



## 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	11/07/2023 17:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/07/2023 20:05 (SGT)
Exact Location of Accident	Tampines, Singapore
Additional Location Information	OUTSIDE TAMPINES MALL
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFJ3139R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HUANG MIAOJUAN
NRIC No	SXXXX387E
Email Address	WONG.AGNES11@GMAIL.COM
Mobile Phone No	(Phone) +65-91996873
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1600

### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VP05032428

### DRIVER

Name of Driver	HUANG MIAOJUAN
NRIC No	SXXXX387E
Date Of Birth	02/08/1972
Occupation	Indoor



Date Of Driving Pass	30/12/2003
Driving experience	19 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91996873
Alt. Phone Number	-
Email Address	WONG.AGNES11@GMAIL.COM
Address	BLK 718 BEDOK RESERVOIR ROAD #08-4570
Address complement	-
Postcode	470718
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

VEHICLE B IN FRONT OF ME SUDDENLY STOP. I CANNOT STOP IN TIME AND HIT VEHICLE B REAR PORTION.

#### 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	SKL8691J
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	VEHICLE B
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

1. This report is only for the details of the accident to speed up the claims process.
2. This form must be completed by the policy holder (and/or the Actual Driver).
3. Information is stated as of best knowledge and belief, if possible. Any wilful misrepresentation or withholding of material facts may constitute an offence, to a possible legal liability.
4. The 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurer to the Traffic Costs Management Centre established by the General Insurance Association of Singapore (GIAS) for analysis. And that copies of this report will for a fee be made available upon application by interested parties.
7. By the submission of this report to the insurers, you hereby consent to the analysis of this report at the centre and to copies of the report being made available also.

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

I understand, acknowledge, agree and consent that:

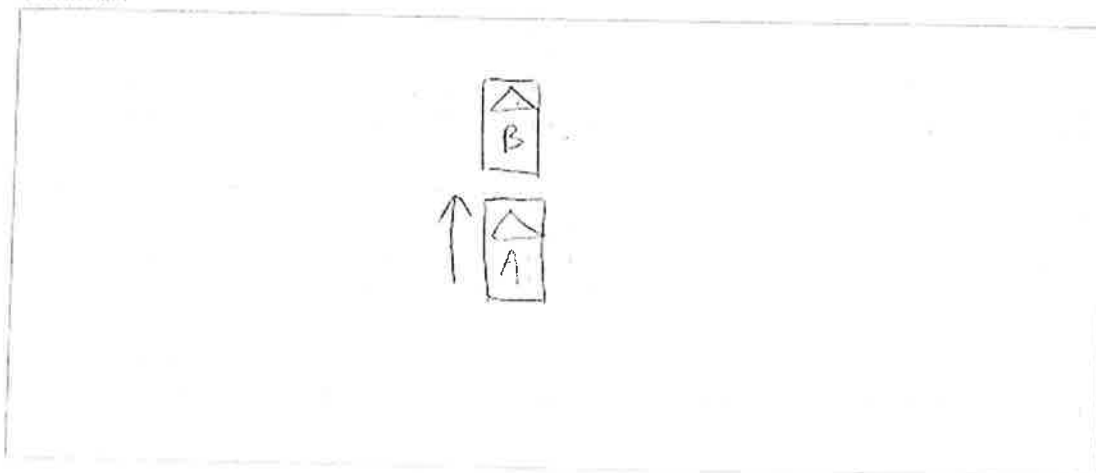
- (a) my insurer, my workshop and the General Insurance Association of Singapore (GIAS) may be permitted to collect, use, disclose, analyse, process, my personal data (personal information) set out in this form and any other personal information provided by me or possessed by my insurer collectively the "Personal Information" and disclose and transfer such Personal Information to all persons who have insured vehicle(s) involved in the accident (as insured) who have insured vehicle(s) involved in the accident and be collectively referred to as the "Insurers", the Insurers' Agents/Brokers, the Monetary Authority of Singapore and any relevant government authority (such as the police) for the purpose(s) of:
  - (i) processing, handling and 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 motor dealing with my Insurers or responding to my enquiries by me;
  - (iv) administering my claims, including the handling of correspondence, statements, reports or notices to me which could involve disclosure of certain personal data about me to know about delivery of the claims as well as for the internal review of correspondence;
  - (v) carrying out my
- (b) collectively the "Purposes";
- (c) all Insurers, who have insured and/or maintained the greatest and the Insurers' Agents/Brokers, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (d) my Personal Information may be disclosed by any of the Insurers under this to their third party service providers or agents (including their lawyers/brokers), which may be used outside of Singapore for one or more of the above Purposes.

Policyholder's Signature (Date & Time)

Date & Signature of Insurer or the policyholder's Date & Time

Witness by Reporting Centre Personnel (Name as in MTRCA page)

Sketch Plan



Signature

Describe Circumstance of the Accident

veh B in front of me suddenly stop. I cannot  
stop instantly & hit veh B rear portion

Declaration

(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

11/7/23  
Witnessing Reporting Officer's Signature  
(Name as in MRCD card)

2