

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	20/07/2018 09:35
Date Of Accident	19/07/2018 07:40
Exact Location Of Accident	BUKIT TIMAH ROAD TWDS NAMELY AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ712J
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Insured/Policyholder

Name Of Registered Owner	JOYCELYN LOI PUI SAN
NRIC No	S7525138F
Email Address	ERICHG@AIA.COM.SG
Mobile Phone No	(LOCAL) +65-94506406
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SB 1.4 TFSI AMBIENTE (MY15)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z17VP05015758
Cover Note Number	

Driver

Name of Driver	CHNG POO SENG
NRIC No	S7305596B
Date Of Birth	28/08/1975
Occupation	INDOOR
Date Of Driving Pass	16/03/2006
Driving Experience	12 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94506406
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	ERICHG@AIA.COM.SG

Address	50 LORONG M TELOK KURAU #04-02
Postcode	425342
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	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?	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)	3
Passenger 1	NAME: : JOYCELYN LOI PUI SAN GENDER: : FEMALE
Passenger 2	NAME: : CHNG ZHAN ZHI GENDER: : MALE

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 THE 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	SHC267L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR TAN
NRIC/Passport Number	
Contact Number	97326390
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKS9122S
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MR LIU HAI HUA
NRIC/Passport Number
Contact Number 93681432
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:

25 Feb 2018
9:26 am

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

Sketch Plan Pg. 2

SKETCH PLAN

HWACHONGA SCHOOL

BUKIT TIMAH ROAD

A B C

→

A: SKQ 712J
B: STC 267L
C: SKS 9122S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SKQ-712J	ACCIDENT DATE & TIME: 19 th July 2018 7.40am
CONTACT NUMBER: 9450 6406	E-MAIL ADDRESS: erichg@aia.com.sg
LOCATION: Bukit Timah Road TRAVELLING TOWARDS NAMELY AVENUE	
<p>On 19th July 2018 7.40am as I was driving towards Nanyang Avenue along Bukit Timah Road, few cars ahead of me suddenly jammed brakes thus causing me to kiss the car in front me which is a comfort Delgro taxi. Total cars involved in this incident is 3.</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 checked="" type="checkbox"/> Claim Own Policy	<input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input checked="" type="checkbox"/> Reporting Only

DECLARATION

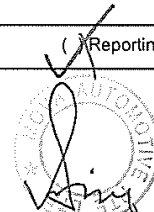
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

20th July 2018
9:36 am

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




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.: 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. : Z17VP05015758

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

AUDI A3 1.4
- SKQ712J

2. Name of Policy Holder

LOI PUI SAN JOYCELYN

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

30/10/2017

4. Date of Expiry of the Insurance

29/10/2018

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

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 : DBS BANK LTD

CHIEF EXECUTIVE
 (Singapore Branch)

User ID: LENNY

Date Issued: 25/10/2017

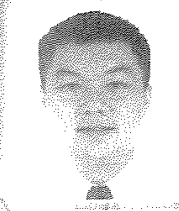
Sketch Plan Pg. 4

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7525138F



Name
JOYCELYN LOI PUI SAN
(JOYCELYN LU PEISHAN)
呂佩珊
Race
CHINESE
Date of Birth
28-08-1975 F
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



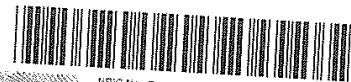
Licence Number: S7305596B
Name
CHNG POO SENG
(ZHUANG BAOCHENG)
Birth Date: 12 Feb 1973
Issue Date: 16 Mar 2006



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7305596B



Name
CHNG POO SENG
(ZHUANG BAOCHENG)
莊保成
Race
CHINESE
Date of Birth
12-02-1973 M
Country of Birth
SINGAPORE



4543411

NRIC No S7525138F



Date of issue
26-02-2010
50 TELOK KURAU LORONG M #U4-U2
SINGAPORE 425342

NRIC No: S7525138F

Date: 19/05/2012

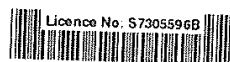
No: 7006965

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

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg

PASS DATE

16 Mar 2006



Licence No. S7305596B

P 423A



3321263

NRIC No S7305596B



50 LORONG M TELOK KURAU #04-02
SINGAPORE 425342
S7305596B

Date of issue
27-02-2003

17/08/2013

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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