

MA14418134969

Date In: 17/10/2018 15:57  
 Ref No: NBA/LPC180188944  
 Veli No: SKB 5229J  
 D.O.A: 16/10/2018 07:40  
 OD / TP (Reporting Only)

Job description	Date & Time Completed	Done by
SAS e-Milling		
E-mail (vehicle data, AIC this)		
E-Motor Claim Form		
E-Motor W/O (vehicle data, TP this)		
E-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/Hand to Owner/VWesp		

Preferred Wkep / INC Assign Wkep / OWI ( ) Tel: ( ) Fax: ( )  
 TP Particulars: Veli No: SKD 5476B INC ( ) / Non-INC ( )  
 Owner / Driver: ( ) Tel: ( )  
 Policy No: ( ) Period: ( ) Cover Type: ( )  
 Confirmed by: ( ) Date: ( ) Time: ( )  
 Insured/Driver Liability: ( ) % (Note: Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%)  
 Year of Registration: ( ) Warranty: YES ( ) / NO ( )  
 Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks: ( )  
 ( ) Walk-In Customer: Customer's information strictly Confidential & strictly NO refer of repeler.  
 ( ) Total Loss Case: to e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) Invoice: YES ( ) / NO ( ) Towing Co: ( )

Remarks: ( )  
 1) Apply for Transport Allowance ( ) / Courtesy Car ( )  
 2) QC Check / Post Repair Inspection ( )  
 3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: ( )  
 Date/Time: ( ) Actions: ( )

Human Particulars	Invoice Preparation Charge (US)	Amount	SALES TAX	ADD. BILL
Driver/Owner:	1) AR: Accident Reporting (\$30)			
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)		
Damaged Portion:	3) TP: Towing Fee (\$10/14)			
	4) FT: Follow-Through Survey (\$10)			
	5) RT: Follow-Through Survey (Resurvey) (\$10)			
	For claims against INC Only (w/ \$10 for 100)			
	6) TR: Re-inspection (\$10)			
	7) NE: E-DA + SMRT Survey (\$10)			
	8) NTUC Additional Services			
	9) ( )			
C. Checked by (Engr-In-Charge):	1) NT: Courtesy Car / Tpl Allowance (\$1)			
	2) NT: Repair Coordination (\$10)			
	3) NT: Post Repair Inspection (\$10)			
	4) NT: DY / Collect Unacc. Coordination (\$1)			
	TP (NT) / TP (Non-INC) against INC (\$10)			
	5) NT: Index Mobile (\$10)			
	Invoice dated	Per Charged		
	Invoice Paid	Use Charged		

## 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 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. 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	17/10/2018 15:57
Date Of Accident	16/10/2018 07:40
Exact Location Of Accident	ALONG BEDOK NORTH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB5229J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KEVIN CHUM MING HOONG (ZHENG MINGXIONG)
NRIC No	S7246160F
Email Address	KEVIN_CHUM@MEDIACORP.COM.SG
Mobile Phone No	(LOCAL) +65-98506620
Alternative Phone No	OTHERS-98506620

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO WORK
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	Z18VP05018903
Cover Note Number	

### Driver

Name of Driver	KEVIN CHUM MING HOONG (ZHENG MINGXIONG)
NRIC No	S7246160F
Date Of Birth	04/12/1972
Occupation	INDOOR
Date Of Driving Pass	13/02/1991
Driving Experience	27 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98506620
Fax Number	
Contact Number	OTHERS-98506620
EMail Address	KEVIN_CHUM@MEDIACORP.COM.SG



Address	BLK 182 BEDOK NORTH ROAD #13-42
Postcode	460182
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	NO 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	2
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)	1

#### 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 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	SLQ5394Z
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
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

### 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.**
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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:

- (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.

17/10/2018

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

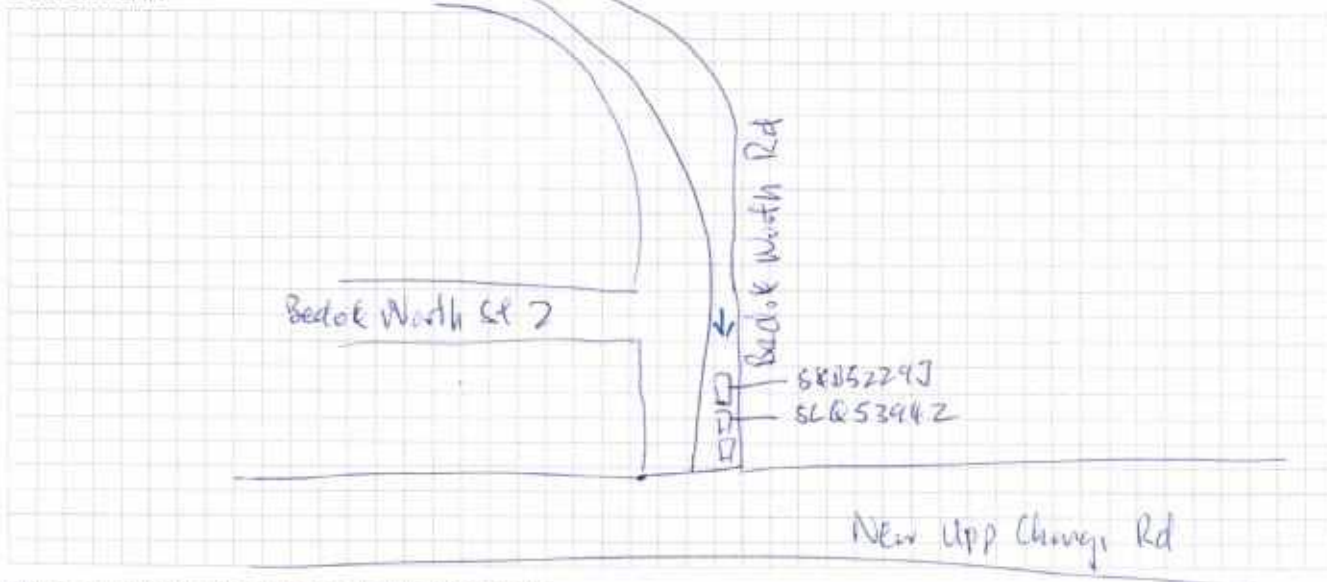
17/10/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was in the 3rd car at the T-junction traffic  
 junction, the light was red and I was waiting for the light to turn  
 green to proceed. The vehicle in front of me SLQ5394Z rdbl backwards  
 and bump into my front bumper. The driver came out of the vehicle  
 to accen, I did the same. The driver of the vehicle  
 SLQ5394Z was very aggressive and accuse me of  
 bumping into his vehicle. No damage was done to my vehicle and  
 his but the driver insisted on reporting for  
 insurance claims. Pictures attached.

## DECLARATION

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

*[Signature]* 17/10/2018

Policyholder's Signature  
 Date & Time:

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

*[Signature]* 17/10/2018  
 Reporting Centre Personnel's Signature  
 Name: *[Signature]*  
 NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 10 / 2018 (DD/MM/YYYY), TIME: 07 : 40 (HH:MM)

LOCATION: Bedok North Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKB 5229 J  
 b) INSURANCE COMPANY: WNPAC INSURANCE BHD  
 c) POLICY NUMBER: 212VP05018903  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: HYUNDAI AVANTE 1.6  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING TO WORK  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: KEVIN CHUM MING HOONG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S72461607 CONTACT: 9750 6620  
 c) ADDRESS: BK182 BEDOK NORTH ROAD #13-42

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 04 / 12 / 1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13 FEB 1991

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS \_\_\_\_\_

b) ROAD SURFACE: DRY / WET / OTHERS \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLQ 5394Z MODEL: TOYOTA  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

EMAIL = Kevin.chum@mediacorp.com.sg

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7246160F



Name  
KEVIN CHUM MING HOONG  
(ZHENG MINGXIONG)  
曾明雄

Race  
CHINESE

Date of birth  
04-12-1972

Sex  
M

Country of birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7246160F

Name  
KEVIN CHUM MING HOONG  
(KEVIN ZHENG MINGXIONG)

Birth Date 04 Dec 1972

Issue Date 08 Mar 2008




001578704H



4165385



NRIC No. S7246160F



Date of issue  
08-03-2008

APT BLK 182 BEDOK NORTH ROAD #13-42  
SINGAPORE 480182

NRIC No: S7246160F Date: 08/08/2018


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 2B	Motorcycles <= 200 cc	20 Jul 1994
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	13 Feb 1991

NP 428A

Licence No: S7246160F



**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

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

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

MX1

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 (REPUBLIC OF SINGAPORE),  
ROAD TRANSPORT ACT 1967 (MALAYSIA),  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1955 (MALAYSIA).

Certificate No. : Z18VP05018903

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

HYUNDAI AVANTE 1.6  
- SXB5229J

2. Name of Policy Holder

KEVIN CHUM MING HOONG

3. Effective Date of the Commencement of Insurance  
for the purpose of the Act

07/07/2018

4. Date of Expiry of the Insurance

06/07/2019

5. Persons 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.

6. Limitations as to use

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT  
COVER USE FOR HIRE OR REWARD, RACING, PACE-MAKING, 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

S\$ 1,000.00 (SECTION 1) INSURED / NAMED DRIVERS

S\$ 2,000.00 (SECTION 1) UNNAMED DRIVERS

S\$ 1,000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100.00 WINDSCREEN EXCESS

Condition

ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

\* Limitations rendered inoperative by Section 95 of the Road Transport Act 1967 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and  
Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1967 (Malaysia) and Motor  
Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner : STANDARD CHARTERED BANK (SINGAPORE) LIMITED

CHIEF EXECUTIVE  
(Singapore Branch)User ID: CINDYWONG  
Date Issued: 08/06/2018