

**NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION**

Date : - 3 SEP 2024

Time :

By Fax :

TO :

LONPAE INSURANCE BHP

Accident involving Your insured vehicle No. GBL3518S with  
My vehicle No. SMK 9885S on 31/8/20 along ANG NO KEDUE 2

1. I, the owner of Vehicle No. SMK 9885S intend to make a 3<sup>rd</sup> party claim against your insured.
2. My Vehicle is now at the workshop **Guan Motor Works** Tel : 6453 6111 and is available for your inspection before repairs are carried out.
3. Please acknowledge receipt of this Notification by return fax to 6453 8292 and reply within 2 days whether you wish to inspect the vehicle or waive inspection.

Signature

Name : **HENG CHEW LANG**

NRIC : **S25784444**

**CK TEO & CO**  
Advocates & Solicitors  
101A Upper Cross Street  
#08-17 People's Park Centre  
Singapore 058358  
Tel: 6535 4788 Fax: 6535 4245

## **Enquire Vehicle's Insurance Particulars**

**Enquire Vehicle's Insurance Particulars ( As At 31 Aug 2024 / 14:40:00 )**

### **Vehicle Insurance Details**

Vehicle No.:

**GBL3518S**

Make Description/Model:

**NISSAN / NV200 1.6 (A) PETROL**

Insurance Company Name:

**LONPAC INSURANCE BHD**

Business Transaction Reference No.:

**20240902155222136891**

**Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).**

**Save as PDF**

**OK →**

**Print**

## 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 First Submission .....	02/09/2024 16:46 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	31/08/2024 14:40 (SGT)
Exact Location of Accident .....	Ang Mo Kio Ave 2, Singapore
Additional Location Information .....	JUNCTION OF ST 13
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMK9885S

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	HENG CHEW LANG
NRIC No .....	SXXXX444H
Email Address .....	xuan.lee101@gmail.com
Mobile Phone No .....	(Phone) +65-97774180
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Premio
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 .....	1500
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5048707138-13

#### DRIVER

Name of Driver	LEE YIHUI
NRIC No	SXXXX777G
Date Of Birth	14/06/1994
Occupation	Indoor
Driving Pass Date	04/08/2015
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	9 YEARS
Gender	Female
Mobile Number	(Phone) +65-92763773
Alt. Phone Number	-
Email Address	trainingthetraces@gmail.com
Address	BLK 171 ANG MO KIO AVE 4
Address complement	#08-501
Postcode	560171
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	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

#### REFER ATTACHED SKETCH PLANS

#### 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	GBL3518S
Vehicle Manufacturer	Nissan

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
Work Permit No	BALU GOPAL
Contact Number	0XXXX6263
Address	(Phone) +65-85387739
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# SKETCH PLAN

## IMPORTANT NOTICE

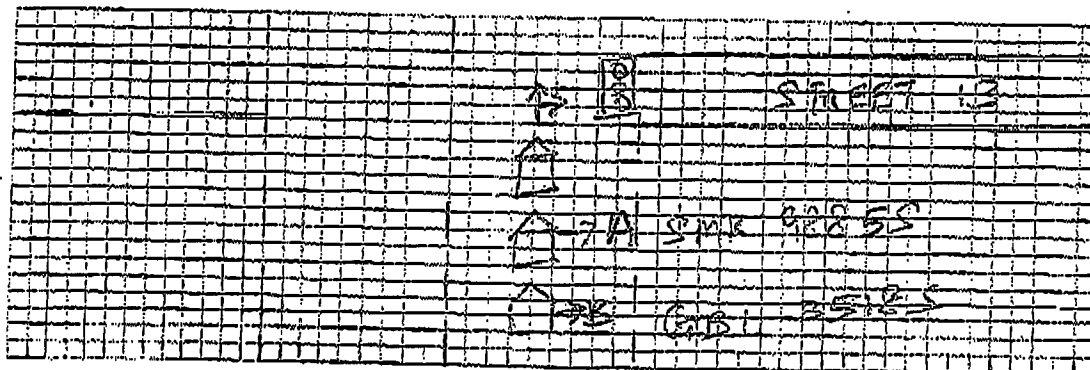
1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies 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. The 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.
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' law firms/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' law firms/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.

*[Signature]* 1515H  
2/9/2024  
Policyholder's Signature / Date & Time

*[Signature]* 1515H  
2 SEP 2024  
Driver's Signature (If Driver is not the policyholder) / Date & Time

*[Stamp]*  
Witnessed by Reporting Centre Personnel

## Sketch Plan



AMK AVE 2

Describe Circumstances of the Accident

RIGHT

IT WAS A RED LIGHT WITH GREEN ARROW WHEN I PULLED UP TO THE FIRST CAR THAT HAD STOPPED AT THE CROSS-JUNCTION. I WAS THE SECOND CAR AND WAS WAITING FOR ABOUT TEN SECONDS WHEN THE VAN WITH CAR PLATE NUMBER GBL 35185 HIT THE REAR OF MY CAR. THE TRAFFIC LIGHT WAS STILL RED AT THAT POINT IN TIME.

☐ Claim OD ☒ Claim Third Party ☐ Claim OD/IP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop: GUAN MOTOR WORKS

Email address: guanmotorworks@gmail.com


Myself email: tracingthetraces@gmail.com


Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

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

 15/4H  
2/9/2024  
Policyholder's Signature / Date & Time

 15/4H  
2 SEP 2024  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel