

## 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	29/08/2018 12:21
Date Of Accident	29/08/2018 07:25
Exact Location Of Accident	TPE TWDS LOYANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW6322E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DU XIANFENG
NRIC No	S7885845A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98800698
Alternative Phone No	OFFICE-98800698

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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	Z17VP05052125
Cover Note Number	

### Driver

Name of Driver	DU XIANFENG
NRIC No	S7885845A
Date Of Birth	17/10/1978
Occupation	INDOOR
Date Of Driving Pass	18/09/2015
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98800698
Fax Number	
Contact Number	OFFICE-98800698
Email Address	NOEMAIL

Address	BLK 743 PASIR RIS ST 71 #16-15
Postcode	510743
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 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)	2
Passenger 1	NAME: : DU YUAN CHENG
	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

I WAS EXITING TPE LOYANG EXIT. SUDDENLY, VEHICLE B BRAKE. I CAN'T STOP IN TIME AND REAR ENDED VEHICLE B.

#### 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	SKC5874R
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

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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.:

LINE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was exiting TPE Loyang exit. Suddenly vehicle B brake, i can't stop in time and rear ended vehicle B.

*Duxia*

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

*Duxia*  
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.:

# Driving License

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S7885845A**



Name  
**DU XIANFENG**  
**杜 先 鋒**

Race  
**CHINESE**

Date of birth  
**17-10-1978**

Country/Place of birth  
**CHINA**

Sex  
**M**

37885845A

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Order Number **S7885845A**  
Name  
**DU XIANFENG**


Birth Date: **17 Oct 1978**  
Valid Until: **18 Sep 2015**




002474466A



5173688



NRIC No. **S7885845A**



Date of issue  
**13-05-2013**

Address  
**APT BLK 743 PASIR RIS STREET 71  
#15-15  
SINGAPORE 510743**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES**

EFFECTIVE DATE

**Class 3A** Motor cars without clutch pedals (Auto) <= 3000kg < 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg **18 Sep 2015**

**NP 420A**



Licence No. **S7885845A**

# INSURANCE



## LONPAC INSURANCE BHD (598F05635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04-07, The Concourse, Singapore 189555

Tel: (65) 6250 7388 Fax: (65) 6256 3737 Website: www.lonpac.com.sg

RST Reg No: PD-2065635-C

### MOTOR CAREPLUS QUOTATION

AGENT CODE:  
AGENT NAME:

COVERNOTE PT 5 LTD (210059)  
OU SHEAN HUI

DATE:  
QUOTATION REF.:

23/05/2017  
21TVN5062145

#### PROPOSER INFORMATION

NAME	OU XIANFENG			INSURED NOT DRIVING	NO
NATIONALITY	SINGAPOREAN SINGAPORE PR	DATE OF BIRTH	17/09/1976	AGE	39
MARITAL STATUS	MARRIED	GENDER	MALE	DRIVING EXPERIENCE	3
JOB NATURE	MANAGER	CLAIMS EXPERIENCE FOR LAST 3 YEARS	NO	TOTAL CLAIMS AMOUNT	\$50
OCCUPATION	MANAGER				

#### VEHICLE INFORMATION

VEHICLE NUMBER	9SWA322U	MANUFACTURER	TOYOTA	VEHICLE MODEL	PRADO PREMIUM 2.0
ENGINE CAPACITY	1997 CC	BODY TYPE	SUV - 5 DR	SUM INSURED	MARKET VALUE AT THE TIME OF LOSS
NUMBER OF SEATS (INCLUDED DRIVER)	5	YEAR OF MANUFACTURE	2015	RCD ON RENEWAL	20%
GOOD DRIVER DISCOUNT	NO	RCD PROTECTOR	N/A		
OFF-PEAK CAT	NO				

#### COVERAGE DETAILS

PLAN TYPE	COMPREHENSIVE	PERIOD OF INSURANCE	FROM 06/11/2017 TO 05/11/2018
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PREMIUM COMPONENT	%	AMOUNT (\$)	TOTAL (\$)
BASIC PREMIUM			1,620.00
RCD	22.00%	-374.00	
WORKSHOP DISCOUNT	-25.00%	-374.00	
PREMIUM AFTER DISCOUNT			1,122.00
GROSS PREMIUM			1,122.00
ACTUAL GROSS PREMIUM			1,122.00
GST	7.00%	78.54	
PREMIUM PAYABLE			1,200.54

#### EXCESS INFORMATION

(SECTION 1) UNLICENSED DRIVERS	\$5,000.00
(SECTION 2) LICENSED DRIVERS	\$5,000.00
(SECTION 3) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS	\$5,000.00
(SECTION 4) EXCESS	\$5,000.00
ACCIDENT REPAIRS AT LONPAC'S AUTHORIZED WORKSHOPS	

#### IMPORTANT NOTICE:

INSURANCE COVER WILL ONLY TAKE EFFECT AFTER PREMIUM HAS BEEN PAID IN FULL.  
THE QUOTE MAY BE REVISED IF ANY OF THE DETAILS PROVIDED HAVE CHANGED.  
WE RESERVE THE RIGHTS TO REVERSE OR WITHDRAW FROM THIS QUOTE AND/OR TERMS IF THE CLAIMS EXPERIENCE IS UNFAVOURABLE.  
WE WILL IMPROVE A MINIMUM CHANGE OF \$20,000 FOR POLICY CANCELLATION.  
THE NO CLAIM DISCOUNT (NCD) WILL BE VERIFIED WITH YOUR EXISTING INSURER.  
PRICE WILL BE SUBJECT TO CHANGE AFTER 30 DAYS.

#### CONDITION PRECEDENT

THE VALIDITY OF THIS QUOTATION IS SUBJECT TO THE CONDITION PRECEDENT THAT:  
A) YOU MUST NOT HAVE ANY POLICY TERMINATED IN THE LAST 12 MONTHS DUE SOLELY OR IN PART TO A BREACH OF ANY PREMIUM PAYMENT CONDITION;  
B) IF YOU HAVE DECLARED TO US THE BREACH OF ANY PREMIUM PAYMENT CONDITION IN RESPECT OF PREVIOUS POLICY TAKEN UP WITH ANOTHER INSURER IN THE LAST 12 MONTHS:  
1. YOU HAVE TO FULLY PAY ALL OUTSTANDING PREMIUM OR THE TIME ON RISK CALCULATED BY THE PREVIOUS INSURER BASED ON THE CUSTOMARY MARKET RISK RATE IN RESPECT OF THE PREVIOUS POLICY; AND  
2. A COPY OF THE WRITTEN CONFIRMATION FROM THE PREVIOUS INSURER TO THIS EFFECT IS FIRST PROVIDED TO US BEFORE YOUR POLICY TAKES EFFECT.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

