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 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.

| sent to the archiving of this report at the centre and to copies of the report being made available | | | | | |
|---|--|--|--|--|--|
| ACCIDENT STATEMENT | | | | | |
| 19/07/2018 17:47 | | | | | |
| 19/07/2018 00:20 | | | | | |
| TAMPINES ST 23 CARPARK BLK 225 | | | | | |
| SINGAPORE | | | | | |
| DETAILS OF OWN VEHICLE | | | | | |
| SJJ7350Y | | | | | |
| | | | | | |
| HNGBOON SIEW | | | | | |
| S6848867B | | | | | |
| NOEMAIL | | | | | |
| (LOCAL) +65-96795400 | | | | | |
| | | | | | |

OFFICE-96795400

Alternative Phone No **Vehicle Particulars**

MITSUBISHI Manufacturer Model **LANCER**

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?

REPORTING ONLY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company LONPAC INSURANCE BHD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number Z18VP05017731

Cover Note Number

Driver

Name of Driver **HNGBOON SIEW** NRIC No S6848867B

Date Of Birth 16/12/1968 Occupation INDOOR Date Of Driving Pass 12/10/1982

Driving Experience 35 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96795400

Fax Number

OFFICE-96795400 Contact Number

EMail Address NOEMAIL Address BLK 229 TAMPINES ST 23 #05-259

Postcode 521229

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 - HEAD ON 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 YES

NO

1

NO

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

soliciting/oriening accident claims assistance.

Number of Passengers (Including Driver)

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

I AM PICKING UP THINGS WHEN MY VEHICLE SWERVED INTO THE OPPOSITE LANE AND COLLIDED WITH VEHICLE B FRONT PORTION.

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 SGQ3991Y

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B
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 Pg. 1

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.
- 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.
- 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)

Lunderstand, 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 Signatu

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.:

Sketch Plan #2 Pg. 1

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| ESCRIBE CIRCUMSTANCE | S OF THE ACCIDENT | | | |
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| | :ulars are true in every respect. | | | |
| e seclare the foregoing parti | | | Reporting Centre Personnel's Signatu | ure |
| CLARATION e declare the foregoing parti ynouser's Signature & Time: | culars are true in every respect. Driver's Signature (If driver is not the policyholder |) | Reporting Centre Personnel's Signatu Name: | ure |

Identification Card





Driving License



POLICE FORCE SINGAPORE

Private & Confidential

HNG BOON SIEW

APT BLK 229 TAMPINES STREET 23 #05-259

SINGAPORE 521229

0001386639

S6848867B (3/4) _ 190772018 _

(Please do not detach) \$25%

YOU CAN DRIVE WHILE AWAITING THE DELIVERY OF YOUR PHOTOCARD DIZMANGLIDENCE

working days from the date of application unless you made a special request to collect at Traffo Police at the time of application. You will receive your photocard driving licence by registered post within 10 to 14

Class4 - 27/APR/2000

Class = 12 loct 1982

Tel: 65470000

TRAFFIC POLICE
SINGAPORE POLICE FORCE (1)
10, UBI AVENUE 3
SINGAPORE 408845

You can drive while awaiting the delivery of your photocard driving licence

Please turn overleaf for important notes.

Page 6 of 15

MXI



LONPAC INSURANCE BHD (S98FG8635C)

Singapore Office: 200, Beech Road #17-04:07, The Constants, Singapore : 95555. TWI: (65)-6256-7281 Pass (65) 8295-3767 Webelle: www.lenpon.com.ag GST Red No.: FG-00005035-C

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 188) REPUBLIC OF SINGAPORE, MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1980 (REPUBLIC OF SINGAPORE). ROAD TRANSPORT ACT 1987 (MALAYSIA). MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : 216VP05017731

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MITSUBISHI LANCER 1.6

- SJJ7350Y

2 Name of Policy Holder

HING BOON SIEW

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

24/03/2016

23/03/2019

4. Date of Expiry of the Insurance

5. Porsons 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.

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRC OR ROWARD, RACING, PACEMAKING, 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

: \$3 1,000,00 (SECTION 1) INSURED / NAMED DRIVERS \$3 2,000.00 (SECTION 1) UNNAMED DRIVERS \$3 3,000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS \$5 100.00 WINDSCREEN EXCESS

Condition : ACCIDENT RÉPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

* Umitations rendered inoperative by Seution 95 of the Road Transport Act 1997 (Melaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Companisation) Act (Cap 189) Republic of Singapore are not included under heading.

TWE hereby certify that title covering Note is issued in accordance with the provisions of Part M of the Road Transport Act 1987 (Malaysia) and Motor Vahicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner: HONG LEONG FINANCE LIMITED

CHEF EXECUTIVE (Singapore Branch)

User ID: WLPHANG Date (saund: 02/03/2018)

Cartificate of Insurance - Page 1 of 1



Accident Photo







Accident Photo



Accident Photo





