

| | | | | |
|-------------------------------|-------------------|--|-----------------------|---------|
| Date In | 31/5/18 10:06 | Job description | Date & Time Completed | Done by |
| Ref No | MA/LPC18009803/h4 | SAS e-filing | | |
| Veh No | SKB 5487E | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A | 30/5/18 18:30. | i-Motor Claim Form | | |
| QID: TP <u>Reporting</u> Only | | i-Motor W/O (Within OD 2hrs, TP 4hrs) | | |
| | | i-Photo Uploaded | | |
| TP Insurer | | Assessment/Survey Report | | |
| | | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | | |
|--|--------------------|-----------------------|-----------|
| Preferred Wksp / INC Assign Wksp / GW: () | | Tel: () | Fax: () |
| TP Particulars: | Veh No: SHD 1086E. | INC () / Non-INC () | |
| Owner / Driver: () | | Tel: () | |
| Policy No: () | Period: () | Cover Type: () | |
| Confirmed by: () | | Date: () | Time: () |
| Insured/Driver Liability: () % [Note-Est Status (WO): N: 0-20%; P: 21-79% F: 80-100%] | | | |
| Year of Registration: () Warranty: YES () / NO () | | | |
| Excess: (\$) Loading: \$1,000 () / \$2,000 () | | | |

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

| | | |
|---|-----------------------|---------|
| Remarks:- (INC hotline: 6788 6616) | Date & Time Completed | Done by |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| Claimant's Particulars:- | Invoice Preparation Checklist | Amt (\$) Est Bill | Amt (\$) Add Bill |
|---------------------------------|---|----------------------|----------------------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TP: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2003) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | Q1: | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (Non INC) against DP \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| at 1: | Invoice dated: | Fee Charged | |
| at 2/3: | Invoice dated: | Fee Charged | |

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 | 31/05/2018 10:06 |
| Date Of Accident | 30/05/2018 18:30 |
| Exact Location Of Accident | ALONG MCE TUNNEL NEAR EXIT TO FORT ROAD |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SKB5487E |
| Insured/Policyholder | |
| Name Of Registered Owner | CHUA ANDY |
| NRIC No | S7212723D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-92344664 |
| Alternative Phone No | OFFICE-92344664 |
| Vehicle Particulars | |
| Manufacturer | CHEVROLET |
| Model | CRUZE 1.6L AUTO ABS D/AB 2WD 4DR |
| 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 | Z18VP05018246 |
| Cover Note Number | - |
| Driver | |
| Name of Driver | CHEW LAURA |
| NRIC No | S7810479A |
| Date Of Birth | 24/04/1978 |
| Occupation | INDOOR |
| Date Of Driving Pass | 29/11/2002 |
| Driving Experience | 15 YEARS AND 6 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-90082869 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------|
| Address | 28 UPPER SERANGOON VIEW #06-33 |
| Postcode | 534207 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| 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) | 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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

| | |
|---|-------------------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | FILE TOO LARGE FAIL TO UPLOAD |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|---------------------|
| Vehicle Registration Number | SHD1086E |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | TAN POH ANN KENNETH |
| NRIC/Passport Number | S0028851I |
| Contact Number | 97353386 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN

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 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)**

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

A = SKB 5487 E

B = SHD 1086 E

Along MCE tunnel near Exit to Fort Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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.:

Statement of Laura Chew – NRIC S7810479A

On 30 May 2018, I was driving vehicle SKB5487E (Chevrolet Cruze) along MCE tunnel heading towards Tampines Road. At or about 6.33pm on the same day along MCE tunnel near the exit to Fort Road, I was involved in an accident with a silver colour (KIA) Premier Taxi SHD1086E.

2 The said taxi which was in front of my vehicle suddenly applied its brakes and upon seeing this, I made all efforts to avoid a collision by applying emergency braking. However I could not stop in time and my vehicle collided into the rear of the taxi. I would like to state that I was driving at the permissible speed of 80 Km/Hr prior to the collision with the taxi.

3 Immediately after the collision with the taxi, both vehicles came to a safe stop. I came out of my vehicle to check with the taxi driver if his passengers (there were two) and himself were ok. The taxi driver informed me that no one was hurt and everyone was ok.

4 The taxi driver and myself then assessed the damages of our respective vehicles. I noted that, the lower end of the taxi's rear bumper had suffered some cracks and scratched-like marks. The majority of the marks were most visible at the bottom right of the bumper. Annex A1 refers. As for my own vehicle (SKB5487E), the front right license plate suffered cracks and a small missing piece. Annex A2 refers

5 After assessing the damages, the taxi driver and I exchanged particulars and agreed to let our respective insurers to settle the matter as it was a minor accident with no injuries.

6 I would like to state that there were no arguments, threats, inducement made by both parties throughout the whole incident. I also noted that the passengers remained in the taxi and did not come out of the vehicle at any point of time.

7 The taxi driver's particulars were established to be Tan Poh Ann Kenneth, NRIC S00288511, D.O.B 12 July 1953 of Blk 312A Sumang Link #08-177; Singapore 821312. His contact number is 9735 3386. A copy of the taxi driver's NRIC is attached in A3.


8 On the same day, 30 May 2018, I informed my husband of the accident. He is Chua Andy, NRIC S7212723D and the owner of the vehicle I was driving.

9 At or about 8.33pm the same day, my husband called the taxi driver, Tan Poh Ann Kenneth, to enquire if anyone was injured during the accident. Mr Tan informed my husband that no one was injured and everyone was fine.

10 Mr Tan further informed my husband that his rear boot is damaged because of the collision and cannot close. I would like to state that this was not mentioned during the damage assessment nor discovered onsite.



11 I declare that the statement made by me is to the best of my knowledge and I make it knowingly that if it is tendered as evidence, I may be liable for making a false statement if I have willfully stated in it anything I know to be false or do not believe to be true.

Signature: 

Date. 30/5/18

~END~

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number **S7810479A**
 Name
CHEW LAURA
(JIANG LAURA)
 Birth Date **24 Apr 1978**
 Issue Date **29 Nov 2003**

001027777H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7810479A


 Name
CHEW LAURA
 Race
CHINESE
 Date of birth
24-04-1978 Sex
F
 Country of birth
SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE
29 Nov 2002

NP 428A

Licence No: S7810479A

4257107


 NRIC No: **S7810479A**
 Date of issue
31-07-2008
28 UPPER SERANGOON VIEW #06-33
SINGAPORE 534207
 NRIC No: **S7810479A** Date: **20/03/2016**

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7212723D



Name

CHUA ANDY



Race

CHINESE

Date of Birth

18-04-1972

Sex

M

Country of Birth

SINGAPORE





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

MX1

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. : Z18VP05018246

Type of Cover : **COMPREHENSIVE**

1. Index Mark and Vehicle Registration Number

CHEVROLET CRUZE 1.6
- SKB5487E

2. Name of Policy Holder

CHUA ANDY

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

13/04/2018

4. Date of Expiry of the Insurance

12/04/2019

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

LONPAC'S AUTHORISED WORKSHOPS

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 : OVERSEA-CHINESE BANKING CORPORATION LIMITED

CHIEF EXECUTIVE
(Singapore Branch)

User ID: JNL10W
Date Issued: 13/04/2018