

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 withholding 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	10/01/2018 12:55
Date Of Accident	09/01/2018 14:45
Exact Location Of Accident	TAMPINES AVENUE 10 TRAFFIC LIGHT JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK4937U
Insured/Policyholder	
Name Of Registered Owner	HOW SIN CHEONG
NRIC No	S6908789B
Email Address	BENKOO1862@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90911780
Alternative Phone No	OFFICE-90911780

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 (A)
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?	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	YES
Policy Number	Z17VP05015699
Cover Note Number	

Driver

Name of Driver	HOW SIN CHEONG
NRIC No	S6908789B
Date Of Birth	14/03/1969
Occupation	INDOOR
Date Of Driving Pass	20/03/1987
Driving Experience	30 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90911780
Fax Number	
Contact Number	OFFICE-90911780
EEmail Address	BENKOO1862@GMAIL.COM

Address	BLOCK 515A, TAMPINES CENTRAL 7 #03-08
Postcode	521515
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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

ON 09/01/2018 ABOUT 14:45 HRS , I WAS (VEHICLE A : SJK4937U) DRIVING ALONG TAMPINES AVENUE 10 TRAFFIC LIGHT JUNCTION. THE LIGHT TURNED GREEN AND THE L-PLATE DRIVER MOVE OFF BUT SUDDENLY STOPPED AND I COULDN'T REACH IN TIME AND CRASHED INTO THE REAR OF VEHICLE B (SGE2583L) .

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGE2583L
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

[Handwritten signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div>	<p>SJK 4937U</p> <p>SKE 2583L</p>	
		<p>accident dd: 9/1/2018 @ 14:45hrs</p>

Describe Circumstances of the Accident

On 09/01/2018 about 14:45 hrs, I was ^{vehicle A (SJK4937U)} driving along Tampines Ave 10 Traffic Light Junction. The light turned Green and the L-plate driver move off but suddenly stopped and I couldn't reach in time and crashed into the rear of vehicle B (SGF2583L).

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

Witnessed by Reporting Centre Personnel

Insurance Co. Longpac Insurance Berhad
Vehicle NO. SJK4937U Date Of Accident 09, 01, 2018
☒ Reporting Only
☐ Own Damage Claim
☐ Third Party Claim

LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

MX1

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 1987 (MALAYSIA).
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z17VP05015699

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

HONDA STREAM 1.8
- SJK4937U

2. Name of Policy Holder

HOW SIN CHEONG

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

23/10/2017

4. Date of Expiry of the Insurance

22/10/2018

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.

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 : S\$ 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

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.

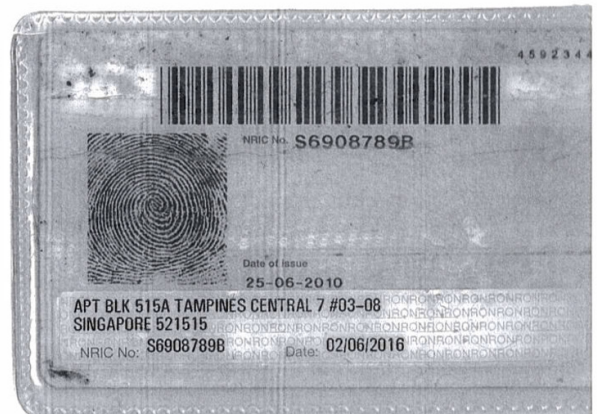
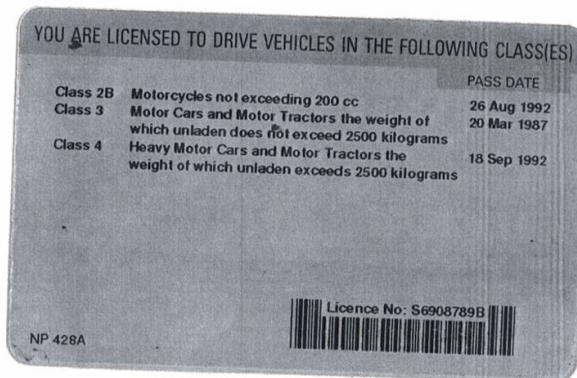
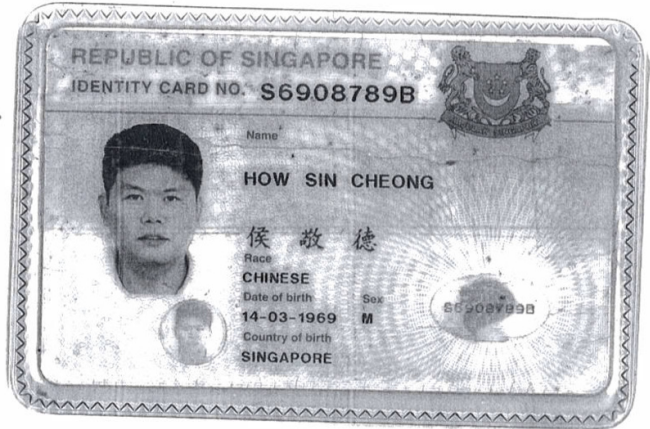
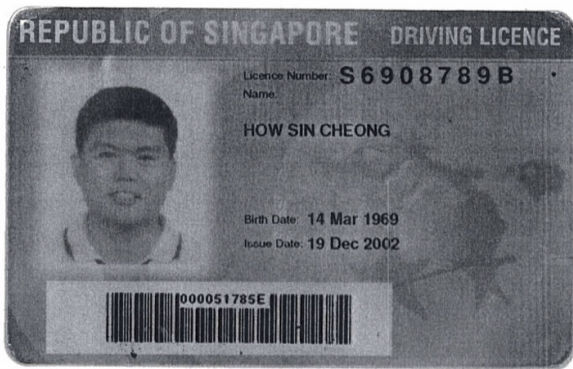
I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor
 Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.



CHIEF EXECUTIVE
 (Singapore Branch)

User ID: CINDYWONG

Date Issued: 20/10/2017



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



