

GERALD POH WEE BIN

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**From:** GERALD POH WEE BIN  
**Sent:** Friday, 13 April, 2018 9:00 AM  
**To:** 'Cheng Hoe Motor Pte Ltd (Yishun-June)'  
**Cc:** 'mt\_claim@lonpac.com'  
**Subject:** RE: ENquiry Liability - PC4270E

WITHOUT PREJUDICE

Dear June,

Our insured has not lodged a report till now.

Best Regards  
Gerald Poh  
Senior Claims Executive | Lonpac Insurance Bhd  
270 Beach Road, #17-04/07 The Concourse, Singapore 199555  
Tel: (65) 6250 7388 Ext.255 | Fax: (65) 6296 2706

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**From:** Cheng Hoe Motor Pte Ltd (Yishun-June) [<mailto:chmotor@singnet.com.sg>]  
**Sent:** Thursday, 12 April, 2018 7:54 PM  
**To:** GERALD POH WEE BIN  
**Subject:** ENquiry Liability - PC4270E

Dear Sir

**OUR CLIENT : PC4270E**  
**DOA : 11/4/18 @11.20am**  
**YOUR INSURED : SKC6525S**

Attach herewith our client's report. Pls advise the following :-

- ( Has your insured reported the accident to you?
- 2) Pls advise is he admitted fault?
- 3) Are you agree on **DIRECT SETTLEMENT**?
- 4) if possible, pls email a copy of your insured's report to us.

Thank you.

Rgds,  
June  
Cheng Hoe Motor Pte Ltd  
Tel :67556142  
Fax : 67557719

## 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	11/04/2018 17:59
Date Of Accident	11/04/2018 11:20
Exact Location Of Accident	JALAN BERSEH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4270E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BUMBU RESTAURANT
Co Reg No	52944748K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97706236
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	HIACE 3.0 DX DIESEL TURBO AT 2WD
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075043341-02
Cover Note Number	22/10/17 - 21/10/18

### Driver

Name of Driver	CHENG ENG HUI
NRIC No	S1451956D
Date Of Birth	06/02/1960
Occupation	OUTDOOR
Date Of Driving Pass	17/05/1978
Driving Experience	39 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97706236
Fax Number	
Contact Number	
EEmail Address	ACEESSG@GMAIL.COM

Address 47 JALAN SALANG  
 Postcode 769528  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle -  
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 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
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#### General Information of the Accident

Type Of Accident COLLISION - OPENING DOOR OF 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? 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) 2  
 Passenger 1  
 NAME: : MS CHENG  
 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

I was driving along Jalan Berseh, driver of SKC6525S suddenly opened the door & hit onto the left portion of my vehicle.

#### 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 SKC6525S  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver TOH BOON KIM HENRY (ZHUO WENJIN HENRY)  
 NRIC/Passport Number S7507064J  
 Contact Number  
 Address BLK 113 CLEMENTI ST 13 #06-27  
 Postcode 120113  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

### SKETCH PLAN

VEHICLE NO.: PC4270E  
INSURER : NTUC  
DATE & TIME: 11/4/18 11:20am

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 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.
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)**

(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.

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

(YS) 037 11/4/18  
Reporting Centre Personnel's Signature  
Name:  
NAIC/FIN No.:

### Sketch Plan #2

### SKETCH PLAN

X: Parked Vehicle (Not Involved)

A: FC 4270E (TP)

B: SKC 6525S (Longue)

Thi Boun Kim Henry  
(Thap Wen Bin Henry)

ST607064J

BIX 113 Clement St 13 #06-23  
5 (120113)

Top:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Insurer = AIG  
Veh No. PC4270E DOA = 11/01/18 11:20am

I was driving along Jalan Beseh, driver of JKS 65253 suddenly opened the door & hit into the left portion of my vehicle.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information

### DECLARATION

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

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Policyholder's Signature \_\_\_\_\_

**Date & Time:**

Driver's Signature

(If driver is not the policyholder)

**Date & Time:**

Reporting Centre Personnel's Signature \_\_\_\_\_

**Native:**

NRIC/FIN No.:

( ) Claim Own Policy    ( / ) Claim Third Party    ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )