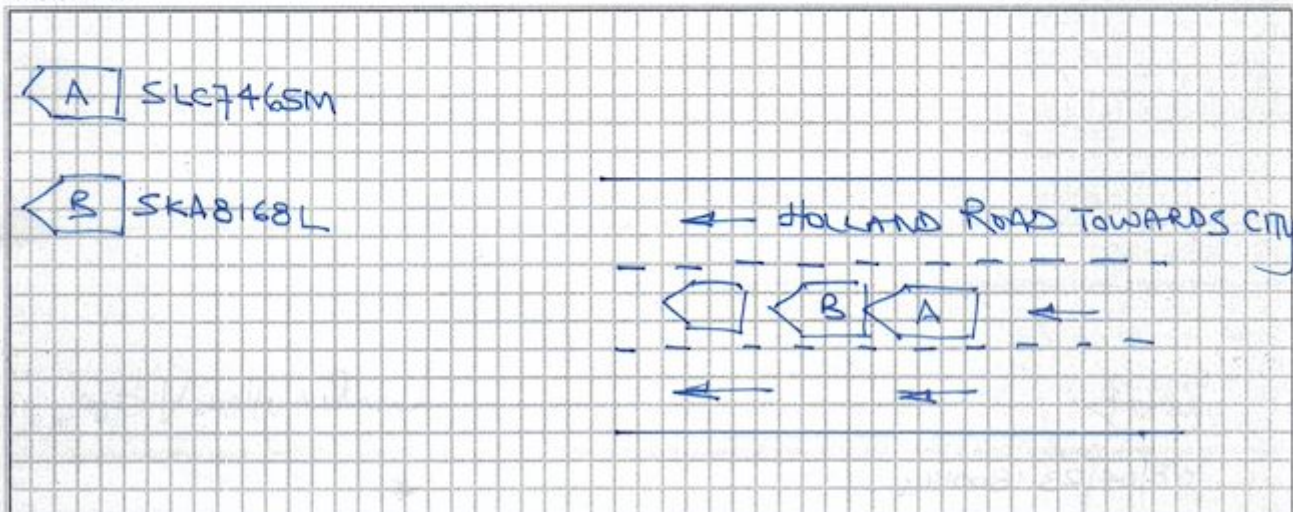
*Koh Kah*

Policyholder's Signature / Date & Time  
08/04/2023 1800HRS

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

*Lim Puan Hwa Victor*

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

**Sketch Plan**

vJun2022

1

Describe Circumstance of the Accident

REFER TO REPORT

Declaration

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

*Koh Kah*

Policyholder's Signature / Date & Time

08/04/23 1800hrs

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

*Lim Huiyong Victor*

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





















