





## 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	18/12/2018 10:48
Date Of Accident	18/12/2018 09:50
Exact Location Of Accident	ALONG DUNEARN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8340D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LU WEITA, MIGHEL
NRIC No	S8512409I
Email Address	MIGHEL85@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91447790
Alternative Phone No	OTHERS-91447790
<b>Vehicle Particulars</b>	
Manufacturer	MERCEDES-BENZ
Model	C350E HYBRID PLUG-IN AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05019625
Cover Note Number	

### Driver

Name of Driver	LU WEITA, MIGHEL
NRIC No	S8512409I
Date Of Birth	09/04/1985
Occupation	INDOOR
Date Of Driving Pass	04/08/2004
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91447790
Fax Number	
Contact Number	OTHERS-91447790
Email Address	MIGHEL85@HOTMAIL.COM

Address	34A VICTORIA PARK ROAD
Postcode	266515
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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 (TYPE OF COLLISION IS HEAD TO SIDE)

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF8270K
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEONG KIM FATT
NRIC/Passport Number	S6947276A
Contact Number	96839501
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	LU WEITA, MIGHEL
------	------------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLR8340D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## SKETCH PLAN

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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: 18/12/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

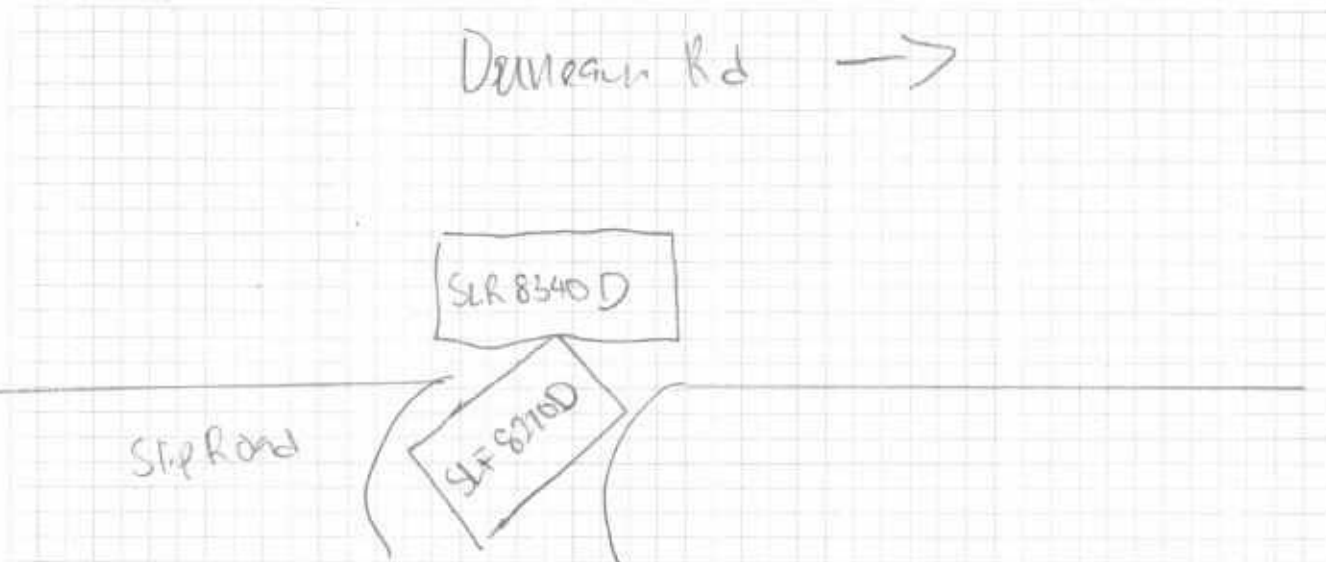
NRIC/FIN No.:

18/12/2018

Res. L. Lim



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving down Dunearn Rd, suddenly on the right lane. Suddenly, SLF 8270D came out of the slip Road when I was already in front of him and he hit my right side of the car.

## DECLARATION

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

Policyholder's Signature  
Date & Time: 18/12/2018

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

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 18 / 12 / 2018 (DD/MM/YYYY), TIME: 09 : 53 (HH:MM)

LOCATION: Pineau Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR 8340 D  
 b) INSURANCE COMPANY: Lompac Insurance BHD  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Mazda 2 C350e  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Use  
 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: Miguel La Veta (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S852409Z CONTACT: 91447790  
 c) ADDRESS: 34A Victoria Park Rd

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

## DRIVER

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

\*d) DATE OF BIRTH: 09 / 04 / 1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 2004, 04/08

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

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: SLF 8270K MODEL: Honda Vezel  
 b) DRIVER'S NAME: Chong Kim Eht  
 c) NRIC/FIN/PASSPORT: S6947276A CONTACT: 96839501

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

Email = miguel85@hotmail.com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S85124091



Name

LU WEITA, MIGHEL

卢緯達

Race

CHINESE

Date of birth

09-04-1985

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



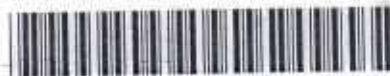
License Number S85124091

Name

LU MINLUN, MIGHEL

Birth Date 09 Apr 1985

Issue Date 04 Aug 2004



4788024

NRIC No. S85124091



Date of issue

03-11-2011

Address

34A VICTORIA PARK ROAD  
SINGAPORE 266515

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

PASS DATE

Class 3

Motor Cars of unladen weight not exceeding  
3000 kg with not more than 7 passengers,  
exclusive of the driver; and Motor Tractors  
and other Motor Vehicles of unladen weight  
not exceeding 2500 kg

04 Aug 2004



NP 428A



**LONPAC INSURANCE BHD (588FC5635C)**

(Incorporated in Malaysia)  
Singapore Office: 300, Beach Road #17-01/07, The Concorde, Singapore 189555.  
Tel: (65) 6250 1388 Fax: (65) 6256 3767 Website: www.lonpac.com.sg  
GST Reg No.: P04066354-C

**THE SCHEDULE**

<b>Class of Policy</b>	: MOTOR CAREPLUS	<b>Policy No.</b>	: Z18VP05010625
<b>Insured</b>	: LU WEITA MIGHEL	<b>Type of Cover</b>	: COMPREHENSIVE
<b>Address</b>	: 34A VICTORIA PARK ROAD VICTORIA PARK ROAD SINGAPORE 266515	<b>Replacing CN/Policy No.</b>	: Z17VP00100618
<b>Business or Profession</b>	: INSURANCE AGENT	<b>Account No</b>	: Z10562

**Period of Insurance**

(a) From 29/08/2018 To 29/08/2019 (both dates inclusive)

(b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.

**H.P. Owner** : DBS BANK LTD

**Description of Vehicle****The Policy's Premium**

Vehicle/Trailer Regn. No	: SLR8340D	Premium Component	%	Amount (\$)	Total (\$)
Make & Model of Vehicle	: MERCEDES-BENZ C350e 2.0	Basic Premium			2,623.38
Type of Body	: SALOON - 4 DR	NCD	-50.00%	-1,311.69	
Engine No	: 27492030803574	OFD	-5.00%	-65.58	
Chassis No	: WDD2050472F438596	Workshop Discount	-25.00%	-311.53	
Year of Registration	: 2016	Premium After Discount			934.58
c.c./Tonnage	: 1,991	Gross Premium			934.58
Seating Capacity	: 5	Actual Gross Premium			934.58
Sum Insured	: MARKET VALUE	GST	7.00%	65.42	
Excess	: S\$ 0.00 (SECTION 1) INSURED / NAMED DRIVERS S\$ 3,000.00 (SECTION 1) UNNAMED DRIVERS S\$ 3,000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS (NOT APPLICABLE TO LOO HI CHENG) S\$ 100.00 WINDSCREEN EXCESS	Premium Payable			1,000.00

LONPAC'S AUTHORISED WORKSHOPS

**Condition** : ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MND08102616 Vehicle Registration No: SLR 83400  
Name (as shown in NRIC) : LU WEITA, MICHAEL NRIC/FIN/Passport No : S85124091  
(\*Vehicle Driver (Vehicle Owner)\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 91647120  
Email Address : \_\_\_\_\_  
Date of Accident : 18/12/2018 Time of Accident : 09:50  
Place of Accident : ALONG DUNKARAN ROAD  
Insurance Company : LOMBAC

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED NAME TO LU WEITA, MICHAEL

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rodney Lim  
NRIC/FIN No.:  
Date: 18/12/2018