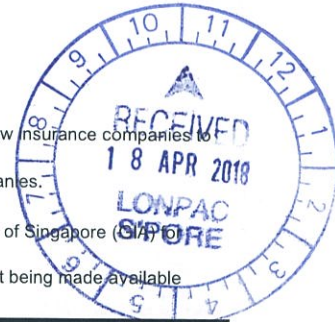


SINGAPORE ACCIDENT STATEMENT

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) to 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	18/04/2018 09:00
Date Of Accident	24/03/2018 08:50
Exact Location Of Accident	177 TANJONG RHU RD C/P
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT8784H
Insured/Policyholder	
Name Of Registered Owner	DANNY LEONG WAI KEONG
NRIC No	S7183192B
Email Address	DANNYLEONG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96258876
Alternative Phone No	OTHERS-96258876

Vehicle Particulars

Manufacturer	BMW
Model	523I 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	
Cover Note Number	

Driver

Name of Driver	DANNY LEONG WAI KEONG
NRIC No	S7183192B
Date Of Birth	31/03/1971
Occupation	INDOOR
Date Of Driving Pass	13/12/2004
Driving Experience	13 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96258876
Fax Number	
Contact Number	OTHERS-96258876
Email Address	DANNYLEONG@YAHOO.COM

Address	117 TANJONG RHU RD #05-20
Postcode	436607
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	COLLIDED INTO PARKED VEHICLE
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?	
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: : YONG CHIN CHING GENDER: : FEMALE
Passenger 2	NAME: : ZACHARY LEONG GENDER: : MALE

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 SKETCH

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	SLF8283Z
Vehicle Make/Model/Colour	
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 Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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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:

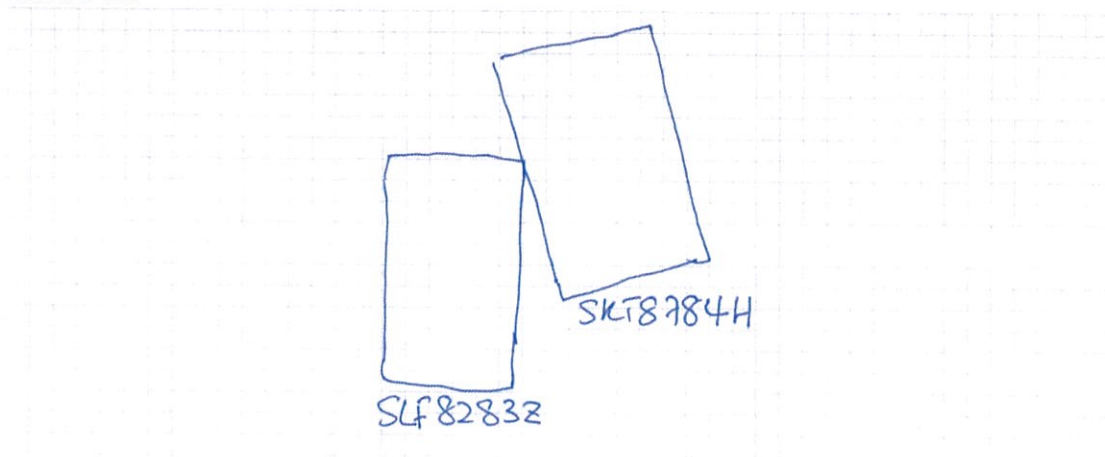
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SKT8784H	ACCIDENT DATE & TIME: 24 MAR 2018; 8:50AM
CONTACT NUMBER: 9625 8876	E-MAIL ADDRESS: DANNY L@NG@YAHOO.COM
LOCATION: 177 TANJONG RHU ROAD, WATER PLACE CONDO CARPARK	
AS I WAS DRIVING OUT OF THE CAR PARK, I DIDNOT REALIZE I MADE A SHARP/SHORT TURN TO THE LEFT AND SCRATCHED THE CAR (SLF82832) THAT WAS NEXT TO MINE. THE DAMAGE PASSENGERS IN MY CAR WERE YONG CHIN CHING AND ZACHARY LEONG.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state: ☐ Claim Own Policy ☐ Claim Third Party ☐ Claim OD/TP at other workshop ☒ Reporting Only	

DECLARATION

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

Policyholder's Signature
Date & Time:
18/4/18 9:00am

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

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

Sketch Plan Pg. 3

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7183192B**

DANNY LEONG WAI KEONG

Birth Date: **31 Mar 1971**
Issue Date: **27 Dec 2016**

002642138A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7183192B**

Name
DANNY LEONG WAI KEONG
梁偉強

Race
CHINESE

Date of birth
31-03-1971

Sex
M

Country/Place of birth
MALAYSIA

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 13 Dec 2004



NRIC No. **S7183192B**



Date of issue
21-07-2016

Address
**177 TANJONG RHU ROAD
#05-20
SINGAPORE 436607**



NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

