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 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

ACCIDENT STATEMENT
12/11/2018 17:31
12/11/2018 13:15
ALONG TANJONG KATONG RD
SINGAPORE
DETAILS OF OWN VEHICLE
SJL9475Y
LIANG ZHAOYANG
S9136351H
ZHAO_YANG_DAVID@HOTMAIL.COM
(LOCAL) +65-97902086
OTHERS-97902086
MITSUBISHI
LANCER 1.5 MIVEC GLS 4A/T
PRIVATE
NO
THIRD PARTY
PRIVATE CAR
LONPAC INSURANCE BHD
COMPREHENSIVE
NO
Z18VP05017152

Driver

Name of Driver LIANG ZHAOYANG NRIC No S9136351H Date Of Birth 06/10/1991 Occupation **INDOOR Date Of Driving Pass** 18/11/2011 **Driving Experience** 6 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97902086

Fax Number

OTHERS-97902086 Contact Number

EMail Address ZHAO YANG DAVID@HOTMAIL.COM Address BLK 801C KEAT HONG CLOSE #11-47

Postcode 68380⁻

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

-

1

General Information of the Accident

Type Of Accident CHAIN 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 3 Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

AS PER 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 SHB8920L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver YU KANG HOCK MELVYN

NRIC/Passport Number S6819506C Contact Number 90668040

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJT9490K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

TONG CHEE KEONG

S7019763D

96454418

Accident Sketch Plan Pg. 1

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>.
- 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.
- 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.

Paricyholder's Signature

Date & Time: 121118 1540 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

YVONNE ION
Centre Personnel's Signature

Name:/ NRIC/FIN No.:

Accident Sketch Plan Pg. 1

	A STATE OF THE STA		
		Volvele	A . On Outles
	: <u>C</u>	210012	A : 3309412
	I A		B. SHB894
			D10-1
	8		C: SJT 949
			· · · · · · · · · · · · · · · · · · ·
DESCRIBE CIRCUMSTANCES OF T	TIP ACCIDENT	•	
DESCRIBE CIRCUIVISTANCES OF T	ne accident		3481-5
	hargony Mored Driver	une travely a	t ECP toward
marine pande road/	changi. The road	vas dear and	Suddenky
	causing a tradfic		monund while
I was holding my	brakes and the co	or come to	a stp.
a taxi driver 514	10 8020L driver Yu	kong Hoch Me	Ivan hit
	car , causing my	7 ,	man forward
hotting the car si	· · · · · · · · · · · · · · · · · · ·		
144(11111) 11-C Com >C	JI HAMOLE OF WILL	w 5701976	ラ (/) .
7			
7			
7			
7			
7			
7			
7			
7			
7			
7			
7			
7			
DECLARATION			
DECLARATION I/We declare the foregoing particulars	are true in every respect.		
DECLARATION I/We declare the foregoing particulars	are true in every respect.		
I/We declare the foregoing particulars		W	Yvonne Toh
I/We declare the foregoing particulars Policyholder's Signature	are true in every respect. Driver's Signature (If driver is not the policyholder)	W	Yvonne Toh Personnel's Signature

LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Alatevsia)

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 Rea No.: F0-8005635-C

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.: Z18VP05017152

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MITSUBISHI LANCER 1.5

- SJL9475Y

2. Name of Policy Holder

LIANG ZHAOYANG

3. Effective Date of the Commencement of Insurance

19/01/2018

for the purpose of the Act

4. Date of Expiry of the Insurance

18/01/2019

- 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 FLEASURE 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\$ 500.00 (SECTION 1) INSURED / NAMED DRIVERS S\$ 1,500.00 (SECTION 1) UNNAMED DRIVERS S\$ 3,000.00 (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

* Umitations 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.

IWE 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.

H.P. Owner: MAYBANK

MX1

(Singapore Branch)

User ID: CATHERINEKWEH Date Issued: 18/01/2018

Certificate of Insurance - Page 1 of 1

NRIC AND DL Pg. 1





















