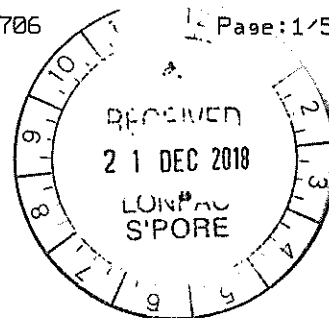




Co. Reg. No.: 201418720C

1 Kaki Bukit Ave 6 #01-90 Autobay@Kaki Bukit Singapore 417883

Tel : 6636 9100 Fax : 6636 9113

**FACSIMILE**
6636 9113**DATE : 21st DECEMBER 2018****FROM : AUN TENG****FAX NO : 6296 2706****TO : LONPAC INSURANCE BHD****ATTN. : MOTOR CLAIMS DEPT****OUR REF. : 0356/SJQ5647T/TP/1218****YOUR REF. : SJR7569S**

Total number of page(s) including this page. (5) Please call 6636 9100If you do not receive the correct number of page(s).

Dear Sir / Madam**ACCIDENT INVOLVING SJQ5647T & SJR7569S ON 20/12/2018 ALONG CLARK QUAY**

We refer to the above matter.

Our client's vehicle is SJQ5647T.

A copy of estimate will be ready and made available to surveyor upon site inspection at our workshop. Please indicate whether you are sending your surveyor to our workshop.

Regards

Yours faithfully

PREMIUM CARZ SERVICES PTE LTD

Aun Teng



21/12 2018 FRI 12:00 FAX

12/001/004

MSME18164048 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 21/12/2018 11:32
SUBMITTED BY: Wen Ying

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 willful 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 21/12/2018 11:32
Date Of Accident 20/12/2018 03:00
Exact Location Of Accident CLARK QUAY.
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJQ5647T
~~Insured Policyholder~~
Name Of Registered Owner NG ZHI QI
NRIC No S8909900E
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-96849033
Alternative Phone No OFFICE-96849033

Vehicle Particulars

Manufacturer CHEVROLET
Model OPTRA

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 THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5095412459
Cover Note Number

Driver

Name of Driver YANG ZHENG JIE, ZEN
NRIC No S87183311
Date Of Birth 05/07/1987
Occupation INDOOR
Date Of Driving Pass 03/10/2008
Driving Experience 10 YEARS AND 2 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-92225400
Fax Number
Contact Number
Email Address NOEMAIL

21/12 2018 FRI 12:01 FAX

0002/004

Address BLK 573B WOODLANDS DRIVE 15 #09-684
 Postcode 732573
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SPOUSE
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 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? 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. 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

ON 20/12/2018 AT ABOUT 3.00AM, MY VEHICLE A (SJK5647T) WAS STATIONARY ALONG CLARK QUAY AS THE TRAFFIC AHEAD WAS RED, OUT OF SUDDEN, VEHICLE B (SJR7569S) CAME FROM BEHIND AND HIT INTO THE REAR PORTION OF MY VEHICLE A.

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 SJR7569S
 Vehicle Make/Model/Colour
 Details Of Properties VEH B
 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)

21/12 2018 FRI 12:01 FAX

0003/004

Accident Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

1. Please report ~~promptly~~ the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to ~~revoke~~ re-evaluate 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/or 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: 23/12/18 4:55pm

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

GIA-SMC Sketch Plan Form_V3

TP claims @ premium claim

21/12 2018 FRI 12:01 FAX

004/004

Accident Sketch Plan Pg. 1

SKETCH PLAN

Vehicle A: SJR 56477

B: SJR 75693

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/12/2018 at about 3:00pm, my vehicle A (SJR 56477) was stationary along Clark Quay as the traffic ahead was red. Out of sudden, vehicle B (SJR 75693) came from behind and hit into the rear portion of my vehicle A.

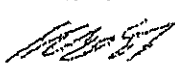
DECLARATION

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



Policyholder's Signature
Date & Time:

SIAC/AC SketchPlanForm_V2



Driver's Signature
(If driver is not the policyholder)
Date & Time: 20/12/18 4:55pm

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

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