

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	03/05/2018 11:52
Date Of Accident	02/05/2018 15:30
Exact Location Of Accident	SLE TOWARDS CTE BEFORE WOODLANDS AVE 12 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK9112A
Insured/Policyholder	
Name Of Registered Owner	TAN KAR BOON
NRIC No	S7345069A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96898582
Alternative Phone No	OTHERS-96898582

Vehicle Particulars

Manufacturer	PERODUA
Model	VIVA-1.0 EZ (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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z17VP05014099
Cover Note Number	03/06/2017 TO 02/06/2018

Driver

Name of Driver	TAY AH CHOON
NRIC No	S1117999A
Date Of Birth	16/07/1942
Occupation	OUTDOOR
Date Of Driving Pass	18/04/1968
Driving Experience	50 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92978095
Fax Number	
Contact Number	
Email Address	JIAWEN73@GMAIL.COM

Address	APT BLK 85 WHAMPOA DRIVE #10-264 (S) 1232
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - PARENT SON-IN-LAW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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?	YES
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

refer with attach.

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	SHA3772K
Vehicle Make/Model/Colour	HYUNDAI COMFORT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	V MATHIALAGAN
NRIC/Passport Number	S1673259A
Contact Number	97671247
Address	
Postcode	
Insurance Company Name	INDIA INTERNATIONAL INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLJ7778Z
Vehicle Make/Model/Colour	HONDA

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	BALA
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	TAY AH CHOON / S1117999A
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SJK9112A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 85 WHAMPOA DR #10-264 (S) 1232
Postcode	

Accident Sketch Plan Pg. 1

SKETCH PLAN

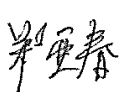
IMPORTANT NOTICE

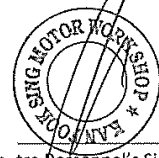
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

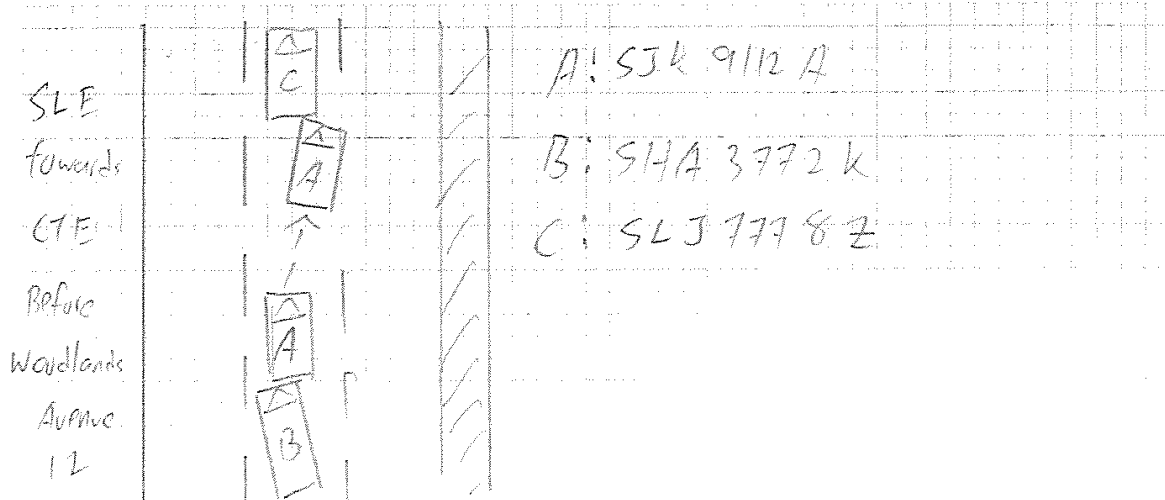
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 03/05/18 0110h


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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 02/05/2018 at about 1530hrs, I was travelling my vehicle (A: SJK 9112 A) on the centre lane along SLE towards CTE direction Before Woodlands Avenue 12 Exit. Suddenly I felt an impact from my vehicle's rear portion caused my vehicle push forward hit onto vehicle (C: SLJ 7778 Z) which was travelling in front of my vehicle. After the accident, I alighted and discovered that is a chain collision total involved 3 vehicles. The vehicle (B: SHA 3772 K) hit onto my vehicle's rear left portion caused my vehicle push forward hit onto rear right portion of vehicle C. After the accident, I felt unwell.

Vehicle A (SJK 9112 A) - No passenger on board.

Vehicle B (SHA 3772 K) - 1 male adult passenger on board.

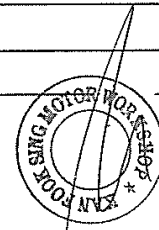
Vehicle C (SLJ 7778 Z) - No passenger on board.

Insurance Co	Compac
Vehicle No.	SJK 9112 A
Date of Accident	02 May 2018
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input type="checkbox"/> We declare the foregoing particulars are true in every respect. <input type="checkbox"/> Third Party Claim <input checked="" type="checkbox"/> Other Workshop Tan Lim Motor	

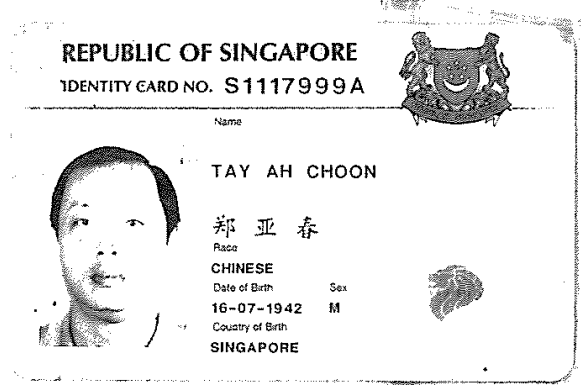
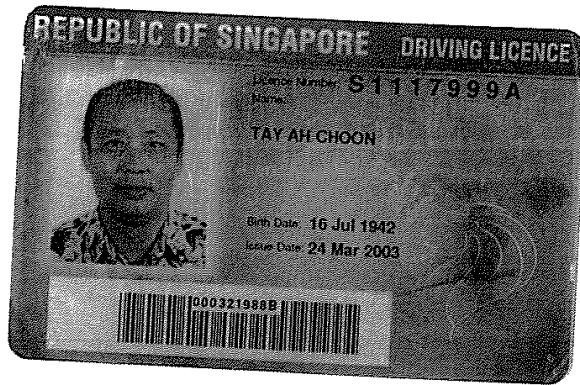
Policyholder's Signature
Date & Time:

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

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

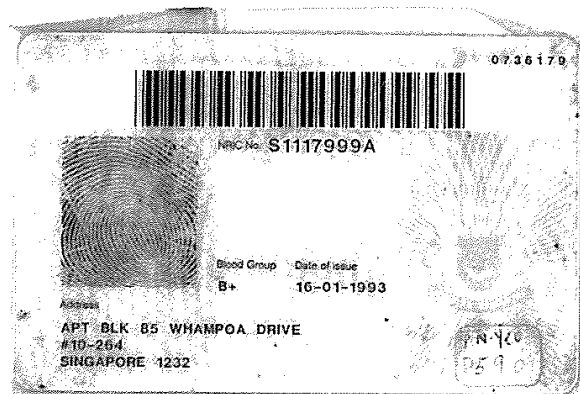
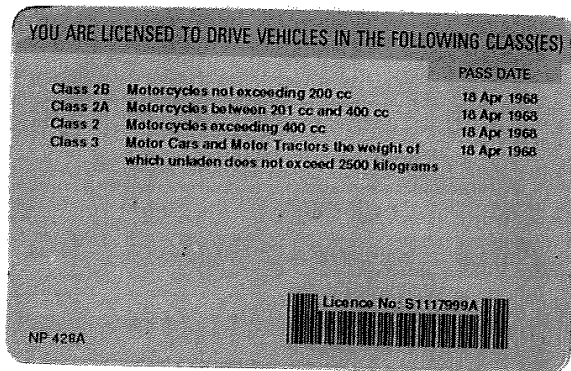


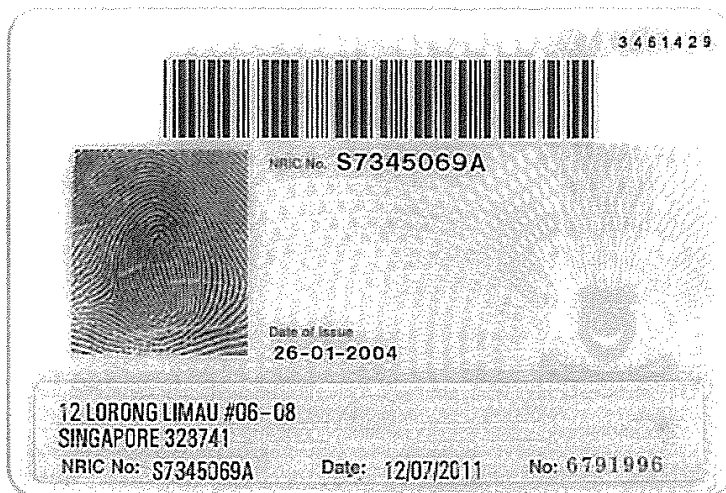
driver's nric & license Pg. 1



HP: 9297 8095

Occupation: Delivery Driver







HP: 9689 8582
occupation: self employed

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S 7345069 A**
Name: **TAN KAR BOON
(CHEN JIAWEN)**

Birth Date: **27 Dec 1973**
Issue Date: **15 May 2004**




 001218049C

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 May 2004

NP 428A

Licence No: S7345069A 

MXI



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) 6256 3767 Website: www.lonpac.com.sg

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

Certificate No. : Z17VP05014099

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

PERODUA VIVA 1.0
- SJK9112A

2. Name of Policy Holder

TAN KAR BOON

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

03/06/2017

4. Date of Expiry of the Insurance

02/06/2018

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\$ 1,000.00 (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

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: HUNDHOBBS5

Date Issued: 02/06/2017

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

