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 Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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 Report	11/12/2017 12:11	
Date Of Accident	09/12/2017 15:30	
Exact Location Of Accident	BUKIT TIMAH ROAD	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJU150X	
Insured/Policyholder		
Name Of Registered Owner	LIM BENG HWEE (LIN MINGHUI)	
NRIC No	S7838247C	
Email Address	BENNY90077111@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-90077111	
Alternative Phone No	OTHERS-90077111	

Vehicle Particulars

Manufacturer MERCEDES-BENZ

C180 Model

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?

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company LONPAC INSURANCE BHD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Z17VP05015915 Policy Number

Cover Note Number

Driver

Name of Driver LIM BENG HWEE (LIN MINGHUI)

NRIC No S7838247C Date Of Birth 19/12/1978 **INDOOR** Occupation **Date Of Driving Pass** 08/06/1998

19 YEARS AND 6 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-90077111

Fax Number

Contact Number OTHERS-90077111

EMail Address BENNY90077111@GMAIL.COM APT BLK 142 SIMEI STREET 2 #10-98 S520142

Address Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

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 this accident? NO
Was any body injured in the Accident? NO
Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACED.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJB3322Y
Vehicle Make/Model/Colour MERCEDES

Details Of Properties NIL

Name of Driver HO WAI KI RICKY

NRIC/Passport Number S2623300C Contact Number 97559737

Address 7 SHELFORD ROAD

NIL

NO

Postcode NIL

Insurance Company Name

Nature Of Damage REAR
No. Of Passenger (Including Driver) 2

Details of Witness

Name NIL
Phone Number NIL
Email Address NIL

SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

- 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)
 - (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")
- 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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN		
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of me vehicle No	STB 33724.	
	· · · · · · · · · · · · · · · · · · ·	
		Insurance Co. LOTIPAC
		Vehicle No SOU 150X Date of Accident a Dec 2017
		Reporting Only Own Damage Claim
		Third Party Claim
		Other Workshop
		Kan Fook Sing Motorus
DECLARATION I/We declare the foregoing particulars		Sing Sing
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
Date & Time: 11/12/2017	Date & Time:	NRIC/FIN No.:

IDENTITY CARD NO. \$7838247C



LIM BENG HWEE (LIN MINGHUI)

明 林

Race CHINESE

Date of birth 19-12-1978

Country/Place of birth



THE DRIVING LICENCE Licence Number S 7 8 3 8 2 4 7 C

LIM BENG HWEE (LIN MINGHUI)

Birth Date: 19 Dec 1978 Issue Date 30 May 2003





13-09-2016

APT BLK 142 SIMEI STREET 2 #10-98 SINGAPORE 520142

5655235

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Motorcycles not exceeding 200 cc
Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms
Hoavy Motor Cars and Motor Tractors the
weight of which unladen exceeds 2500 kilograms
Motor Vehicles which are not constructed
themselves to carry any load and the weight
of which unladen exceeds 7250 kilograms Class 2B Class 3 Class 4

PASS DATE

31 Jul 1995

25 Jun 2002

10 Aug 2002

NP 428A





CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE. MOTOR VEHICLES (THRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE). ROAD TRANSPORT ACT 1967 (MALAYSIA). MOTOR VEHICLES (THRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z17VP05015915 Type of Cover: COMPREHENSIVE

Index Mark and Vehicle Registration Number MERCEDES-BENZ C180 KOMPRESSOR 1.6

- SJU150X

2. Name of Policy Holder LIM BENG HWEE

3. Effective Date of the Commencement of Insurance 12/11/2017

for the purpose of the Act

4. Date of Expiry of the Insurance 11/11/2018

Persons or Classes of Persons entitled to drive
 (A) THE POLICYHOLDER (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/HER PERMISSION

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD, RACING, PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING OR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS OR USED FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

Excess : \$\$ 500.00 (SECTION 1) INSURED / NAMED DRIVERS

S\$ 1,500.00 (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

Condition : ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part I/V of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner: DBS BANK LTD

CHEF EXECUTIVE (Singapore Branch)

User ID: KENGFUNG Date Issued: 03/11/2017

Certificate of Insurance - Page 1 of 1





















