Date III 1515118 12:11	Jeb description	Date & Time Completed	Done	9)
Res No. NA / LPC 18008797/h	A SAS e-filing			
Veh No. SJC 71364	E-mail (within Stirs, AIC 2h)	3)		-
DOA 1415118 10:05.	i-Motor Claim Form			
	i-Motor W/O (Within: Of	2hrs, TP 4hrs)		MUNICO
OD D' Reporting Only	i-Photo Uploaded			
	Assessment/Survey Repo	rt		
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Fax:	
TP Particulars:   Veh No:	YN 10676. IN	C( )/Non-INC( )		
Owner / Driver: (	1N 106+G.	Tel	)	
	Period (	) Cover Type: (	)	
Confirmed by : (	Date:	Tinte:	)	
A STORY OF THE PROPERTY OF THE	[Note-Est. Status (WO): N:	0-20%; P: 21-79%. F: 80-	100%]	
Year of Registration: ( )	Warranty: YES ( )/NO			
	,000 ( )/\$2,000 ( )			
General Remarks:-				
( ) Walk-In Customer: Customer's in	formation strictly Confidential	Strictly NO refer of sensites	10000	
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( ) Total Loss Case : to e-mail Insu		m 1 G /		
Drive-In ( ) / Towed-In ( ); Invoi	ce; YES( ) / NO( )	, Towing Co. (		-
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done	by
1) Apply for Transport Allowance ( )/	Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
		Annual Control of the		
3) Upload Resurvey Photo [Repair Cost > 5	\$3000] ( )			
Upload Resurvey Photo [Repair Cost > 5]     Drivey:	\$3000] ( )			
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Injury:  Date/Time Actions	Invoice  1) AR: Act	ident Reporting (\$30),	fst.Bill	
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Injury :Actions  Claumant's Particulars :-	Invoice  1) AR: Act 2) DA: De: 3) TF: Tev 4) FT: Foll	ident Reporting (\$30); nege Assessment (\$100); INC ( ing Fee S ow-Through Survey	Ist Bill \$80) 40/\$45 \$120	
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Injury:  Date/Time Actions  Claimant's Particulars:- river/Owner. ontact No:	1) AR: Acc 2) DA: Dec 3) TF: Tew 4) FT: Foll 5) FT: Foll For claim 6) TR: Re-	ident Reporting (\$30); nage Assessment (\$100); INC ( ing Fee S ow-Through Survey ow-Through Survey (Resurvey) ing esainst INC Only (wef 10 Jan 20) inspection	1st Bill 580) 40/545 \$120 \$30 \$75	
Injury:  Date/Time Actions  Claimant's Particulars:-  river/Owner: ontact No:	1) AR: Acc 2) DA: Dec 3) TF: Tow 4) FT: Foll 5) FT: Foll For claim 6) TR: Re- 7) N1: Idae	ident Reporting (\$30); nage Assessment (\$100); INC ( ing Fee S ow-Through Survey ow-Through Survey (Resurvey) ing espinat INC Only (wef 10 Jan 20) inspection DA + SMRT Survey	1st Bill 580) 40/545 \$120 \$30	
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Injury:  Date/Time Actions  Claimant's Particulars:-  Driver/Owner:  ontact No:  arnaged Portion:  C Checked by (Engr-In-Charge):	Invoice  1) AR: Acc 2) DA: Dec 3) TF: Tow 4) FT: Foll 5) FT: Foll Ferelnin 6) TR: Re- 7) N1: Idae 8) NTUC A OD* * N5: Cw * N6: Rej * N7: Fos * N8: DV	ident Reporting (\$30); mage Assessment (\$100); INC ( ing Fee S ow-Through Survey ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan 20) aspection DA + SMRT Survey dditional Services -  urtesy Car / Tpt Allowance air Cn-ordination I Repair Inspection / Collect Excess Coordination ) TP (Non INC) against INC	1st Bill	Amt (I

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number EMail Address

- 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 witholding 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.

MARKET AND ADDRESS OF THE LAND THE SECOND	ACCIDENT STATEMENT
Date Of Report	15/05/2018 12:11
Date Of Accident	14/05/2018 10:05
Exact Location Of Accident	JURONG WEST ST 93 B4 YUNNAN CRES
Country/State of Loss	SINGAPORE
AND THE PROPERTY OF THE PROPER	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJC7136L
Insured/Policyholder	
Name Of Registered Owner	CHUA JUAY NGUAN
NRIC No	S1696872B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93531949
Alternative Phone No	OFFICE-93531949
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z17VP05016776
Cover Note Number	858
Driver	
Name of Driver	CHUA JIN JUN
NRIC No	S9527537J
Date Of Birth	02/08/1995
Occupation	INDOOR
Date Of Driving Pass	27/01/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE

(LOCAL) +65-82485418

NOEMAIL

BLK 693 JURONG WEST CENTRAL 1 #09-103 Address

640693 Postcode

Was driver an employee of the Insured's Company NO

CHILDREN If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

RAINING Weather Conditions WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

YES Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged? I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) Passenger 1

NAME:

2

: LIM JIA MIN

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

NO

NO

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? YES

WITH DRIVER Remarks/ Reasons:

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number YN1067G

Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 17

### **DETAILS OF INJURED PERSON 1**

Name

CHUA JIN JUN

Approximate Age

Injuries Sustain

NECK AND BACK

Injured person in which vehicle?

SJC7136L

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### **DETAILS OF INJURED PERSON 2**

Name

LIM JIA MIN

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJC7136L

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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:
  - 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: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

ETCH PLAN				ty	
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	48				
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- 1					
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B from the	left side of the	e lane sudo	lenly turr	ned and	collided -
- anto my ve	hicle causing i	it to swerv	e to the r	ight sid	e and hit $\bar{}$
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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: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.

  Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

	ACCIDENT DETAILS	IDD IAAA IVIV
Date of accident	14 May 2018	(DD/MM/YY
Time of accident	10:04p.m	(HH:MM
Exact location of accident	Jurong West St 93 before	Yunnan Cres

	DETAILS OF VEHICLE
Vehicle registration number	8JC7136L
Vehicle make and model	TOUOTA VIOS
Type of vehicle	Salcon MPV CRV Van Carry Bus Motorcycle Others:
Vehicle category	Private Commercial   Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes  No if no, please select:  Third part claim Reporting only  Reporting only

AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN	INSURANCE INF	ORMATION	STREET, SALES OF THE PARTY OF T
Insurance company	Lonpac Insur		
Policy number	217VP05016776		
Type of policy	Comprehensive	Third party fire & theft	TP only [

	Chua Tuan Naman	Male	Female 🗆
Name	Chua Juan Nguan		
NRIC / Fin / Passport number	5167687219		
Contact	93531949	1100 102	
Address	BIK 693 JURONG WIST CENTRAL 1 8(640603)	#09-103	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	To a Brack
Name	Chua Jin Jun Male 🗆	Female □
NRIC / Fin / Passport number	39527537]	
Contact	82485418	
Address	BIK 693 JURONG WEST CENTRAL 1 #09-103	
Email address	02 August 1995	
Date of birth	02 August 1995	
Occupation	Indoor Outdoor	
Driving date pass	27 Jan 2016	

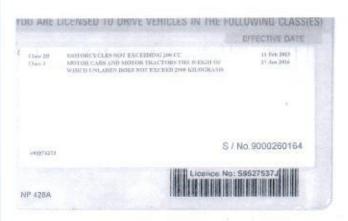
G	ENERAL IN		OF THE ACCIDENT		
as driver an employee of	Yes □	Nord	i i and incompel	ann	
ne insured's company?	If no, relat	ionship of the	driver and insured:	2011	
ccident captured by camera?	Yes 🗷	No 🗆	- A.1		
/eather condition	Clear 🗆	Raining	Others:		
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Gender	Male 🗆	Female D			
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Was anybody injured?	Yes	No□			
Was other vehicle damaged?	Yes 🗷	No □			
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AND DESCRIPTION OF THE PARTY OF	INJURED PERSON 1
A SALE OF THE SALE	Chua Jin Jun
lame	Nick and Back
njuries sustained	85 C 7 136L
Which vehicle person in?	Yes No D
Were seat belts worn?	Yes No Z
Was injured conveyed to	Tes a Moz
nospital by ambulance?	
MAKAMAN MAKAMA	INJURED PERSON 2
Name	Lim Jia Min
Injuries sustained	Nick and Back
Which vehicle person in?	97C7B6L
Were seat belts worn?	Yes No D
Was injured conveyed to	Yes D No P
hospital by ambulance?	
nospital by ambalanos.	
CARL STATE OF THE PARTY.	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
The second secon	Yes D No D
Was injured conveyed to	TES D. TO D.
Was injured conveyed to hospital by ambulance?	INJURED PERSON 4
hospital by ambulance?  Name	
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Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes D No D
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	INJURED PERSON 4
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Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes No D  INJURED PERSON 4  Yes No D  INJURED PERSON 5
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes   No   No   Yes   No   Yes   No   Yes   No   No   Yes   Yes
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes   No   No   Yes   No   Yes   No   Yes   No   No   Yes   Yes
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Name Injuries sustained Which vehicle person in?	Yes   No    Yes   No    INJURED PERSON 5  INJURED PERSON 5  Ves   No    Yes   No    INJURED PERSON 6
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	INJURED PERSON 4  Yes  No  No  No  No  No  No  No  No  No  N
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Name Injuries sustained Which vehicle person in?	Yes   No    Yes   No    INJURED PERSON 5  INJURED PERSON 5  Ves   No    Yes   No    INJURED PERSON 6









## INSURANCE BHD (538F056550)

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

# CERTIFICATE OF INSURANCE

NOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE. AOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE). ROAD TRANSPORT ACT 1987 (MALAYSIA) VIOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z17VP05018776

Type of Cover : COMPREHENSIVE

Index Mark and Vehicle Registration Number

TOYOTA VIOS 1.5 - SJC7136L

Name of Policy Holder

CHUA JUAY NGUAN

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

27/12/2017

Date of Expiry of the Insurance

26/02/2019

- (A) THE POLICYHOLDER (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/HER PERMISSION Persons or Classes of Persons entitled to drive 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.
- 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 Limitations as to use 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\$ 3,000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS S\$ 1,000.00 (SECTION 1) UNNAMED 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.

H.P. Owner: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

CHIEF EXECUTIVE (Singapore Branch)

User ID: VINCENTLEOW Date Issued: 26/12/2017