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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

Any false reporting may be referred to the Police for Investigation.

- 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

<ul> <li>By the loagement of this report to the insurers, you hereby conservation.</li> </ul>	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	29/12/2017 17:56
Date Of Accident	28/12/2017 11:10
Exact Location Of Accident	ALONG BIDEFORD ROAD
Country/State of Loss	SINGAPORE
DO THE TAX BEEN THE BOOK SERVED IN	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK9173Z
Insured/Policyholder	
Name Of Registered Owner	CHAH JOO CHUNG (XIE YUCHONG)
NRIC No	S7805334H
Email Address	NICKCHAH@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91543444
Alternative Phone No	OTHERS-91543444
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER-1.6 (A)
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z17VP05015943
Cover Note Number	
Driver	
Name of Driver	CHAH JOO CHUNG (XIE YUCHONG)
NRIC No	S7805334H
Date Of Birth	18/02/1978
Occupation	OUTDOOR
Date Of Driving Pass	13/06/1997
Driving Experience	20 YEARS AND 6 MONTHS

20 YEARS AND 6 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-91543444 Mobile Number

Fax Number

OTHERS-91543444 Contact Number

NICKCHAH@YAHOO.COM.SG EMail Address

Address

BLK 86 DAWSON ROAD

#43-03

Postcode

141086

Was driver an employee of the Insured's Company NO OWNER

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

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

NO

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

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**Details of Witness 1** 

Name

MR.KOH

Phone Number

81809477

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

XD5794D

Vehicle Make/Model/Colour

MITSUBISHI LORRY

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

LIM HOE HING

NRIC/Passport Number

S1387033J

Contact Number

98201398

Address

Postcode

Insurance Company Name

Page 2 of 15

### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 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.
- 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 lodgment 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

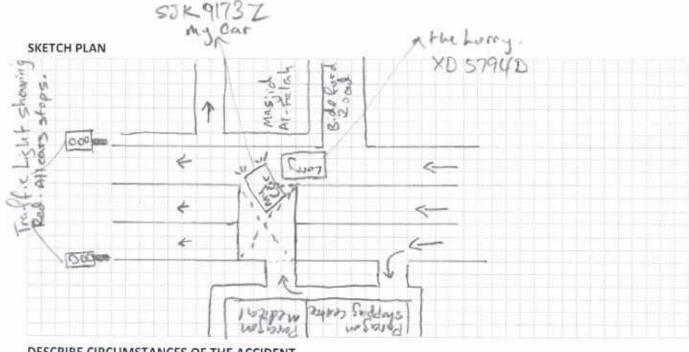
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

29-12-2017 4,50 pm

Driver's Signature (If driver is not the policyholder) Date & Time:

Peporting Centro Persognel's Signature
Name:
NRIC/FIN No. OS & WATTON



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

120	
I was driving from the drop off point at Paragon Shopping centre towards	
the exit to Bideford Road. It is Red Light traffic along Bideford Road and	
beside Thong Sin Building. All the cars stops and stationary.	
The Road Marshal from Paragon shopping Centre	
stop the cors along bide ford Road and guide cars from the Paragen Exit out	
to Bideford Road. My car follow the guidance of the Road Marshal and drive	
out to the Yellow Box and towards the right most lane. My car stop half way	
out to the right most lane as there is a cor on the 2nd Tane and I was not	
able to do a full turn out to the right most lane. At this point of time,	
the traffic light is still slowing Red Light and all cars remain startioner	°4
and stop. The Mitsubishi Lurry is on the right hand side of my	J
car about 5 metres away, when the traffix light turn green,	
the Lorry start to move forward. I was shocked as I	
am not able to fully turn into the right most lone as the car at 2nd	
Jane has not moved yet. My car was stationary and I keep	
hun King at the Lorry to catch his attention as to stop his Lorry from	
musting forward. Dispite the continuous hunking, the worn, did	
not stop and Knock onto my car. My car was trignalling to the Right all the	
on from the exitatothe Below is the name and contact of the Road Marshal	
from Paragon Shopping Centre who saide my car out from the Exit when the	
traffic has stop and stationary along Bideford Road, Mr KONWINE	28
DECLARATION mobile: 8180 9477.	
I/We declare the foregoing particulars are true in every respect.	
NN 29/12/2017	

Policyholder's Signature Date & Time: 29-12-2017

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Porsonnel's Signature #003
Name: NRIC/FIN No.:

# ACCIDENT STATEMENT

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HARE VOILED A	A DAMAGE IN THE YOUR SOWN INJUNANCE LESSES	
	E STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
2. INSURED / POL		
	ASSPORT 37805334 H CONTACT: 91543444	
	C 11 A POLE	
· CONTINUE TO	Q 3,6 IF DRIVER ALSO POLICY HOLDER	
SSIJE OF METERS IN S. DRIVER	AS ABOJK [MALE / FEMALE]	
(Including driver) DINAME:		-
(1) CIADDRESS:	7000 0111	
	BIRTH: ( 18 / 02/ 1978) (DD/MM/YYYY)	
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# 100 CUPATION  I) DIME OF D  4. WAS DRIVER  IF NO, RELA  5. O) WEATHER OF D  6. WAS ANYBOOM  7. O) REPORTED  1F YES, PLEA  8. THIRD PARTY  4 No of passanger O) VEHICLE  ( Induding driver) O) DRIVER  ( Induding driver) O) DRIVER  4 No of passanger O) VEHICLE  ( Induding driver) O) DRIVER  ( Induding driver) O) DRIVER	ON: [INDOOR /OUDOUR 06-1997  RENTING LICKLIC 1806-1997  RENTING CLEAR / RAINING / OTHERS 1806-1997  TO ROLICE (YES / NO)  TO ROLICE (YES / NO)  ASE STATE WHICH POLICE STATION:  VEHICLE  ENUMBER: XD 5 794 D MODEL: MITCHICLE  IN NAME: LIM HOE HING  IN /PASSPORT: \$1387033 J CONTACT: 9820139;  Y VEHICLE  ENUMBER: MODEL:	
# 100 CUPATION  1) DIME OF D  4. WAS DRIVER  1F NO, RELA  5. O) WEATHER OF DIROAD SUR  6. WAS ANYBOOM  7. O) REPORTED  1F YES, PLEA  8. THIRD PARTY  4 No of Passanger O) VEHICLE  (Induding driver) O) DRIVER  (Induding driver) O) DRIVER  4 No of Passanger O) VEHICLE  (Induding driver) O) DRIVER	ON: [INDOOR /OUDOUR 06-1997  PRIVING LICKLIC 1806-1997  R AN EMPLOYEE OF THE INSURED'S COMPANY? (YES /NO)  R AN EMPLOYEE OF THE INSURED COMPANY? (YES /NO)  TONOLION: (CLEAR / RAINING / OTHERS CLEAR  FACE LIDRY LWET / OTHERS DOT  TO ROLIOE (YES /NO)  ASE STATE WHICH POLICE STATION:  VEHICLE  ENUMBER: XD 5 794 D MODEL MITCHELL LO  IS NAME: LIM HOE HING  IN/PASSPORT: \$1387033 J CONTACT: 9820139;  Y VEHICLE  ENUMBER: MODEL:  ENUMBER: MODEL:  ENUMBER: MODEL:  STAME: MODEL: MODEL:  STAME: MODEL: MODEL:  STAME: MODEL: MODEL: MODEL:  STAME: MODEL: MODEL: MODEL: MODEL: MODEL: MODEL: MODEL: MODEL: MODEL: MODE	
# 100 CUPATION  1) DIME OF D  4. WAS DRIVER  1F NO, RELA  5. O) WEATHER OF DIROAD SUR  6. WAS ANYBOOM  7. O) REPORTED  1F YES, PLEA  8. THIRD PARTY  4 No of Passanger O) VEHICLE  (Induding driver) O) DRIVER  (Induding driver) O) DRIVER  4 No of Passanger O) VEHICLE  (Induding driver) O) DRIVER	ON: [INDOOR /OUDOUR 06-1997  PRIVING LICKLIC 1806-1997  R AN EMPLOYEE OF THE INSURED'S COMPANY? (YES /NO)  R AN EMPLOYEE OF THE INSURED COMPANY? (YES /NO)  TONOLION: (CLEAR / RAINING / OTHERS CLEAR  FACE LIDRY LWET / OTHERS DOT  TO ROLIOE (YES /NO)  ASE STATE WHICH POLICE STATION:  VEHICLE  ENUMBER: XD 5 794 D MODEL MITCHELL LO  IS NAME: LIM HOE HING  IN/PASSPORT: \$1387033 J CONTACT: 9820139;  Y VEHICLE  ENUMBER: MODEL:  ENUMBER: MODEL:  ENUMBER: MODEL:  STAME: MODEL: MODEL:  STAME: MODEL: MODEL:  STAME: MODEL: MODEL: MODEL:  STAME: MODEL: MODEL: MODEL: MODEL: MODEL: MODEL: MODEL: MODEL: MODEL: MODE	

email: nick chah@yahoo.com.sg

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7805334H



CHAH JOO CHUNG (XIE YUCHONG)

CHINESE Date of birth

18-02-1978

SINGAPORE







WIE NO 57805334H

State of leave 14-03-2008

APT BLK 86 DAWSON ROAD #43-03 SINGAPORE 141086

NAIC No. \$7805334H

Date: 28/02/2016

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

PASS DATE

Motor Cars and Motor Tractors the weight of Class 3 which unladen does not exceed 2500 kilograms 13 Jun 1997





Singapore Office: 300, Seach Road #17-04/07, The Concourse, Singapore 199555.
Tel: (65) 6200 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg
GST Rep No.: F0-0005635-C

# CERTIFICATE OF INSURANCE

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

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z17VP05015943

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MITSUBISHI LANCER 1.6

- SJK9173Z

2. Name of Policy Holder

CHAH JOO CHUNG

Effective Date of the Commencement of Insurance for the purpose of the Act

10/11/2017

4. Date of Expiry of the Insurance

09/11/2018

5. 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.

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

: S\$ 0.00 (SECTION 1) INSURED / NAMED DRIVERS

S\$ 1,000.00 (SECTION 1) UNNAMED DRIVERS

S\$ 3,000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS

5\$ 100.00 WINDSCREEN EXCESS

LONPAC'S AUTHORISED WORKSHOPS

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 IV 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

CHIEF EXECUTIVE (Singapore Branch)

User ID: MRMLP0014 Date issued: 06/11/2017