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.
- 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

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	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
Insured/Policyholder	
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 a time of accident	t

Are you claiming under your own insurance policy

for repair to your vehicle?

YES

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

LONPAC INSURANCE BHD Name of Insurance Company

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

OFFICE-98800698 Contact Number

EMail Address NOEMAIL

BLK 743 PASIR RIS ST 71 #16-15 Address

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

NO

2

NO

NO

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Passenger 1

NAME: : DU YUAN CHENG

GENDER: : MALE

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 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

VEHICLE B

PRIVATE CAR

Vehicle Category

Details Of Properties

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

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- 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:

- 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)
 - (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
- 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.
- 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 Sig

Date & Time

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

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

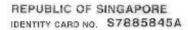
SME

Sketch Plan #2 Pg. 1

Sketch Plan #2 Pg. 1
RIBE CIRCUMSTANCES OF THE ACCIDENT Was exiting TPE Loyang exit Suddenly rehicle B reacted, cart stop in time and rear ended rehicle B. Duxtee
DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Oriver's Signature Name: Name: NRIC/FIN No.: Date & Time: Date & Time: NRIC/FIN No.:

Page 4 of 14

Driving License





hare

DU XIANFENG

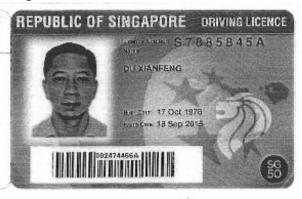


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Delectibite 17-10-1978 CountyPlace to Sidb CHINA Saz

378**8654**54







⊷» S7885845A



13-05-2013

APT BLK 743 PASIA RIS STHEET 71 A18-15 SINGAPORE 510743

NP Q0A

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Cheas 3A Motor cars without dution padats (Auto) =< 5000kg 18 Sep 2015
< 7 passengers, exclusive of the driver; and other motor vehicles without outlin pedals =< 2500kg



INSURANCE



LONPAC INSURANCE BHD (598F056330)

Singapore Office: 300, Seath Road #174.407. The Concrume, Singapore 199555. Tel: (65) 6250 7389. Fax: (65) 6296 3757. Website: www.longac.com/sg. GST Heg No.: F0-2065635-C

MOTOR CAREPLUS QUOTATION

AGENT CODE AGENT NAME

CONCREQUE PTS LED (210051) do shean hui

DATE: QUOTATION REF.

23/96/2017 217VPQSQ\$Z125

PROPOSER BAFORMATION

CARS	SECRETAL SECRETARIAN SECRETARI	DU XIMMPELIG		MISURED NOT DRIVING	190
NAT: ONALITY	SINGAPORDANI SINGAPORE PR	DATE OF BRIH	17/10/10/76	AGE	39
MARITAL STATUS	M/RRIED	GENTER	WALE	DRIVING EXPERIENCE	- 3
JCG NATURE	SECON.	GLAIDS EXPERIENCE FOR LAST 3 YEARS	NO	TOTAL CLAIMS ANOUNT	\$50
DOCUMENTON.	MANAGER				

VEHICLE INTO PARTION

VEHICLE NOVIBER	580/64220	MANUFACTURER	TOYOTA	VEHICLE MODEL	PREMIUM 2 D
ENGINE CAPACITY	1997 C/G	BODY TYPE	Suv-6 OR	SUM INSURED	MARKET VALUE AT THE TIME OF LOSS
NUMBER OF SEATS (INCLUDED OR VER)	3	YEAR OF MACAUTACTURE	2015	NCD ON RENEWAL	274
GOOD DRIVER DISCOUNT	NO	NCO PROTECTOR	N/A		
OFF-PEAK CAR	NO				

COVERAGE DETAILS

PLAN TYPE	COMPRESSIONE	
PERIOD OF INSURANCE	FROM 6G 11/2017	TD 05/11/2015

PREMIUM COMPONENT	CONTRACTOR OF THE PARTY OF THE	AMOUNT (5\$)	TOTAL (88)
BASIC PREMIUM			1 670 90
kca	23/10%	-274.03	
WORKSHOP DECOUNT	-2500%	+37 ±,00	
PRUMUM AFTER DISCOUNT			1,122.00
GROSS PREMIUM			1,122,80
ACTUAL GROSS PREVIUM			1,522,60
CST	7.90%	78.54	
PREMIUM PAYABLE			1,300.54

EXCESS INFORMATION	HOME STOCKED STOCKED STOCKED STOCKED STOCKED
(EECTION) INSTRUCT AARGODINVERS (SECTION) UNWINED CRINCES SECTION () DOUTIONAL EXPESS FOR BLOBBLY OR YOUNG AND/OR MEXPERIENCED DRIVERS WINCSCREEN ENCESS	51 0 00 35 1,010,07 55 3,000 00 55 100,00
ACCIDENT A TRAINS AT LONGAC'S AUTHORISED WORKEHOPS	

IMPORTANT KOTICE:
DISURANCE COVER WILL DILLY, TAKE EFFECT AFTER AREJAMIA HAS BEEN PAO IN FULL.
THE GOOT ENWELD REVISION TANY OF THE DETAILS AROUND HAVE CHANGED.
WE RESERVE THE EXCHAITS TO REVISE ON WITHOUT THE OUTER AROUND THRUSH IF THE CLUME EXPENSIVE IS IMPANOURABLE.
THE NOTICE AND DEQUAL IS SOLD WILL BE VERTIED WITH YOUR EXISTING INSURED.
PINCE WILL BE SUBJECT TO CHANGE AFTER 30 DAYS.

CONDITION PRECEDENT

CONDITION PROCEDENT
THE VALITY OF THIS DUDITATION IS SUBJECT TO THE CONDITION PROCEDENT THAT
ANY DUBLIST NOT HAVE ANY POLICY TERISMATED WITHELAST TO MORTHS DUE SOLE, VIOLED PART TO A SPEACH OF ANY PREMISE PAYMENT CONDITION
19) IF YOU HAVE DECLAYED TO US THE BREACH OF ANY PREMISE PAYMENT CONDITION
LOST 12 MCNTHS.
1. YOU HAVE TO PAIL VIPAY ALL CUTSTANDING DIVINANT OR THE TIME ON JISK CALCULATED BY THE PREVIOUS INSURER BASED ON THE CRISTONIANY SPEAK
1. YOU HAVE TO PAIL VIPAY ALL CUTSTANDING DIVINANT OR THE TIME ON JISK CALCULATED BY THE PREVIOUS INSURER BASED ON THE CRISTONIANY SPEAK
1. A COPY OF THE WISHING CONDITIONATION FROM THE PREVIOUS PISSINGEN TO THIS EFFECT IS FIRST PROVIDED TO US BEFORE YOUR POLICY THRIS CIPACIT.















