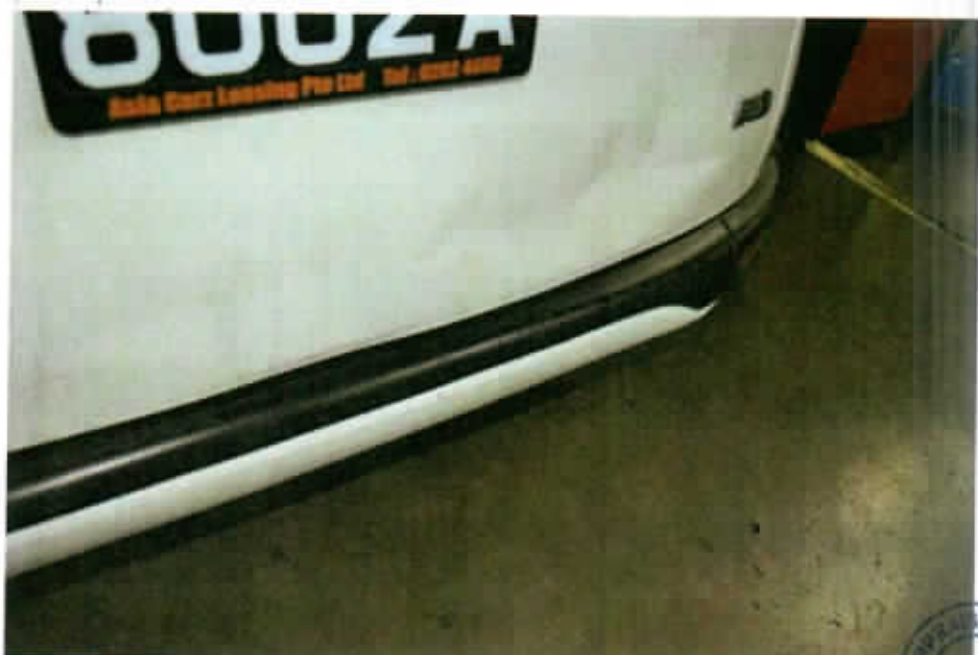


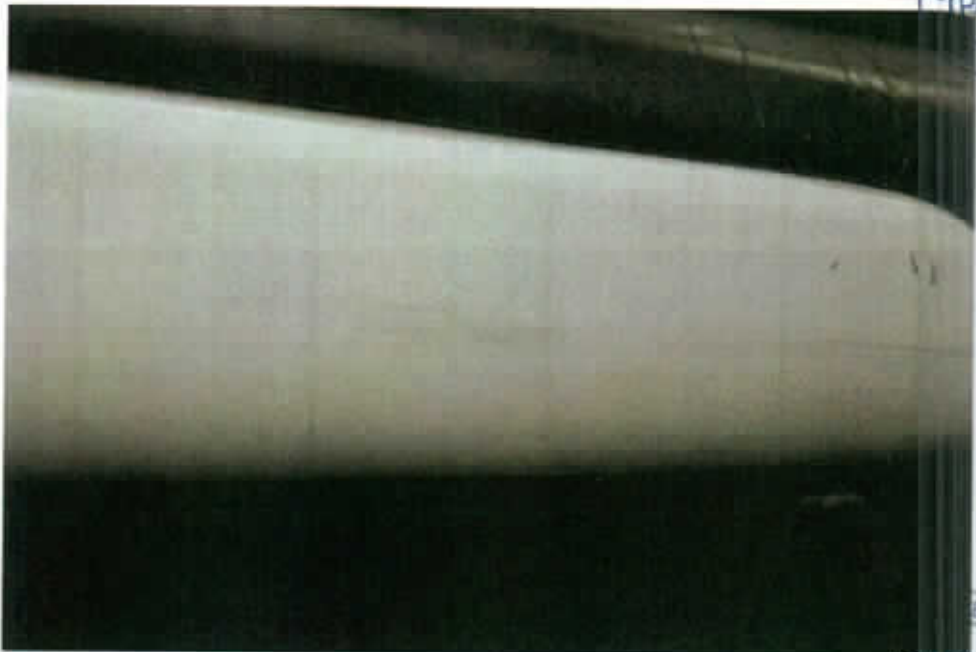
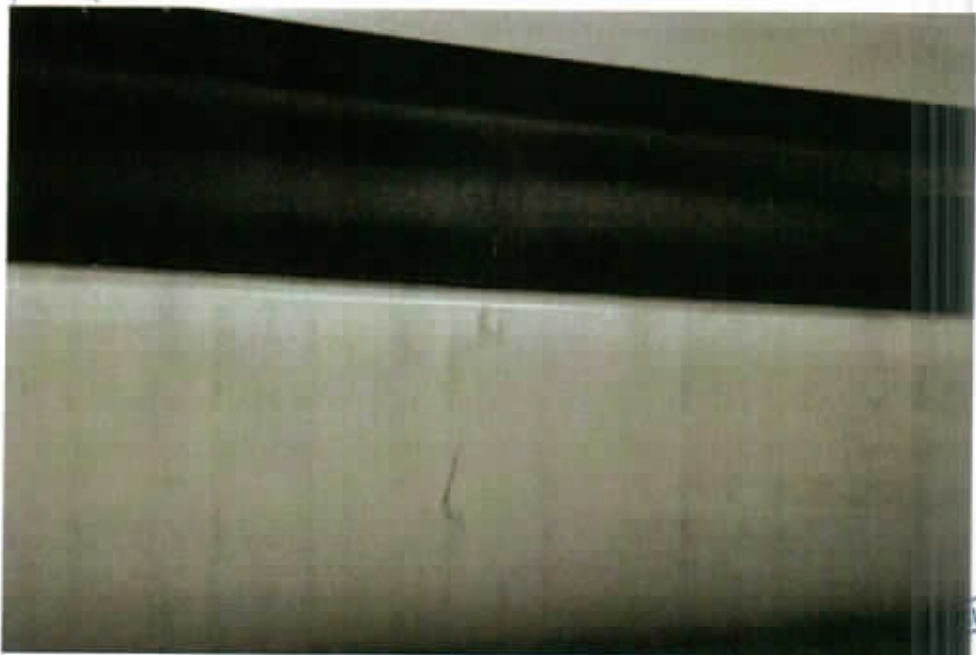


ER PTE LTD
SINGAPORE

ER PTE LTD
SINGAPORE













SRP LTD
(DAL'S)

SRP LTD
(DAL'S)







APR 2015
SLS 8002A

APR 2015
SLS 8002A



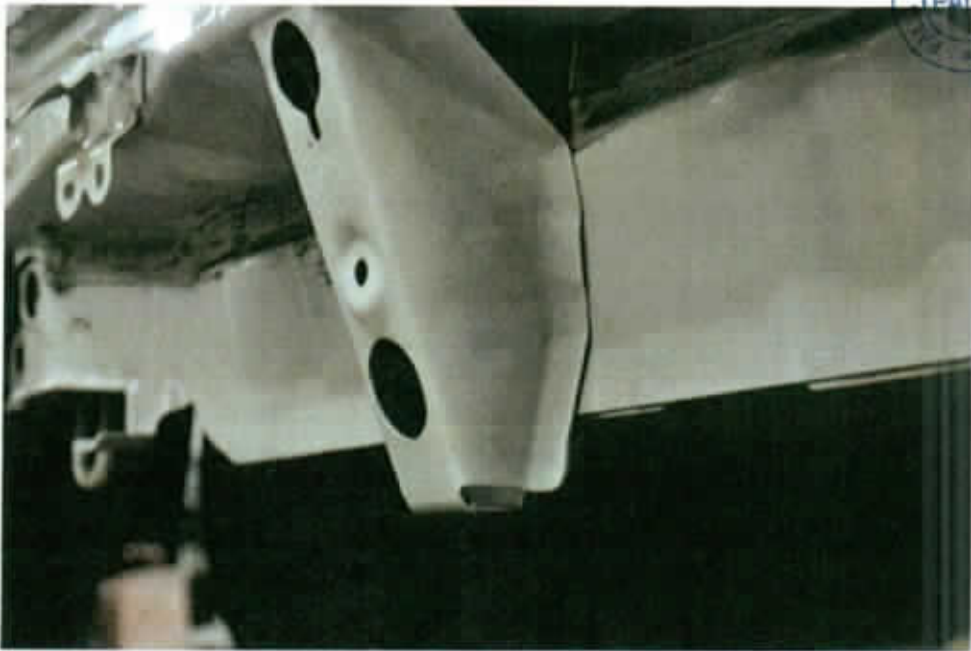
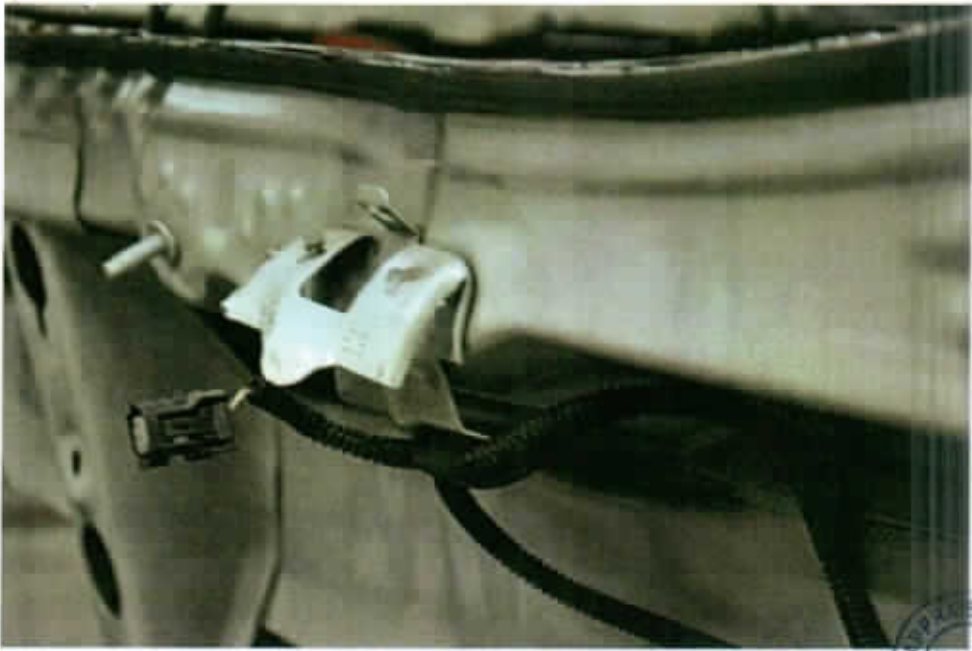


















61-52170/31
11/1/2014



















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	02/05/2018 13:21
Date Of Accident	30/04/2018 17:30
Exact Location Of Accident	PIE (TOWARDS CHANGI) NEAR STEVENS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF7333D
Insured/Policyholder	
Name Of Registered Owner	TAN SIEW LING EVELYN
NRIC No	S1787295H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96328844
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180K

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 REPORTING ONLY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z17VP05016279
Cover Note Number	

Driver

Name of Driver	CHUNG CHUN LEONG PAUL
NRIC No	S6800848D
Date Of Birth	01/01/1968
Occupation	INDOOR
Date Of Driving Pass	09/11/1988
Driving Experience	29 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96622989
Fax Number	
Contact Number	
Email Address	PAOLO@SINGNET.COM.SG

Address	7 LEEDON HEIGHTS #24-18
Postcode	267953
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?	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)	4
Passenger 1	NAME: : TAN SIEW LING EVELYN GENDER: : FEMALE
Passenger 2	NAME: : AUDREY CHUNG GENDER: : FEMALE
Passenger 3	NAME: : LIANG JUN 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	SLS8002A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	IZAN
NRIC/Passport Number	
Contact Number	96340864

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.
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: 2/5/18

1.30 pm

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SGF 7333 D	ACCIDENT DATE & TIME: 30 Apr 2018 ~5.30pm
CONTACT NUMBER: 96622989	E-MAIL ADDRESS: paolo@singnet.com.sg
LOCATION: PIE (towards changi) near Stevens Road	
<p>I was travelling along PIE (towards Changi) near Stevens Rd at about 5.30pm when a white Toyota Sienta (SLS 8002A) suddenly ^{jammed} braked in front of me. I immediately jammed my brakes but the car rolled ahead & slighted kissed the white Toyota.</p> <p>The Toyota have a slight dent on the rear right of the 5th door. My car (Mercedes C180) front grill was pushed inwards but after pushing back out, only a piece of rubber broke & some scratches on the bumper.</p> <p>No injury of anyone in this incident.</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 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: 2/5/18
1-30pm

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

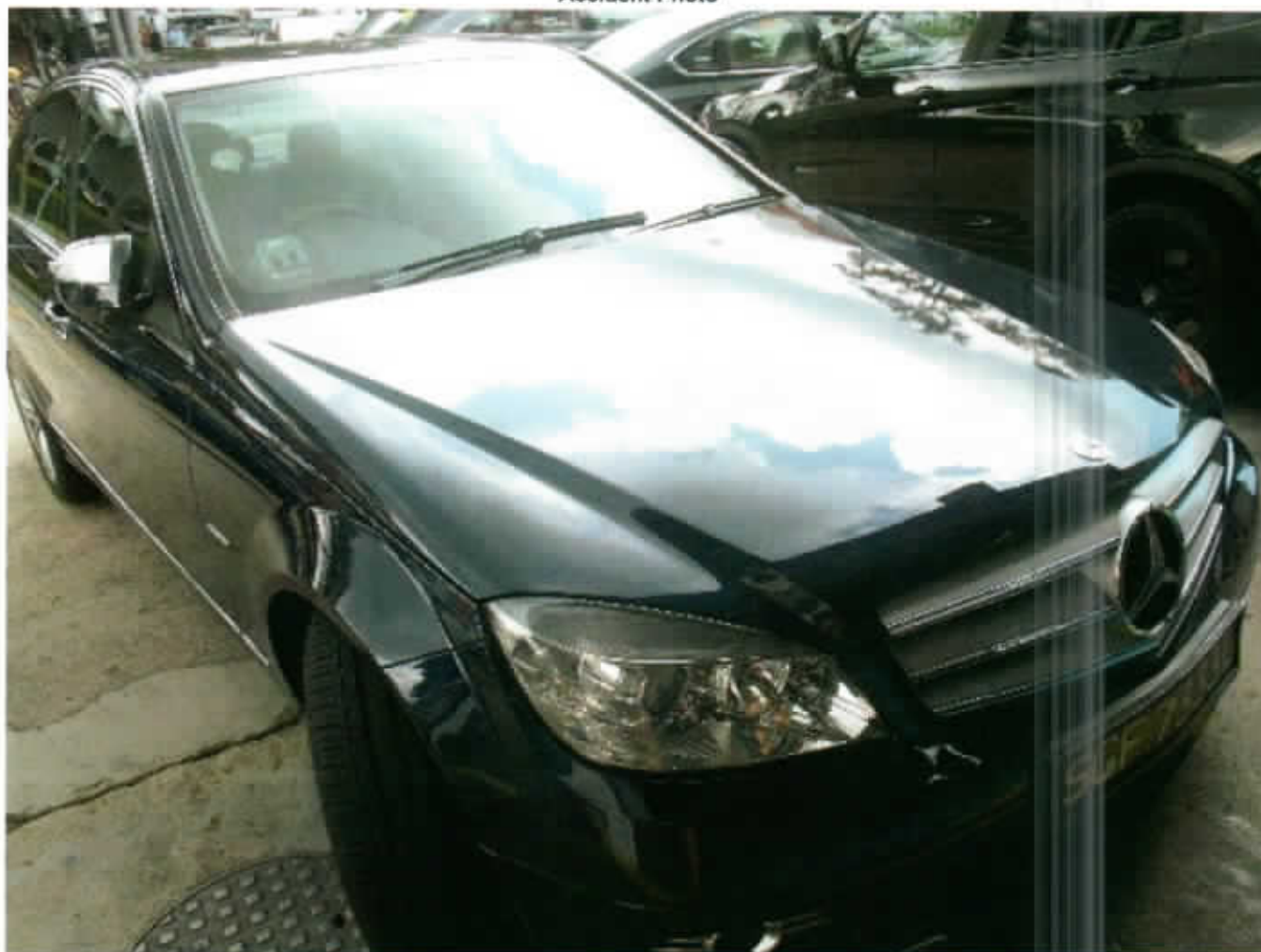
Accident Photo



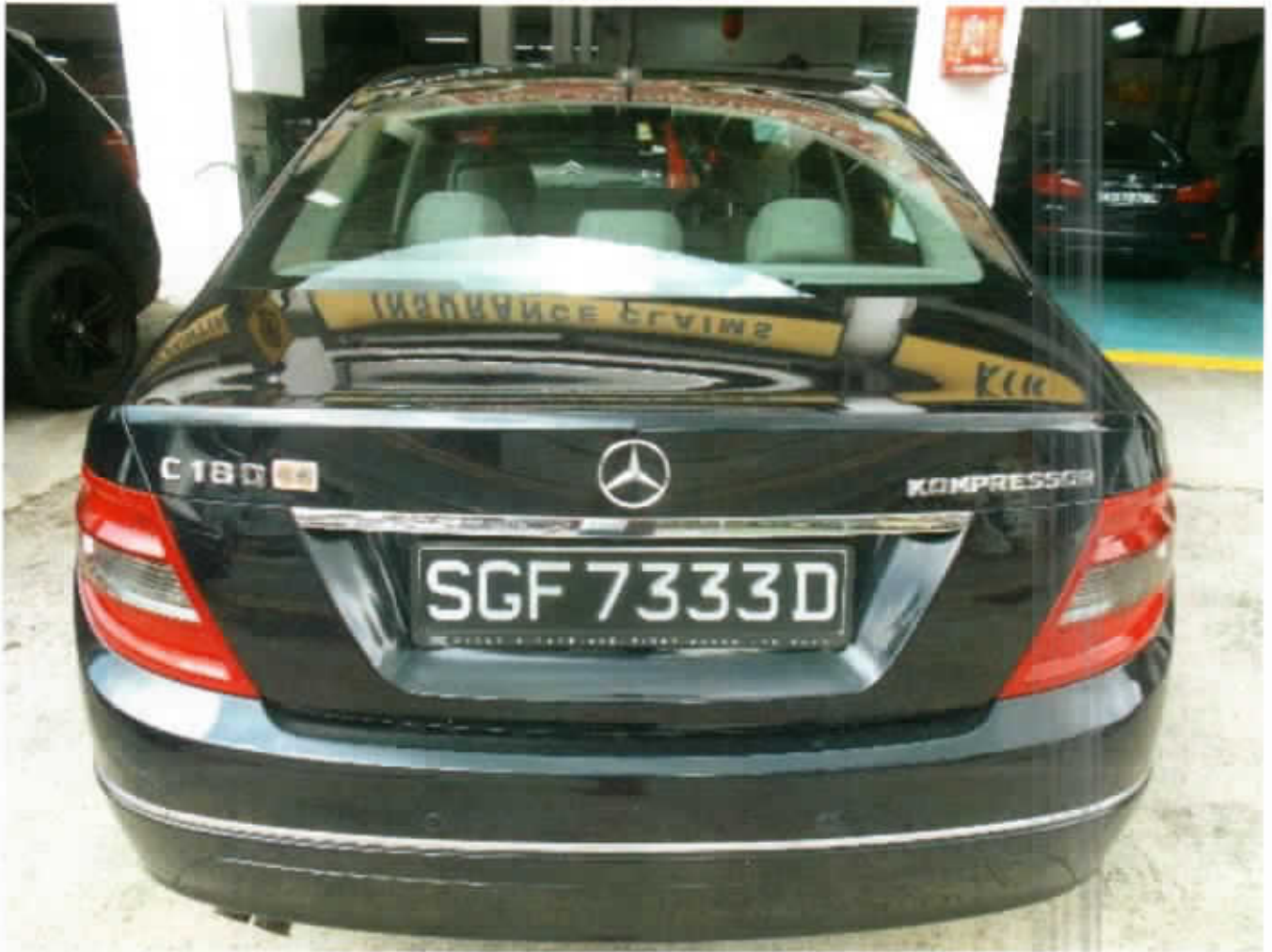
Accident Photo



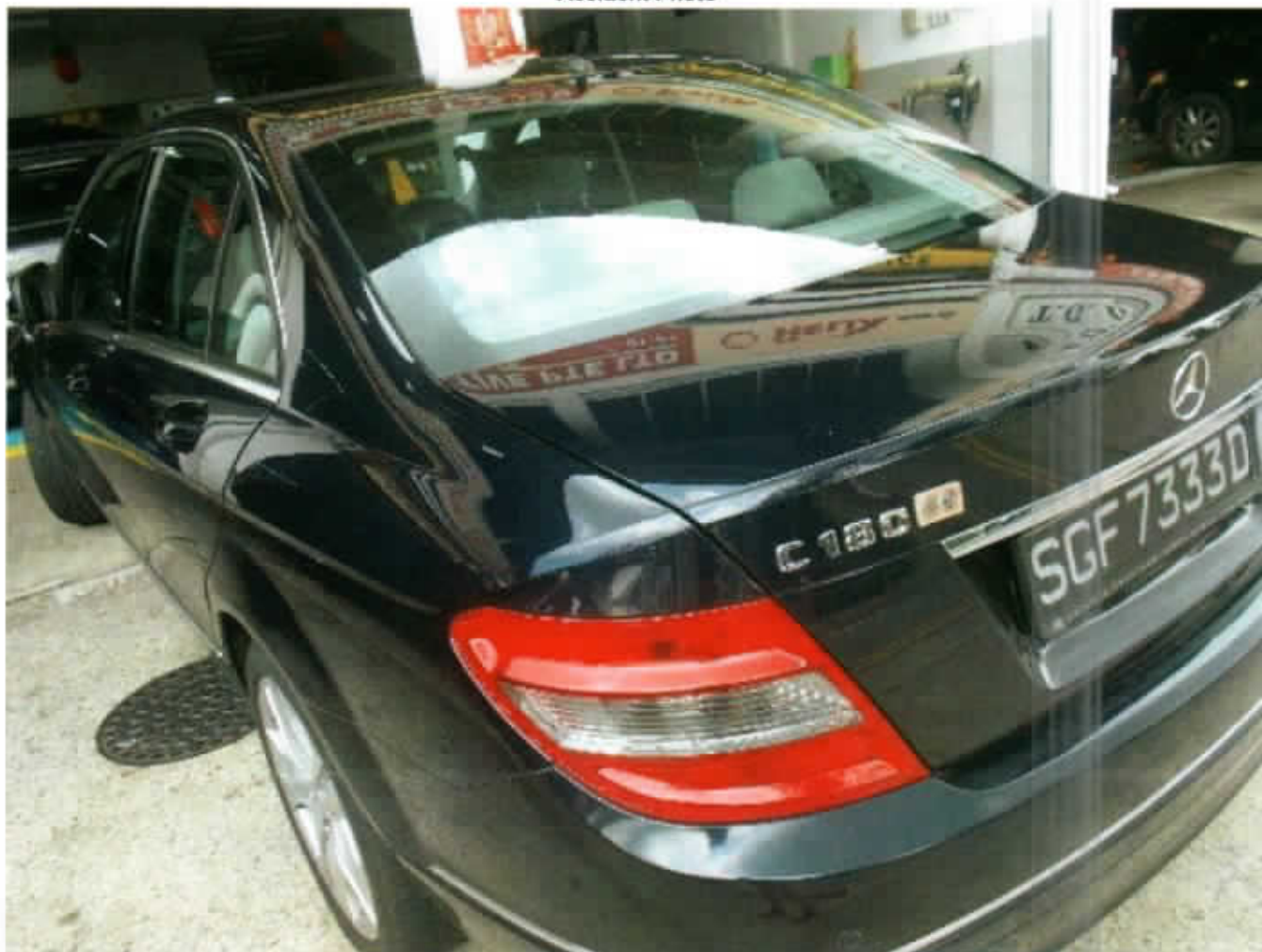
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



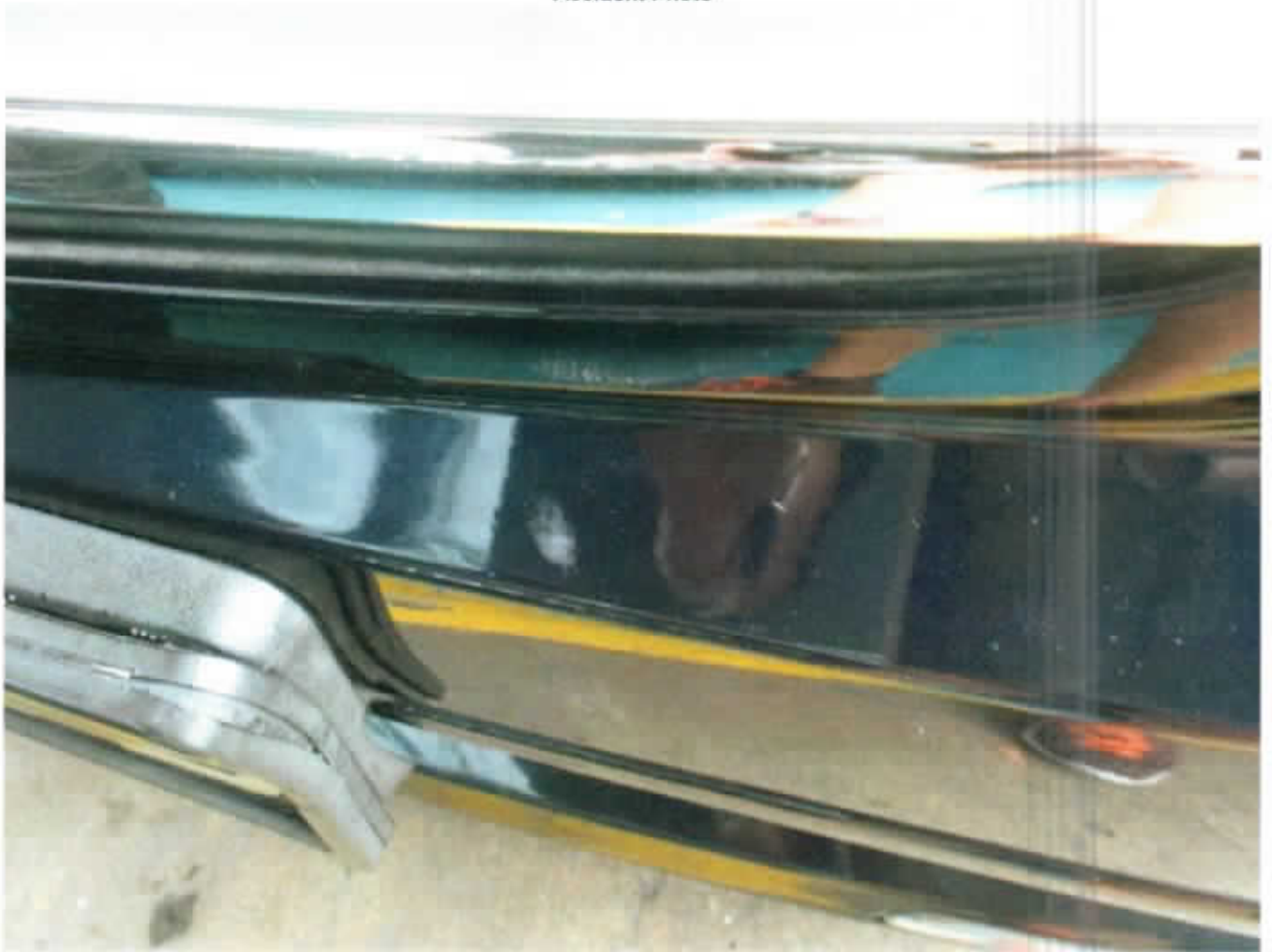
Accident Photo



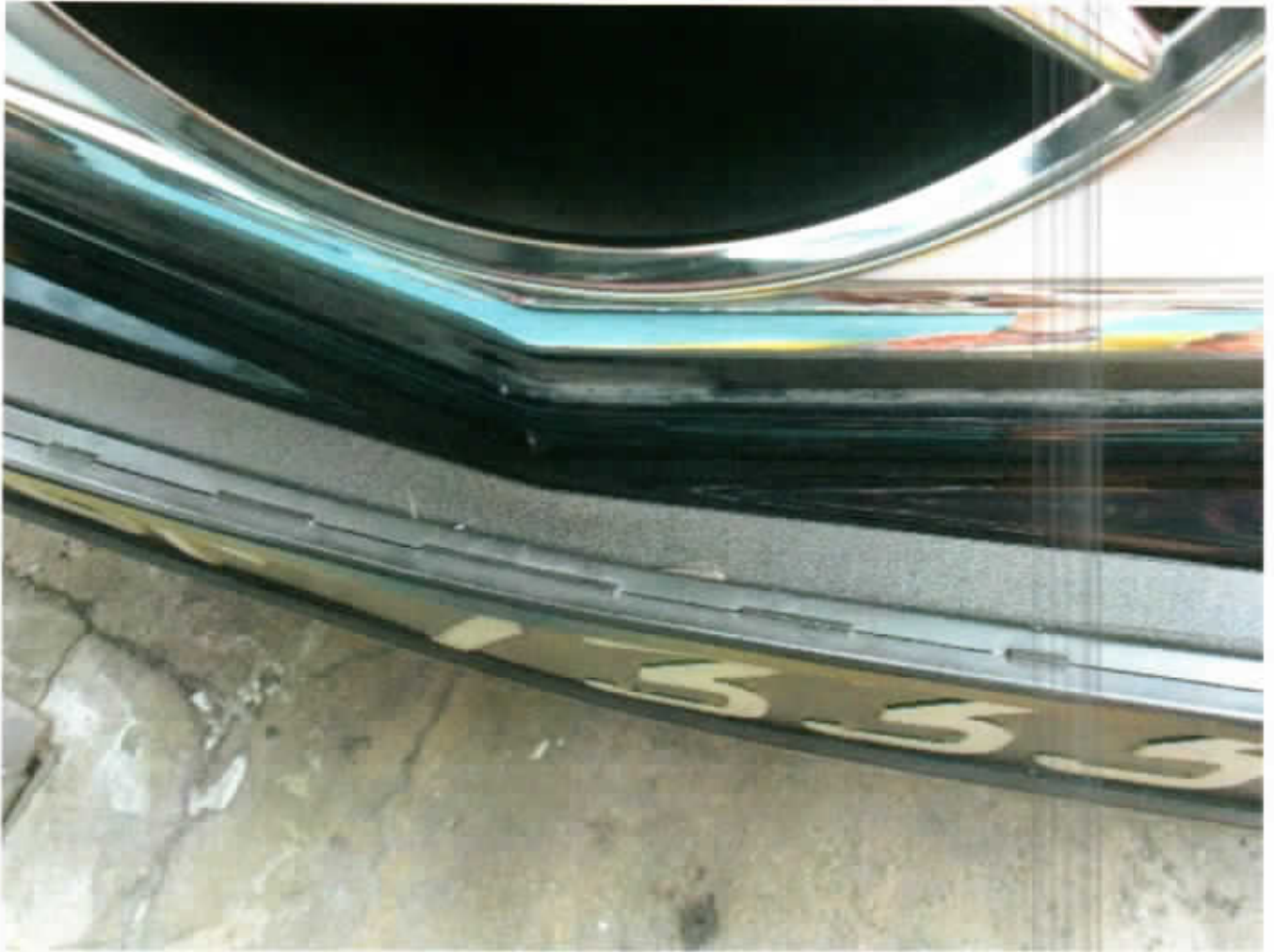
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

