# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 13/09/2018 10:11

#### 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 <u>truthful and accurate</u> 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.
- 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	13/09/2018 10:00
Date Of Accident	12/08/2018 18:00
Exact Location Of Accident	JB CUSTOM
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMC2611D
Insured/Policyholder	
Name Of Registered Owner	BOEY SIONG FATT
NRIC No	S0040620A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92287655
Alternative Phone No	OFFICE-92287655
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	-
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	Z18VP05019684
Cover Note Number	
Driver	
Name of Driver	BOEY LIH HAN

 Name of Driver
 BOEY LIH HAN

 NRIC No
 \$7705583E

 Date Of Birth
 25/02/1977

 Occupation
 INDOOR

 Date Of Driving Pass
 27/11/2012

Driving Experience 5 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92287655

Fax Number

Contact Number

EMail Address NOEMAIL

Address

Postcode

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

**General Information of the Accident** 

Type Of Accident SIDE SWIPE 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

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name THOMSON NPP 25 SIN MING ROAD

**ROAD**: 25 SIN MING ROAD #01-180, **POSTCODE**: 570025, **COUNTRY**: Police Station Address

**SINGAPORE** 

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

refer attached police report.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SJD1000D

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

Page 2 of 8

No. Of Passenger (Including Driver)

#### 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.
- 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.
- 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:
  - 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.

X

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.:

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Sketch Plan #2 Pg. 1

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DECLARATION	
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### Sketch Plan #3 Pg. 1

IDENTITY CARD NO. S7705583E





BOEY LIH HAN (MEI LIHAN)



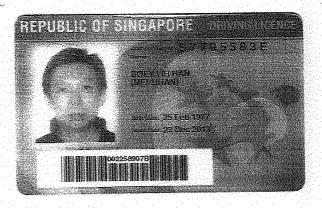


Race CHINESE

Date of birth 25-02-1977

Country of birth







RIC No. S7705583E



Date of issue 25-09-2007

Address APT BLK 240 SERANGOON AVENUE 2 #08-73 SINGAPORE 550240

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!

Class 3A Motor cars without clutch pedals (Auto) = 3900kg with = 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

NP 428A







Report No. E/20180912/2083

## POLICE REPORT (NP299)

Police Station Of Origin Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

Tel No: 1800-4529999

Date/Time Report Made 12/09/2018 16:18	Vide Report No.			Station Diary No.
Name Of Informant BOEY LIH HAN	Address APT BLK 240 SERANGOON AVENUE 2 #08-73 SINGAPORE 550240			
ID Type / ID No. NRIC NO / S7705583E	Contact No Home/Office		Mobile 92287655	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation OUTDOOR SALES	Sex Male	Age 41	Date of Birth 25/02/1977	Race Chinese
nstitution/School Name	Languaç English		20/02/19//	Cimese
Date/Time Of Incident 2/08/2018 18:00	Location Of Incident Johor Bahru			
Brief details.	MALAYS	SIA		

On 12/08/2018 at about 1800hrs, I was driving my car bearing registration number (SMC2611D) along the road in Johor Bahru, Malaysia leading to the Malaysia Custom. The traffic volume was heavy and was heavily congested.

Later, I spotted a car bearing registration number (SJD1000D) driving very close to the left side of my car. I then went down to make a check on my car and affirmed that there was no any damage to my car. I

Signature Of Officer Recording The Report:  E / Staff Sgt MUHAMMAD IKHSAN BIN SAID		Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 12/09/2018 16:18
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Insp SOH WEI HAO Contact No.: 63910000		Classification Of Case:
Authentication Stamp	i A	SN 070





2 of 2

POLICE REPORT (NP299)

**CONTINUATION OF REPORT** 

Report No. E/20180912/2083

wished to state that the driver of the car (SJD1000D) did not alight from his vehicle at all. As such, I continued my journey back to Singapore.

Few weeks later, I received a letter from my insurance company which states that the driver of car (SJD1000D) had made a claim against my car for an accident which took place on 12/08/2018 at about 1800hrs which took place in Johor Bahru, Malaysia.

My car was equipped with an in-car camera. However, the footage was already overwritten by now. I am lodging the report as instructed by my insurance company for record purpose.

Signature Of Informant: Signature Of Officer Recording The Report: E / Staff Sgt MUHAMMAD IKHSAN BIN SAID Date/Time: Signature Of Interpreter: 12/09/2018 16:18 Not applicable Classification Of Case: Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Insp SOH WEI HAO Contact No.: 63910000 Authentication Stamp SN 070 on ice foul E SIGNATURE