





## 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 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             | 01/03/2018 11:55              |
| Date Of Accident           | 28/02/2018 19:00              |
| Exact Location Of Accident | THE STAR VISTA DROP OFF POINT |
| Country/State of Loss      | SINGAPORE                     |

### DETAILS OF OWN VEHICLE

|                             |                          |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SJD2196P                 |
| <b>Insured/Policyholder</b> |                          |
| Name Of Registered Owner    | LIM HO HENG              |
| NRIC No                     | S1480610E                |
| Email Address               | STEVENLIMHH@YAHOO.COM.SG |
| Mobile Phone No             | (LOCAL) +65-98553412     |
| Alternative Phone No        | OTHERS-98553412          |

### Vehicle Particulars

|  |                 |
|--|-----------------|
| Manufacturer   | TOYOTA          |
| Model  | VIOS            |
| Exact Purpose for which vehicle was being used at time of accident           | DROP OFF FAMILY |
| 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             | Z/17/VP05/012935-001 |
| Cover Note Number         |                      |

### Driver

|                      |                          |
|----------------------|--------------------------|
| Name of Driver       | LIM HO HENG              |
| NRIC No              | S1480610E                |
| Date Of Birth        | 27/09/1961               |
| Occupation           | INDOOR                   |
| Date Of Driving Pass | 12/09/1980               |
| Driving Experience   | 37 YEARS AND 5 MONTHS    |
| Gender               | MALE                     |
| Mobile Number        | (LOCAL) +65-98553412     |
| Fax Number           |                          |
| Contact Number       | OTHERS-98553412          |
| EMail Address        | STEVENLIMHH@YAHOO.COM.SG |

|   |                                  |
|---|----------------------------------|
| Address   | BLK 18A HOLLAND DRIVE<br>#22-467 |
| Postcode  | 272018                           |
| 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 - OPENING DOOR OF VEHICLE |
| Weather Conditions | AFTER RAIN                          |
| Road Surface       | WET                                 |

#### Other Information

|   |  |
|---|--|
| Was any foreign vehicle involved in this accident?  | NO   |
| Number of vehicles involved in the accident   | 2  |
| 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)   | 3  |
| Passenger 1   | NAME: : CHUA MEOW CHOO<br>GENDER: : FEMALE |
| Passenger 2   | NAME: : OR KWEE HUI<br>GENDER: : FEMALE    |

#### 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

#### 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 | UNKNOWN     |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              |             |
| NRIC/Passport Number        |             |
| Contact Number              |             |
| Address                     |             |
| Postcode                    |             |


## SKETCH PLAN

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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 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.
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.
- (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.

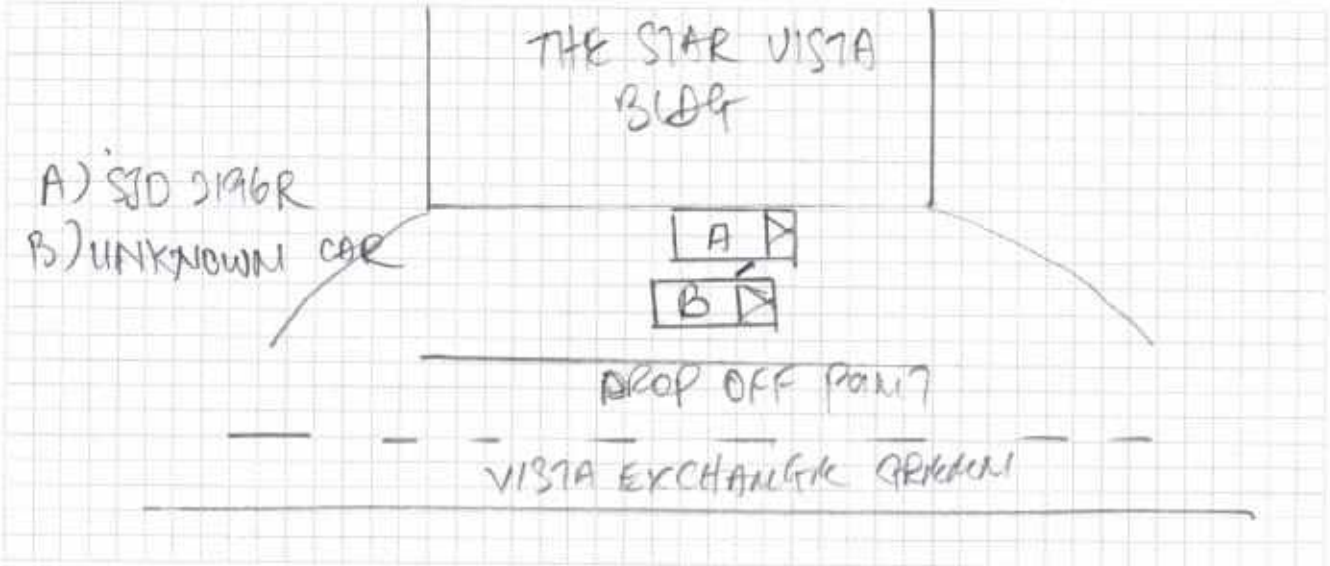
  
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name: Reski Wathob  
NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I dropped off my mum in law and my wife at the star vista drop off area. while stopping my car, I open my car door and I heard a sound that my door is hitting something which is the car door of another car who has just passing ~~by~~ by the drop off area.

## DECLARATION

I/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:

 01/03/2018  
 Reporting Centre Personnel's Signature  
 Name: Reshi WATJAB  
 NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 28/12/2018 (DD/MM/YYYY), TIME: 19:00 (HH:MM)

LOCATION: THE STAR VISTA DROP OFF POINT

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJD 2196P  
 b) INSURANCE COMPANY: Lompac Insurance  
 c) POLICY NUMBER: 2117JPDS/012985-001  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: TOYOTA VIO  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: drop off  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

1) CHUA MEOW CHOO 2F

2) DR KWAK HUI (F)

- INSURED / POLICY HOLDER  
 a) NAME: LIM HO HENG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 1420610E CONTACT: 92553412  
 c) ADDRESS: BLK 12A Holland Drive #22-467  
SINGAPORE 272012

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers  
 (including driver)

(3)

- DRIVER  
 a) NAME: LIM HO HENG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 1480610E CONTACT: 92553412  
 c) ADDRESS: As above

\* d) DATE OF BIRTH: 27/08/61 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 3

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) A/R RAIN

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

No of passenger  
 (including driver)

( )

- a) VEHICLE NUMBER: unknown MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

No of passenger  
 (including driver)

( )

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_

email = steventimkh@yahoo.com.sg

fax =

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1480610E



Name  
LIM HO HENG

林和興

Race  
CHINESE

Date of birth  
27-09-1961

Country of birth  
SINGAPORE

Sex  
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1480610E

Name  
LIM HO HENG

Birth Date: 27 Sep 1961

Issue Date: 07 Feb 2017




002654154B

4264193



NRIC No. S1480610E



Date of issue  
25-07-2008

APT BLK 18A HOLLAND DRIVE #22-467  
SINGAPORE 272018

NRIC No. S1480610E

Date: 21/11/2011

No: 8888103

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg 12 Sep 1980

NP 428A

Licence No: S1480610E





**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***Insured's Copy*

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. : Z/17/VP05/012935-001

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

TOYOTA VIOS 1.5  
- SJD 2196R

2. Name of Policy Holder

LIM HO HENG

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

04/01/2018

4. Date of Expiry of the Insurance

12/03/2018

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\$ 0.00 (SECTION 1) INSURED / NAMED DRIVERS  
S\$ 1000.00 (SECTION 1) UNNAMED DRIVERS  
S\$ 3000.00 (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 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 : eslinyeo / hazechen  
Date issued : 11-09-2017