

**NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION**

To : Lonpac Insurance Pte Ltd  
Claims Department mt-claim@lonpac.com

Re :  
Vehicle No. SPK 48264

From: M/s Loh Heng

Sub : 3<sup>st</sup> Party Claim

This is to inform you that vehicle no. XD1545H, which is insured under your company was involved in an accident on 28-02-18.

The vehicle is at the workshop LOH HENG Tel:64532237 and is available for your inspection before work is carried out.

Please acknowledge receipt of this Notification by return fax to **64556384** and reply Within 2 days whether you wish to inspect the vehicle or waive inspection.

Yours faithfully,  
**LOH HENG**

Danny Loh(Person to contact)  
HP : 90111432

## 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	01/03/2018 15:37
Date Of Accident	28/02/2018 15:40
Exact Location Of Accident	50 TUAS AVE 11 OUTSIDE UNIT 03-37
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK4826U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FANN CHIH LIEN
NRIC No	S0109061E
Email Address	JLIANFANN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82821126
Alternative Phone No	Office-NOPHONE

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA TSI-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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-003249
Cover Note Number	

### Driver

Name of Driver	LEOW YU LIN, SHARON
NRIC No	S8007423I
Date Of Birth	16/03/1980
Occupation	INDOOR
Date Of Driving Pass	13/12/2000
Driving Experience	17 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92321138
Fax Number	
Contact Number	
EEmail Address	NOEMAIL
Address	51 SUNRISE AVE #02-05
Postcode	806745
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-

Insurance Company of Driver's Own Vehicle	-
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**General Information of the Accident**

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
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) 0

**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**

ON 28/02/2018 AT AROUND 1540HRS, MY VEHICLE IS PARK OUTSIDE MY COMPANY WAREHOUSE. SUDDENLY MY STAFF INFORMED ME THAT THERE IS A VEHICLE HAD COLLIDED ONTO MY VEHICLE. I WENT OUT AND SEE AND NOTICES THAT VEHICLE B HAD COLLIDED ONTO MY VEHICLE REAR PORTION WHEN HE IS REVERSING.

**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 XD1545H  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver MENG LINGPENG  
NRIC/Passport Number 0 74913873  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

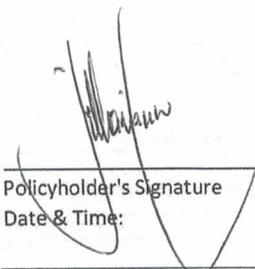
## SKETCH PLAN

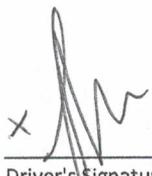
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.:

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

