

## 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	27/06/2018 17:17
Date Of Accident	27/06/2018 14:15
Exact Location Of Accident	JALAN MEMBINA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT2974M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NANCY HOON SIEW GUET
NRIC No	S1681667A
Email Address	NANCY_HOON@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90021011
Alternative Phone No	OTHERS-90021011

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	GETZ-1.4 (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	
Cover Note Number	

### Driver

Name of Driver	NANCY HOON SIEW GUET
NRIC No	S1681667A
Date Of Birth	03/09/1965
Occupation	INDOOR
Date Of Driving Pass	16/04/1990
Driving Experience	28 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90021011
Fax Number	
Contact Number	OTHERS-90021011
Email Address	NANCY_HOON@YAHOO.COM.SG

Address	APT BLK 118A JALAN MEMBINA #13-135
Postcode	161118
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	COLLISION - MAJOR/MINOR RD
Weather Conditions	AFTER RAIN
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

REFERRAL AS SKETCH PLAN

#### 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	SLR2080T
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

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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:

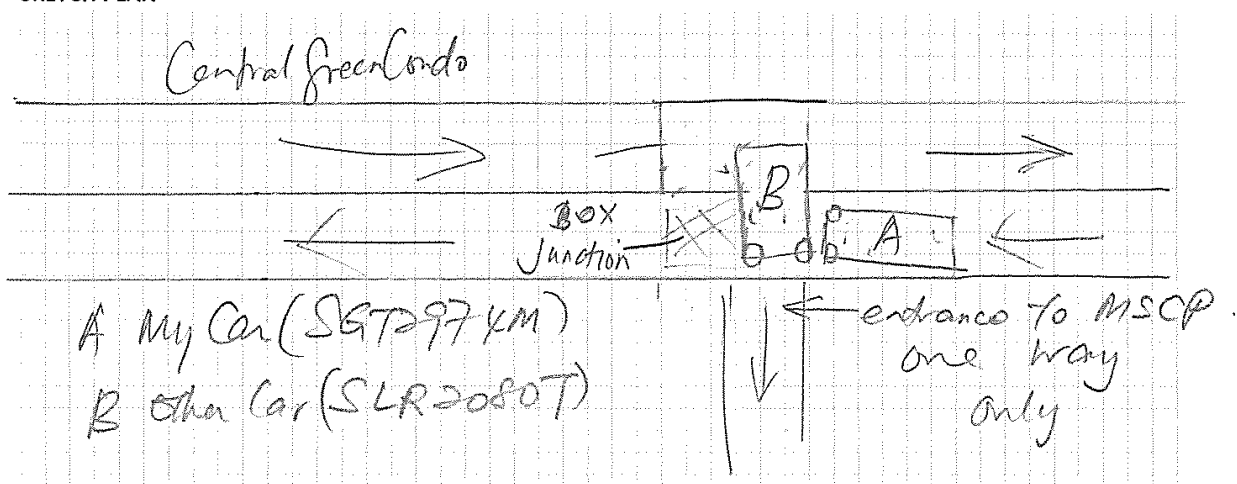
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:  
27/7/18

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

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

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SGT2974M	ACCIDENT DATE & TIME: 27/6/18 @ 2.14pm (Abt)
CONTACT NUMBER: 9002 1011	E-MAIL ADDRESS: Nancy_hoon@yahoo.com.sg
LOCATION: Along Jalan Membina (near Central Green Condo)	
<p>I was travelling along Jalan Membina at a speed of under 40 km/h which is the regulated speed as I am a Resident in the same area. I stopped at the Traffic light &amp; moved on when light turned green, a vehicle from opposite direction suddenly turned right to get into Multi-storey car park entrance and I could not stop completely inside of jamming on the brakes as it happened within split seconds when it turned right. We had a collision, my car plate was damaged &amp; his car doors were dented on the sides. Driver of other vehicle drove off immediately and I could not take photos of positions of cars upon collision.</p>	
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:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

## DECLARATION

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

*Nancy Hoon*  
 Policyholder's Signature  
 Date & Time: 27/7/18

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

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

### SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE:	ACCIDENT DATE & TIME:
CONTACT NUMBER:	E-MAIL ADDRESS:
LOCATION: I noticed Cont'd, Other car has video camera. My car does not have video camera. He said he will submit his video clip to his insurer (AXA). I felt pain on my right rib cage, right hip & right shoulder and have consulted doctor at Queens town polyclinic with X-rays taken, Doctor will review X-rays with me tomorrow (28/7/18). I am also having a bad headache since the accident.	
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: <input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

## DECLARATION

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

Policyholder's Signature  
Date & Time:  
22/2/18

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

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

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S1681667A**

Name  
**NANCY HOON SIEW GUET**


Birth Date **03 Sep 1965**  
Issue Date **08 Apr 2003**



 **1000365683F**

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S1681667A**




Name  
**NANCY HOON SIEW GUET**


**洪琇珮**

Race  
**CHINESE**

Date of Birth **03-09-1965** Sex **F**

Country of Birth  
**SINGAPORE**




 **S1681667A**


**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** **16 Apr 1990**




**Licence No. S1681667A**



**NP 428A**

**247789**



**NRIC No. S1681667A**



**Blood Group** **A+** **Date of issue** **13-10-1994**

**APT BLK 118A JALAN MEMBINA #13-135**  
**SINGAPORE 161118**  
**NRIC No: S1681667A** **Date: 01/01/2002 (R)**


**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300 Beach Road #17-04/07, The Concourse, Singapore 199555

Tel: (65) 6250 7338 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. : Z18VP05017981

Type of Cover : THIRD PARTY FIRE &amp; THEFT

1. Index Mark and Vehicle Registration Number

 HYUNDAI GETZ 1.4  
 - SGT2974M

2. Name of Policy Holder

NANCY HOON SIEW GUET

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

07/04/2018

4. Date of Expiry of the Insurance

06/04/2019

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.

\* 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: MRMLP0014  
 Date Issued: 20/03/2018

## Sketch Plan Pg. 6



**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) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F8-0005635-C

### THE SCHEDULE

<b>Class of Policy</b>	: MOTOR CAREPLUS	<b>Policy No.</b>	: Z18VP05017981
<b>Insured</b>	: NANCY HOON SIEW GUET	<b>Type of Cover</b>	: THIRD PARTY FIRE & THEFT
<b>Address</b>	: 118A JALAN MEMBINA #13-135 SINGAPORE 161118	<b>Replacing CN/Policy No.</b>	: Z17VP05013540
<b>Business or Profession</b>	: FINANCIAL ADVISOR / PLANNER	<b>Account No</b>	: Z70485(D)

<b>Period of Insurance</b>	
(a) From 07/04/2018 To 06/04/2019 (both dates inclusive)	
(b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.	

Description of Vehicle	The Policy's Premium			
Vehicle/Trailer Regn. No	: SGT2974M	Premium Component	%	Amount (S\$) Total (S\$)
Make & Model of Vehicle	: HYUNDAI GETZ 1.4	Basic Premium		1,052.63
Type of Body	: HATCHBACK - 5 DR	NCD	-50.00%	-526.32
Engine No	: G4EE6641403	OFD	-5.00%	-26.32
Chassis No	: KMHBU51DR7U654474	Premium After Discount		500.00
Year of Manufacture	: 2006	Gross Premium		500.00
c.c./Tonnage	: 1,399	Actual Gross Premium		500.00
Seating Capacity	: 5	GST	7.00%	35.00
Sum Insured	: MARKET VALUE	Premium Payable		535.00



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



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Accident Photo



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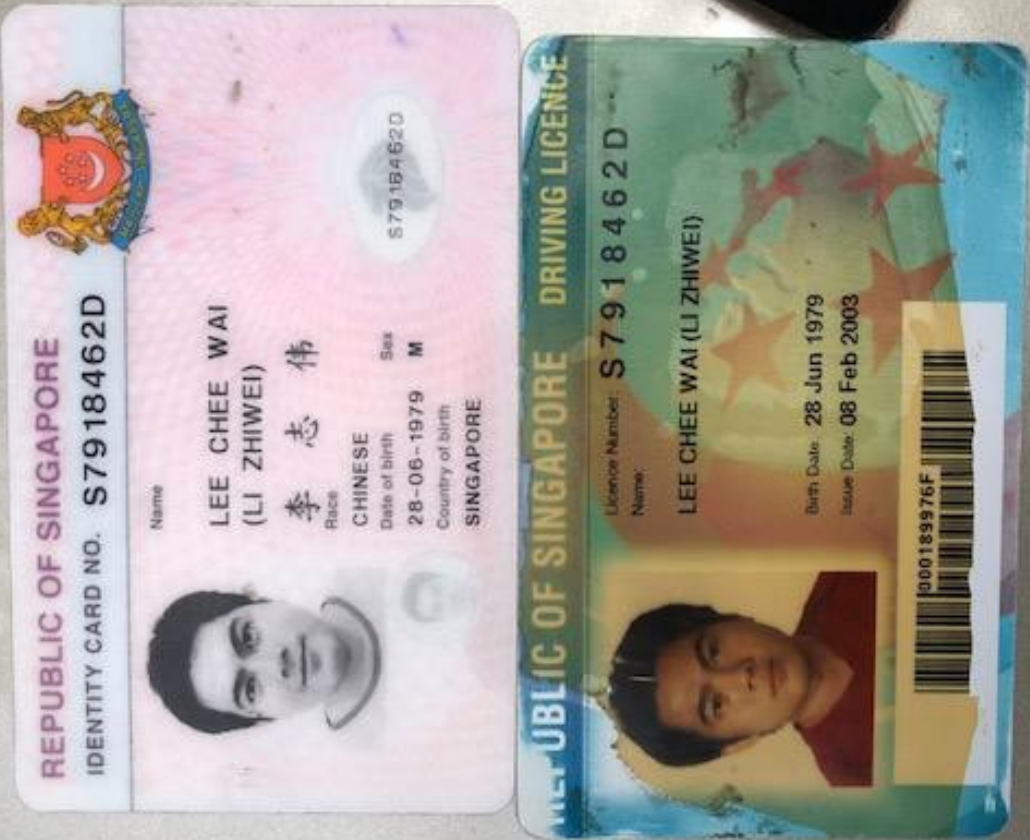


Accident Photo



Accident Photo







Driving License

