

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	02/11/2018 11:21
Date Of Accident	26/10/2018 22:30
Exact Location Of Accident	CARPARK OF BLK 32 HOLLAND AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFG575A
Insured/Policyholder	
Name Of Registered Owner	DENNIS LEE TUCK WING
NRIC No	S1484550Z
Email Address	DENJESS777@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97663292
Alternative Phone No	OTHERS-NOPHONE

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA FIELDER 1.5X A
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	THIRD PARTY
Fleet Policy	NO
Policy Number	Z18VP05019887
Cover Note Number	

Driver

Name of Driver	LEE SI EN, CHERYL
NRIC No	S8851478E
Date Of Birth	20/12/1988
Occupation	INDOOR
Date Of Driving Pass	02/10/2008
Driving Experience	10 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91394384
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 86 JALAN DAUD #12-92
Postcode	419594
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	COLLIDED INTO PARKED VEHICLE
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)	3
Passenger 1	NAME: : IVAN FOO CHUAN WEI GENDER: : MALE
Passenger 2	NAME: : DARYL JOEL LEE SI XUAN 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

-

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	SLU1053M
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
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.
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:



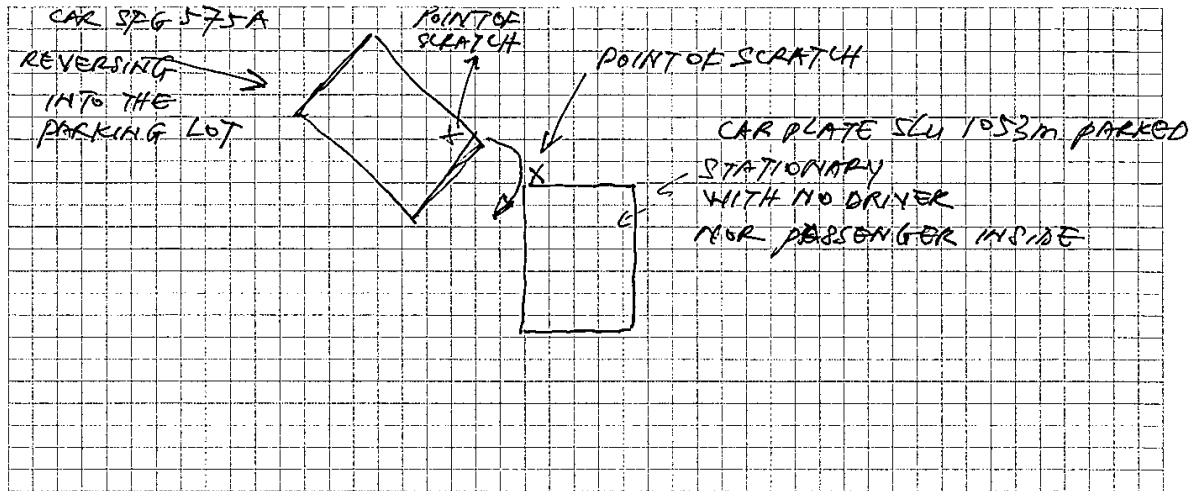
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: <u>SPG 575A</u>	ACCIDENT DATE & TIME: <u>26 OCT 2018 - 2230HRS</u>
CONTACT NUMBER: <u>97663292</u>	E-MAIL ADDRESS: <u>denjess777@gmail.com</u>
LOCATION: <u>CAR PARK - BLK 32 HOLLAND AVENUE</u>	
1. THE CAR PARK WAS LOCATED AT THE GROUND LEVEL.	
2. THE CAR PARK WAS DARK - NO LIGHTS	
3. AS THE DRIVER REVERSED, IT BRUSHED AGAINST THE CAR SLU 1053M. IT WAS MY RIGHT BUMPER AGAINST THE LEFT BUMPER.	
4. IT LEFT VERY MINOR SCRATCHES ON MY RIGHT BUMPER	
5. UPON INSPECTION OF THE CAR AFFECTED, ONLY MINOR SCRATCHES WAS NOTED. THERE WAS NO DENT NOR ANY DISLOCATION OF THE SAID CAR'S BUMPER.	
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.

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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



LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

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 1987 (MALAYSIA).
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z18VP05019887

Type of Cover : THIRD PARTY

1. Index Mark and Vehicle Registration Number

TOYOTA COROLLA FIELDER 1.5
- SFG575A

2. Name of Policy Holder

LEE TUCK WING, DENNIS

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

24/08/2018

4. Date of Expiry of the Insurance

23/08/2019

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.

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

Amek

CHIEF EXECUTIVE
(Singapore Branch)

User ID: BRYANHO

Date Issued: 20/08/2018



LONPAC INSURANCE BHD
(S98FC5635C)

30 October 2018

LEE TUCK WING DENNIS
BLK 86 JALAN DAUD #12-92
SINGAPORE 419594

By ~~Registered Post~~
& Normal Post

Dear Sir/Mdm

CLAIM NO. : 18/18/18/VP05/021078
ACCIDENT INVOLVING SFG575A AND SLU1053M AT THE CARPARK OF BLK 32
HOLLAND AVE ON 26/10/2018 AT 2230HRS

We refer to the above accident.

We have received a Third Party claim from SME MOTOR PTE LTD.
The Total Claim Amount is \$3,222.57 (estimated cost of repairs).

This accident has not been reported to us. Please proceed to any of our authorized workshops (refer to your policy document or our website <http://www.lonpac.com.sg/web/sg/panels>) to lodge the report.

Please note that we will be carrying out investigation and will proceed to defend and/ or negotiate a settlement of this claim and any further claims arising from this accident, as we deem appropriate.

If there are any further evidence which you would like to bring to our attention in support of your case and/or you have submitted a claim against the other driver please furnish us with:

- i) evidence
- ii) Status of your claim against the owner of the other vehicle involved in the case

Should you require any information or details on this claim, please contact us.

Kindly also note that you are required to notify us immediately upon receipt of all letters of claims, Writ of Summons, Traffic Police action issued against you. This includes all or any impending prosecution, inquest, fatal inquiry or offer of composition fine in connection with the above accident.

Please note that any failure on your part to observe this will result in us exercising our rights of repudiation under the motor insurance policy.

Your faithfully,
LONPAC INSURANCE BHD

Ong Li Li
Senior Executive (Claims)
Email : mt_claim@lonpac.com
Tel: 6250 7388 Ext 254
Fax: 6296 2706

c.c. Great Eastern Financial Adviser Pte Ltd (Z70162)



JULY 2010 / VERBODEN TOEGANG VERKEER IN DE POUWELWEG / CLASSIEF.		PLAATSDATUM
Class 1	Motor Cars = 3500kg with <=7 passengers, exclusive of the driver; and other motor vehicles = 3500kg	
		License No. 50801470C 



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

