

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	04/12/2018 17:02
Date Of Accident	02/12/2018 13:55
Exact Location Of Accident	CASUARINA ROAD BESIDE UNIT NO 74
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFZ580J
Insured/Policyholder	
Name Of Registered Owner	WONG MUN MUN
NRIC No	S0109379G
Email Address	WONGMMUN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90882562
Alternative Phone No	OFFICE-90882562

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-1.6 (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	Z18VP05020061
Cover Note Number	Z18VP05020061

Driver

Name of Driver	WONG MUN MUN
NRIC No	S0109379G
Date Of Birth	26/02/1949
Occupation	INDOOR
Date Of Driving Pass	10/11/1973
Driving Experience	45 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90882562
Fax Number	
Contact Number	
EEmail Address	WONGMMUN@GMAIL.COM

Address	10 JALAN GENDANG
Postcode	578168
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	SIDE SWIPE
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

ATTACH DESCRIBE CIRCUMSTANCES OF THE ACCIDENT REPORT

Attachment(s)

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

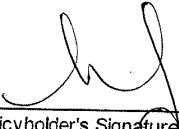
DETAILS OF OTHER VEHICLE PROPERTY 1

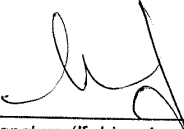
Vehicle Registration Number	SKE9980E
Vehicle Make/Model/Colour	MERCEDES /NAVY BLUE
Details Of Properties	LEFT SIDE, SIDE MIRROR DAMAGE ONLY
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	0


SKETCH PLAN

IMPORTANT NOTICE

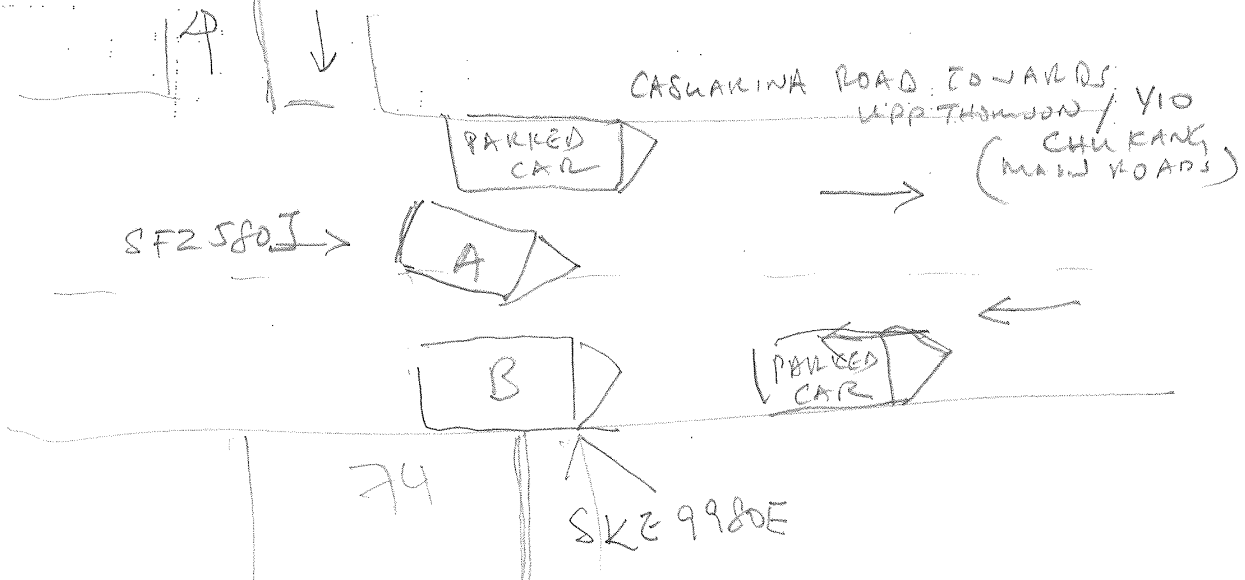
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



SINGAPORE ACCIDENT STATEMENT

Accident Date: 20 DEC 2018		Time: 13.55 PM		(hh:mm) 24 hr format	
Location: NO. 70 (MARIANA ROAD) (BESIDE UNIT 70)					
Vehicle Number: SFZ5807					
Insured Name: WONG MUN MUN					
NRIC / FIN: 501093796		Contact Number: 90882562			
Make: TOYOTA		Model: COROLLA 1.6			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes If No, Pls select: () Third Party (<input checked="" type="checkbox"/>) Reporting					
Insurance Company: LONPAI INSURANCE					
Type of Policy () Comprehensive () Third Party Fire & Theft (<input checked="" type="checkbox"/>) TP Only					
Policy Number: Z18VPO502006					
Name of Driver: (<input checked="" type="checkbox"/>) Same as Insured					
NRIC / FIN: 501093796		Contact Number: 90882562			
Date of Birth: 26 FEB 1969					
Driving Pass Date: 10 NOV 1973					
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor					
Gender () Male (<input checked="" type="checkbox"/>) Female					
Email Address: WONGMUNMUN@FMAIL.COM () NO EMAIL					
Address of Driver: 10 JALAN BAWANG 5578168					
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No					
If No, Relationship of the Driver with the Insured					
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling					
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others					
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others					
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No					
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No					
If yes, injured detail					
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No					
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report					
DETAILS OF 3 rd party Name / Nric Contact					
Veh B: SKE 9900E MERCEDES DARK BLUE					
Veh C:					
Veh D:					
Veh E:					
Veh F:					

Individual Statement Pg. 1

Describe Circumstances of the Accident

ON 2 DEC 2018 (SUN), AT ABOUT 1.55PM, WHILE I WAS SLOWLY REVERSING ALONG CASUARINA ROAD BETWEEN PARKED CARS, MY CAR'S RIGHT SIDE MIRROR HIT AGAINST THE EXTENDED LEFT SIDE MIRROR OF THE DARK-BLUE MERCEDES PARKED BESIDE THE CASUARINA ROAD. THE MERCEDES NUMBER PLATE IS SKE 998DE

I ALERTED THE OWNER, WHO WAS AT THE TIME IN HOUSE 74 CASUARINA ROAD. HE CAME OUT TO LOOK AT THE SIDE MIRROR.

DUE TO THE IMPACT, THE COVER OF THE SIDE MIRROR WAS TOTALLY DISLODGED. THE OWNER MANAGED TO PUT THE COVER BACK IN PLACE, AND I COULD SEE THE LIGHTS WORKING TOO. I DID NOT SPOT ANY CRACK IN THE MIRROR. [PLEASE SEE PHOTOS OF THE SIDE MIRROR WITH THE COVER BACK IN PLACE]

HOWEVER, THE MIRROR OF MY CAR'S RIGHT SIDE MIRROR CRACKED DUE TO IMPACT. IT WAS ALSO LOOSENED FROM ITS HINGE AND HAD TO BE SECURED WITH TRANSPARENT TAPE. [PLEASE SEE PHOTO OF RIGHT SIDE MIRROR]

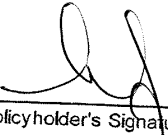
I OFFERED TO PAY FOR THE REPAIR TO HIS CAR SIDE MIRROR. HE WAS INITIALLY AGREEABLE TO THE PRIVATE SETTLEMENT. HENCE WE WAIT FOR MON (3 DEC) FOR THE WORKSHOP'S ASSESSMENT AND QUOTE.


HOWEVER, ON MONDAY 3 DEC, WHILE AT THE REFERRED WORKSHOP HE ONLY ALLOWED VISUAL INSPECTION BUT NOT FOR THE MECHANIC TO OPERATE TO CHECK OUT THE MIRROR. HE WAS ONLY INTERESTED ON WHAT THE REPLACEMENT OF THE WHOLE UNIT WOULD COST TO REPLACE.

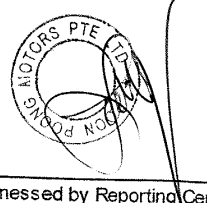
IN THE AFTERNOON ON MONDAY, HE DECIDED TO SEEK REPAIR ON HIS OWN AND TO MAKE AN INSURANCE CLAIM ON THIS INCIDENT.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel



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. : Z18VP05020061

Type of Cover : THIRD PARTY

1. Index Mark and Vehicle Registration Number

TOYOTA COROLLA 1.6
- SFZ580J

2. Name of Policy Holder

WONG MUN MUN

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

04/10/2018

4. Date of Expiry of the Insurance

03/10/2019

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.

Amele

CHIEF EXECUTIVE
(Singapore Branch)

User ID: MRMLP0014
Date Issued: 04/09/2018

IC & LICENCE-FRONT

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S0109379G**



Name
WONG MUN MUN
黄曼曼

Race
CHINESE

Date of Birth
26-02-1949

Sex
F

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S0109379G**

Name:
WONG MUN MUN

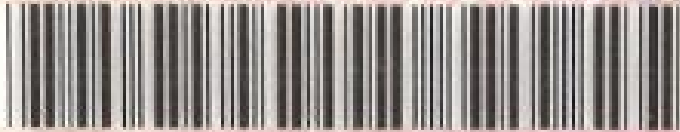
Birth Date: **26 Feb 1949**

Issue Date: **23 Oct 2003**




IC & LICENCE-BACK


0 0 3 6 4 5 9



NRIC No: **S0109379G**



Blood Group: **AB+** Date of issue: **06-09-1991**



**10 JALAN GENDANG
SINGAPORE 578168**

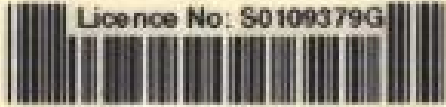
NRIC No: **S0109379G** Date: **20/01/2008** No: **5840742**

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	10 Nov 1973

NP 428A

Licence No: **S0109379G**



CHASSIS NO



SPEEDO METER



FRONT VIEW



RIGHT SIDE FRONT VIEW



LEFT SIDE FRONT VIEW



REAR VIEW



LEFT SIDE REAR VIEW



RIGHT SIDE REAR VIEW



OTHER PARTY CAR



DAMAGE



