

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	02/01/2019 16:17
Date Of Accident	31/12/2018 15:45
Exact Location Of Accident	JUNCTION OF VICTORIA ST & ROCHOR RD TWDS KALLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH216U
Insured/Policyholder	
Name Of Registered Owner	SHAWN NEO WEE HANG (LIANG WEIHAN)
NRIC No	S7731626D
Email Address	SKYLINEYOSHIKO7776@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81183555
Alternative Phone No	OTHERS-81183555

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 CVT (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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05017627
Cover Note Number	24/02/2018 TO 23/02/2019

Driver

Name of Driver	SERENA LAI SU YEE (LAI SHUYI)
NRIC No	S7625817A
Date Of Birth	31/08/1976
Occupation	INDOOR
Date Of Driving Pass	14/05/1996
Driving Experience	22 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	+65-97993108
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	115 COMPASSVALE BOW #06-12 (S) 544815
Postcode	
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	
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)	2
Passenger 1	NAME: : GOH JIE YI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer with attach.

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	SLF7137U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEOH HSIEN MIN BRENNAN
NRIC/Passport Number	S8709901F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMD6488L
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)	

DETAILS OF INJURED PERSON 1

Name	SERENA LAI SU YEE (LAI SHUYI)
Approximate Age	
Injuries Sustain	KHOO TECK PHUAT HOSPITAL
Injured person in which vehicle?	SGH216U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan Pg. 1

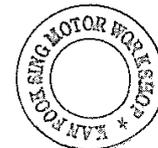
SKETCH PLAN

IMPORTANT NOTICE

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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:

Handwritten signature and date/time: 2/1/19 (16:29pm)

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN

refer with attach

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer with attach.

Insurance Co. <u>Longpac Insurance</u>
Vehicle No. <u>SFH216W</u> Date of Accident <u>3/12/2018</u>
<input type="checkbox"/> Reporting Only
<input type="checkbox"/> Own Damage Claim
<input checked="" type="checkbox"/> Third Party Claim
<input checked="" type="checkbox"/> Other Workshop

DECLARATION

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


Policyholder's Signature
Date & Time: 2/1/19
(1629pm)

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



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

CAR ACCIDENT REPORT

I, Serena Lei Su Yee (NRIC # S7625817A) residing at 115 Compassvale Bow #06-12 SC544815) was driving along Victoria Street towards Kallang on 31 December 2018 at approximately 3.45-4pm. I was on the right lane and stopped once I crossed the junction between Victoria Street and Rochor Road.

My vehicle, SBH216U was stationary and suddenly vehicle # SLF7137U banged heavily from behind. Due to the big impact, my vehicle moved forward and hit vehicle # SMD6488L. It was raining and my passenger name is Goh Jie Ji.

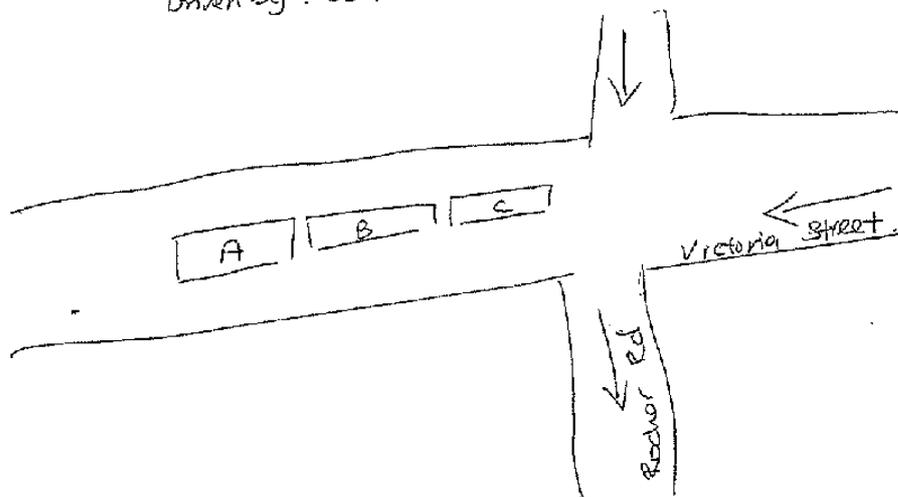
The details of the accident is as follows:

Date / Time: 31 December 2018 @ approximately 3.45-4pm
Exact Location: Victoria Street towards Kallang (pls refer to map)

Vehicle A: Carplate # SMD6488L

Vehicle B: Carplate # SBH216U
Insurance Co: LoanRC
Driven by: Serena Lei Su Yee (S7625817A)
Owned by: Shawn Neo Wee Hang (S77316260)
Contact #: 99993108

Vehicle C: Carplate # ~~SFL7137U~~ SLF7137U *Wah Jun* 8/Jan/19
Driven by: S8709901F - Neoh Hsien Min Brennan



The above report is written by me..

Wah Jun
Serena Lei Su Yee
S7625817A
20Jan2019.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7625817A**



Name

SERENA LAI SU YEE
(LAI SHUYI)

赖淑仪

Race

CHINESE

Date of birth

31-08-1976

Sex

F

S7625817A



Country/Place of birth

SINGAPORE

5945529



NRIC No. S7625817A



Date of issue
08-05-2018

Address

115 COMPASSVALE BOW
#06-12
SINGAPORE 544815

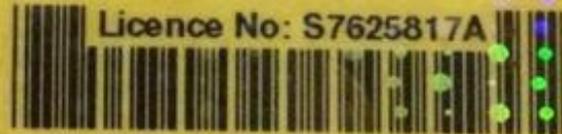
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

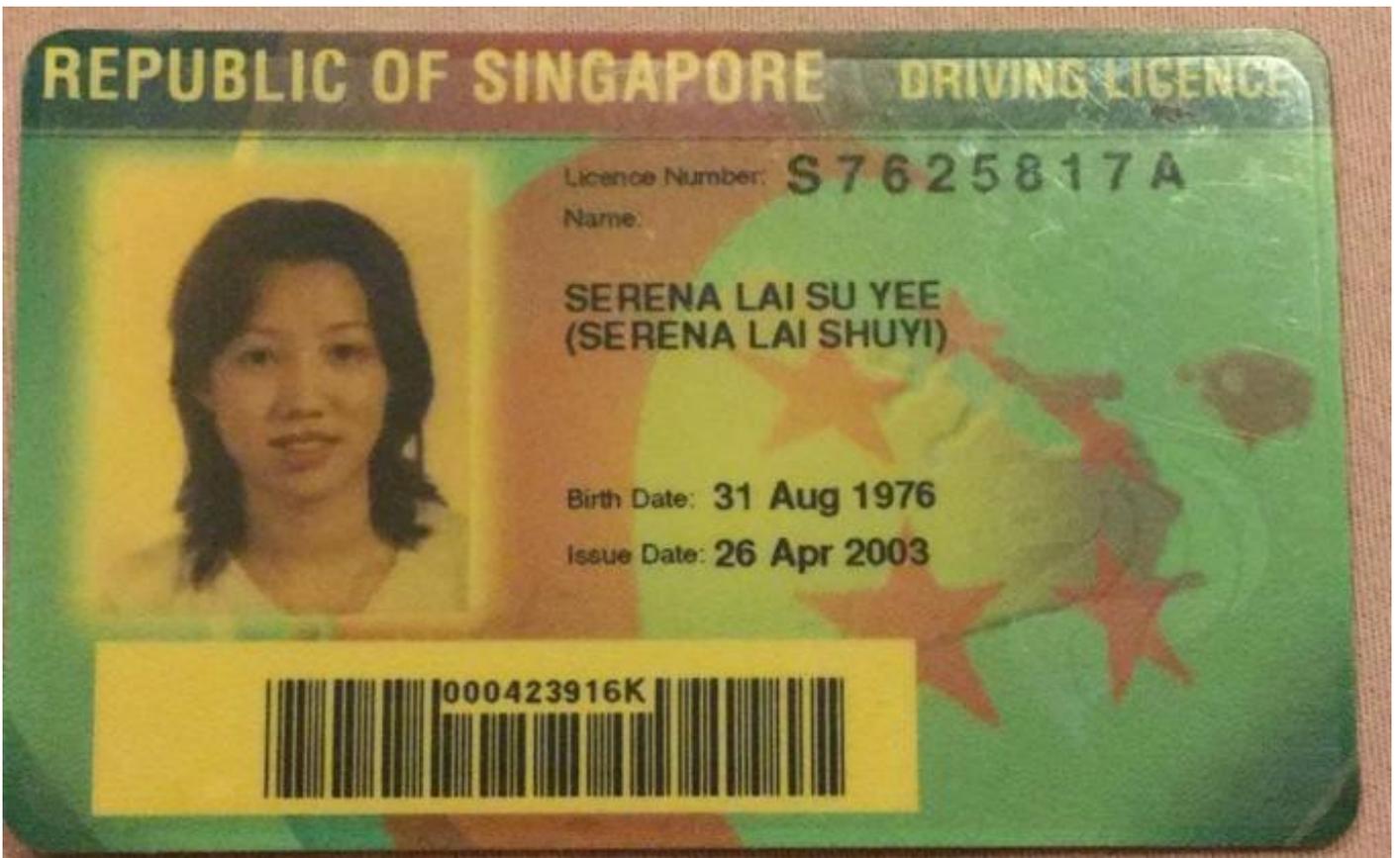
Class 3 **Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms**

14 May 1996

NP 428A



driver's license



police report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20190103/2104

1 of 4

Report No. T/20190103/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2019 17:57		Vide Report No.:		Station Diary No.: 82	
Informant's Particulars					
Name of Informant: SERENA LAI SU YEE			Address: 115 COMPASSVALE BOW #06-12 SINGAPORE 544815		
ID Type / ID No.: NRIC NO / S7625817A			Contact No.: Home/Office: Mobile: 97993108		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 42	Date of Birth: 31/08/1976	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OFFICE MANAGER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 31/12/2018 15:45	Type of Location: X-Junction
Location: Along Road 1 VICTORIA STREET				
CROSS JUNCTION OF VICTORIA STREET AND ROCHOR ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGH216U	Car				Slightly Damaged	0
SLF7137U	Car				Slightly Damaged	0
SMD6488L	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20190103/2104

3 of 4

Report No. T/20190103/2104

CONTINUATION OF REPORT

condition did not improve and I went to Khoo Teck Puat hospital and was warded for 1 night. I was given 5 days of MC by the doctor.

police report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20190103/2104

2 of 4

Report No. T/20190103/2104

CONTINUATION OF REPORT

Driver			
Name	SERENA LAI SU YEE	ID No.	S7625817A
Related Vehicle	SGH216U (Car)	Contact No.	97993108
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/01/2019	Date Discharge	03/01/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	NEOH HSIEN MIN BRENNAN	ID No.	S8709901F
Related Vehicle	SLF7137U (Car)	Contact No.	96791514
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 31/12/2018 at about 1545hrs, I was driving along Victoria Street. As I approached the junction of Victoria Street and Rochor Road, my vehicle came to a complete stop due to the traffic light. Subsequently, I felt an impact on the rear of my vehicle.

Due to the impact from the back, my vehicle which was stationary move forward and hit onto another vehicle, SMD6488L which was stop in front of me.

After the accident, I made a check and discovered that one vehicle, SLF7137U, had hit onto the rear of my vehicle and the driver claimed that the brake from his vehicle was not good.

During the point of accident, there was no one reported any injury, as such no police or ambulance were activated.

Due to the accident, the rear bumper of my vehicle was damage, dented and crack. The front bumper and bonnet of my vehicle was damage and was unable to close fully. As for the other 2 vehicles, the front portion of vehicle, SLF7137U, had some damages and I did not observed any damage to the vehicle, SMD6488L.

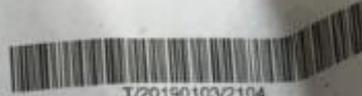
Initially, the driver of SLF7137U requested for private settlement however after some time, he informed that he had reported to his insurance.

After the accident, I felt pain on my neck area and numbness on my left arm and proceeded to Mount Alvernia for treatment on 01/01/2019 and was given painkiller by the doctor. On the 02/01/2019, my



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20190103/2104

4 of 4

Report No. T/20190103/2104

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 3 PHUA JIA JUN, MARK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/01/2019 17:57

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No: 65478151

SN 085

Authentication
NP168



Signature:

Singapore Police Force

Classification Of Case:

certificate of insurance



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.: F6-0005635-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. : Z18VP05017627 Type of Cover : COMPREHENSIVE

- 1. Index Mark and Vehicle Registration Number TOYOTA WISH 1.8 CVT 1.8 - SGH216J
- 2. Name of Policy Holder SHAWN NEO WEE HANG
- 3. Effective Date of the Commencement of Insurance for the purpose of the Act 24/02/2018
- 4. Date of Expiry of the Insurance 23/02/2019
- 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.

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

* 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.

H.P. Owner : STANDARD CHARTERED BANK (SINGAPORE) LIMITED

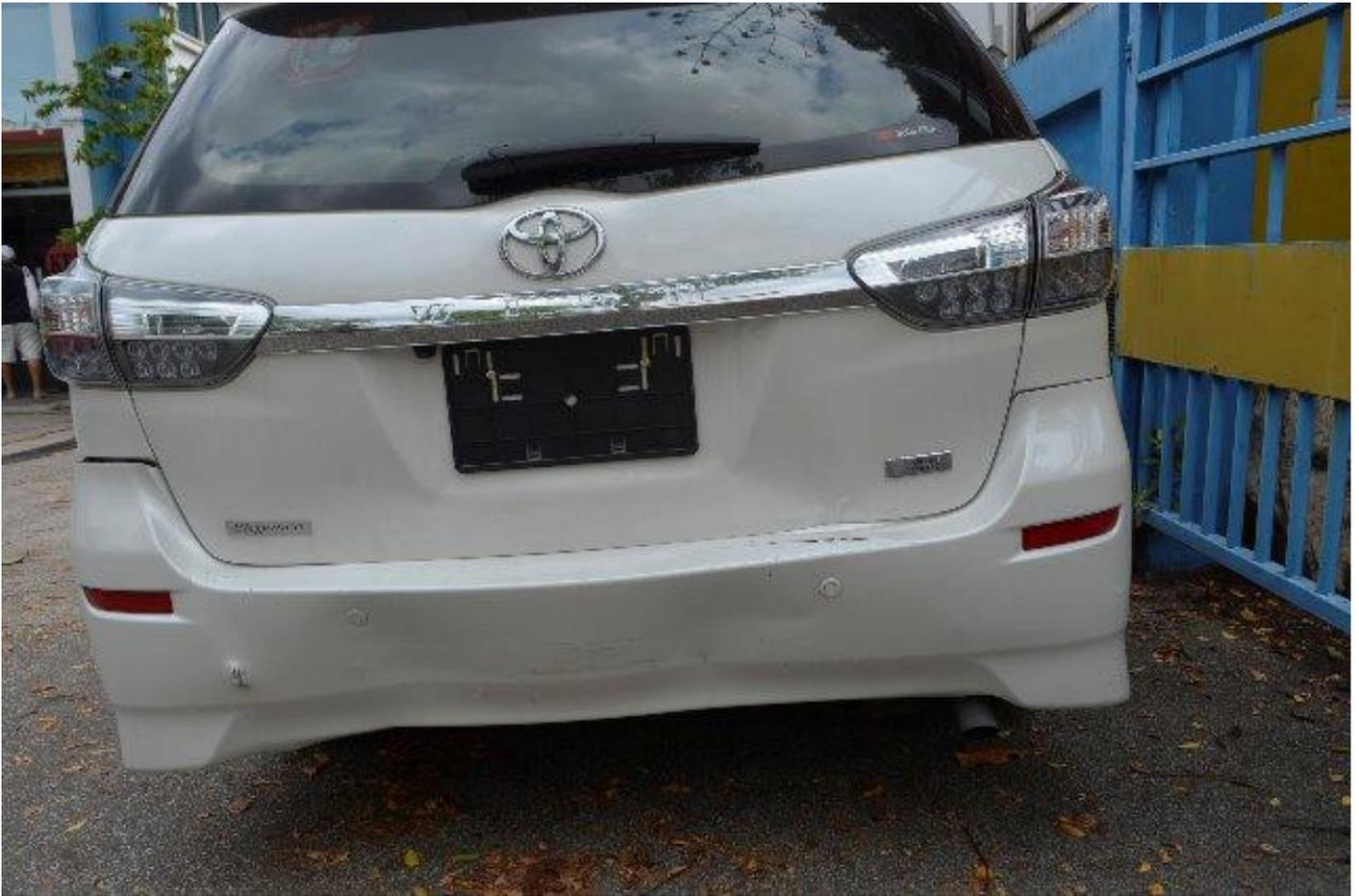
CHIEF EXECUTIVE
(Singapore Branch)

User ID: GE2060
Date Issued: 23/02/2018

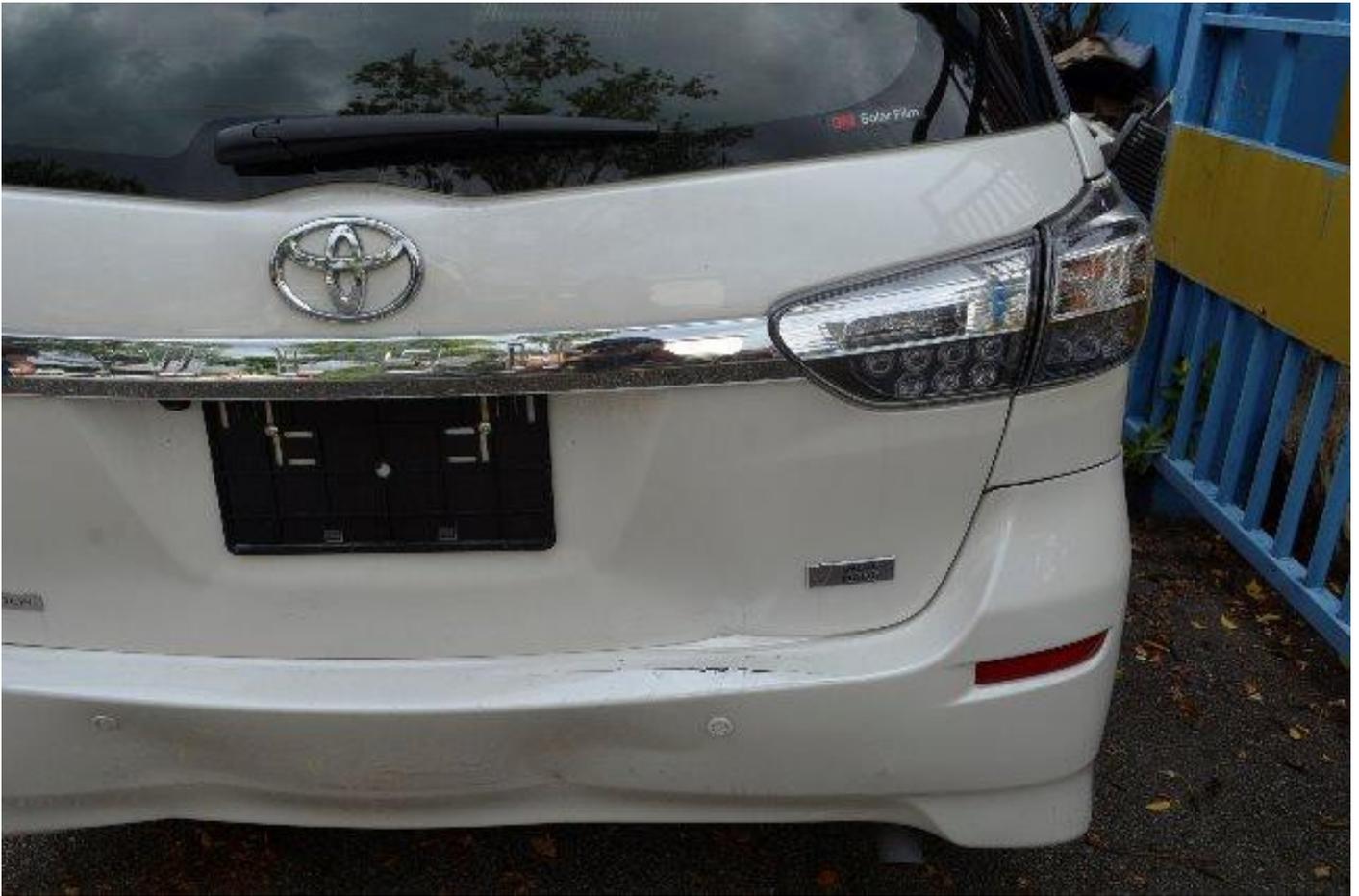
Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



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Accident Photo



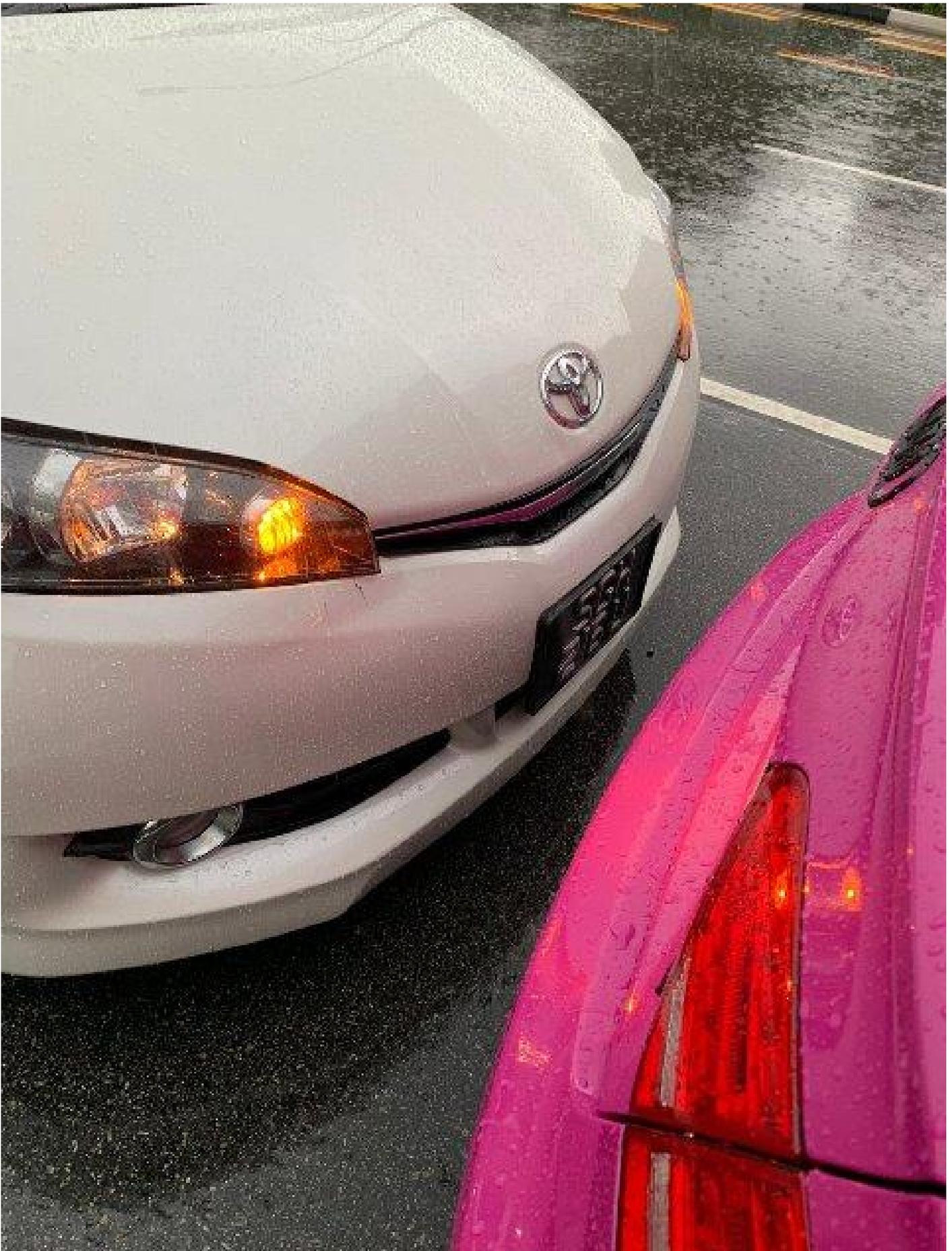
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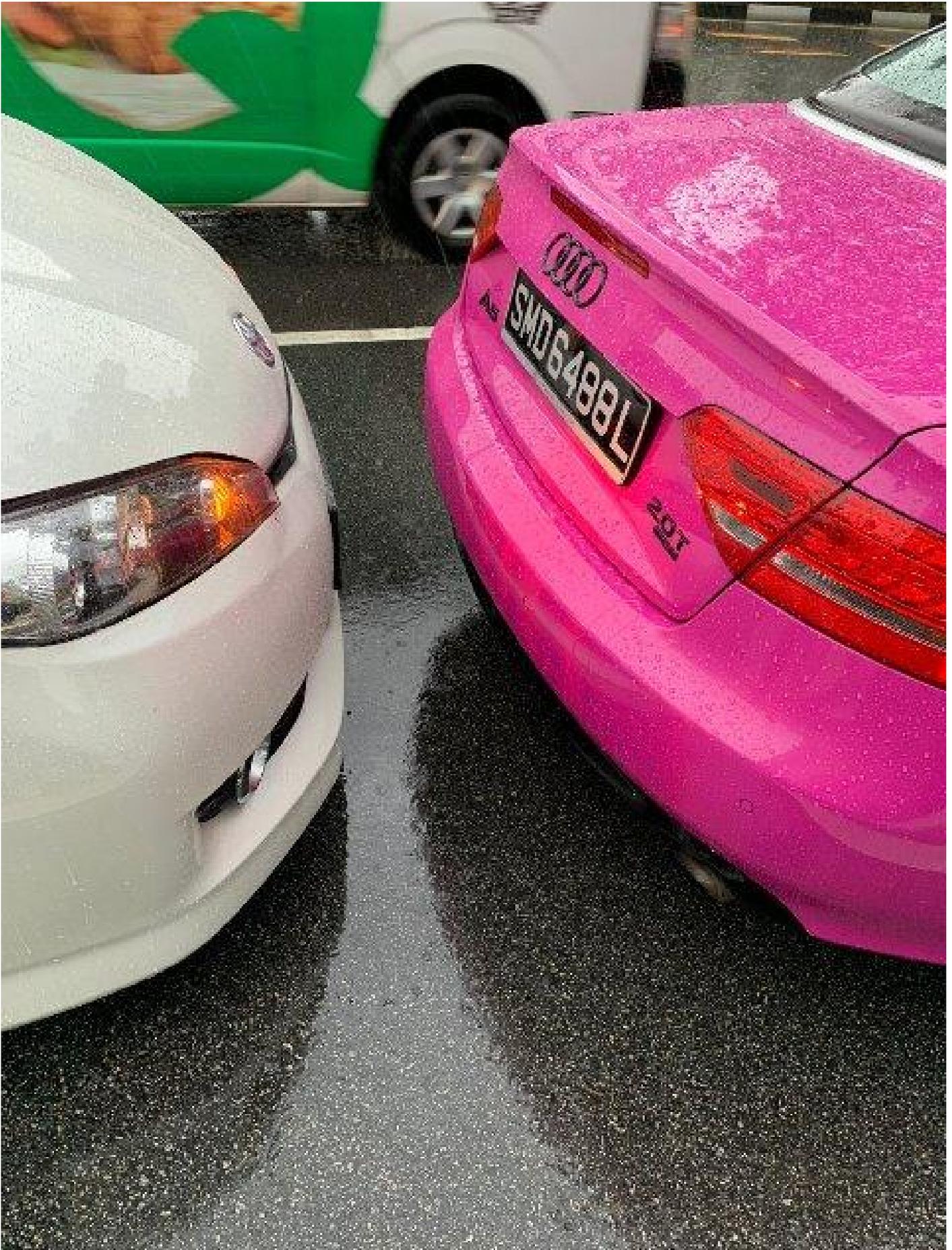
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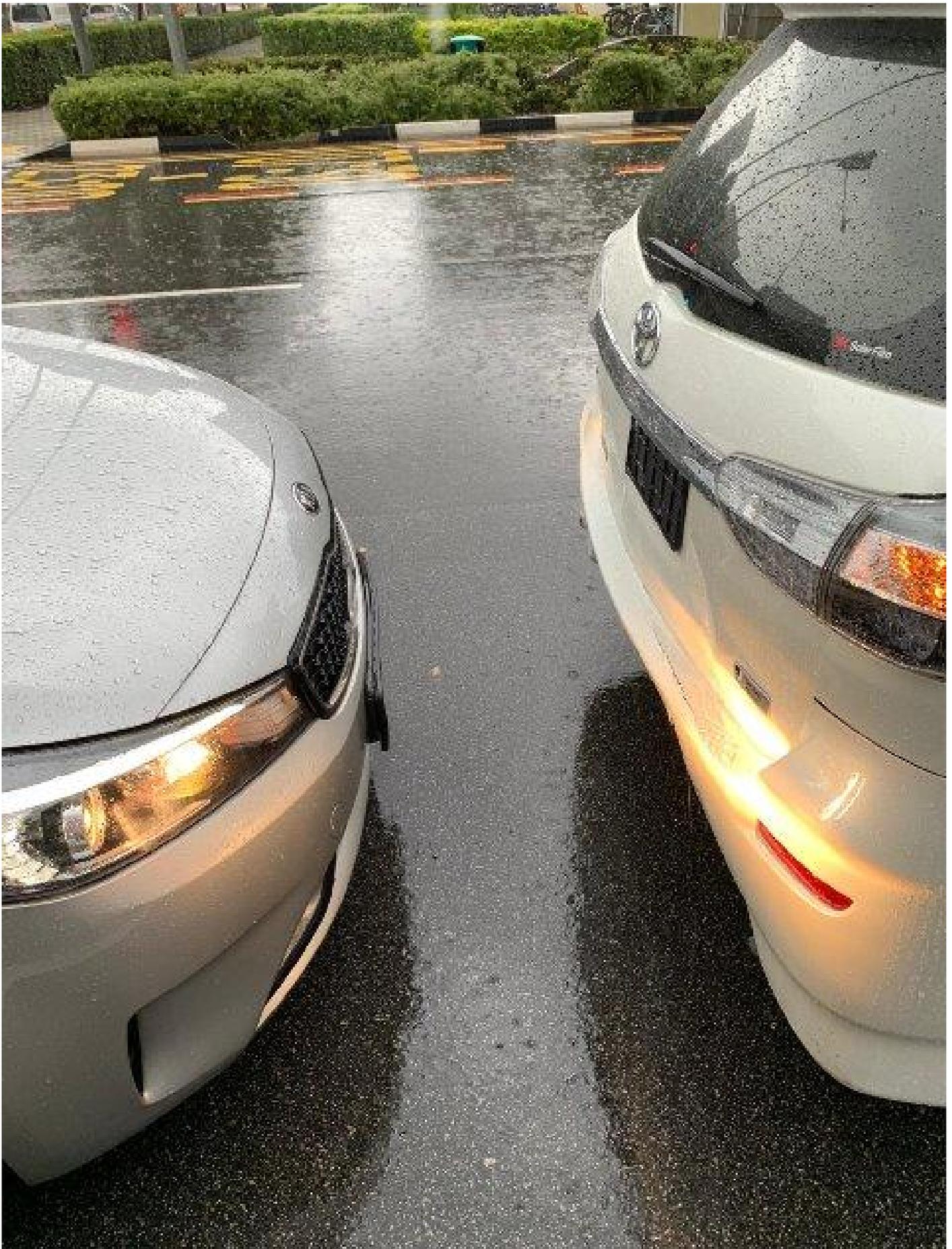
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Accident Photo



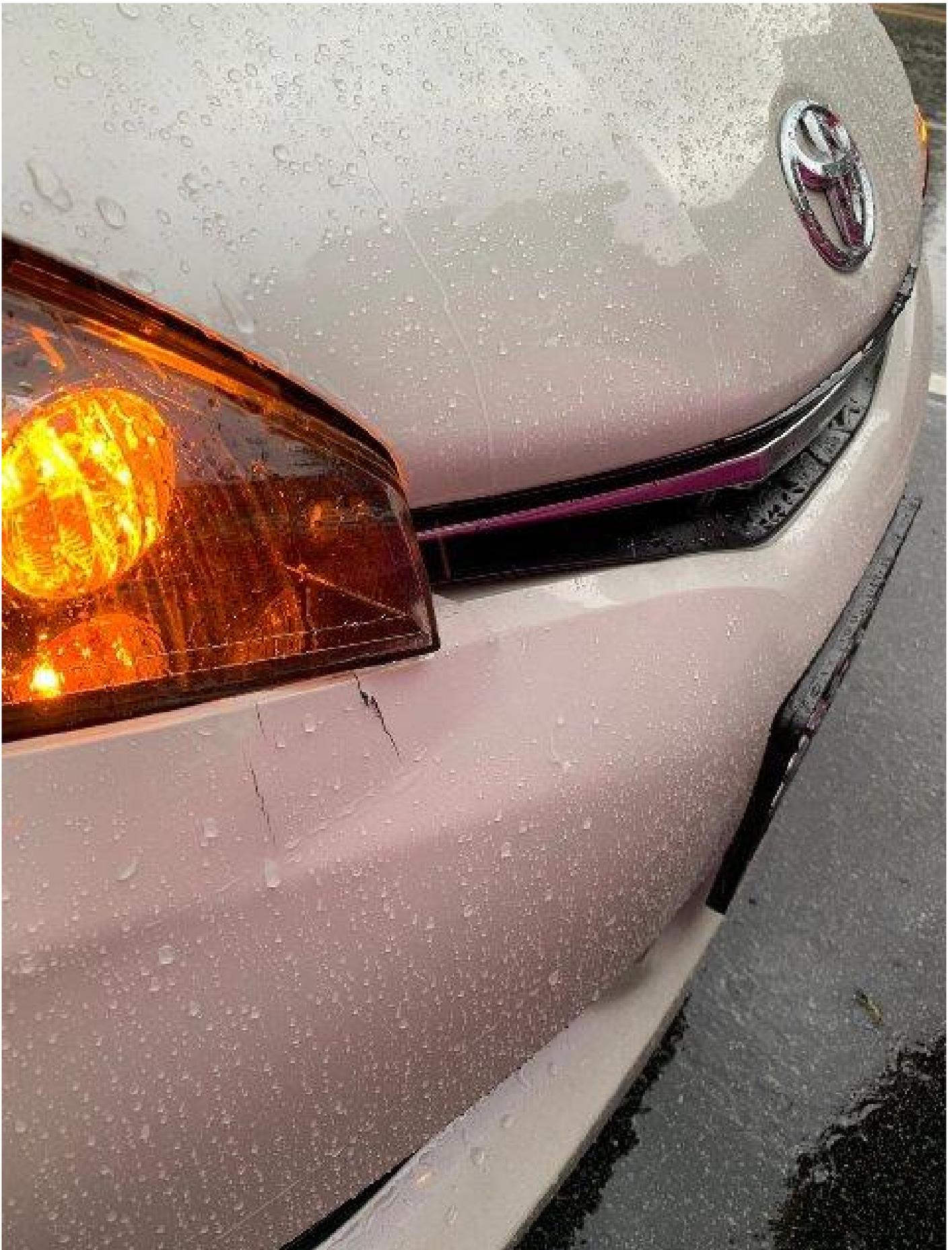
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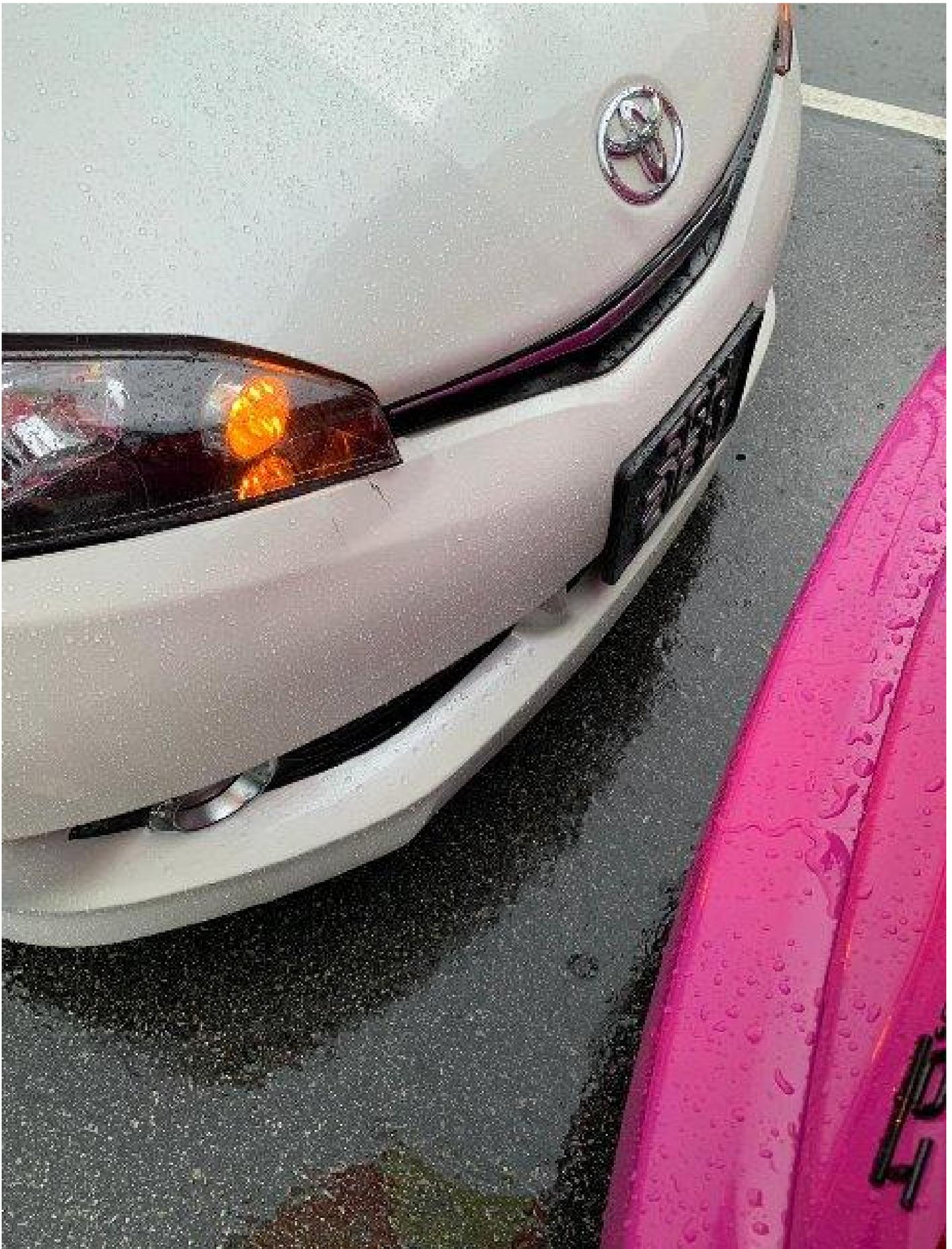
Accident Photo



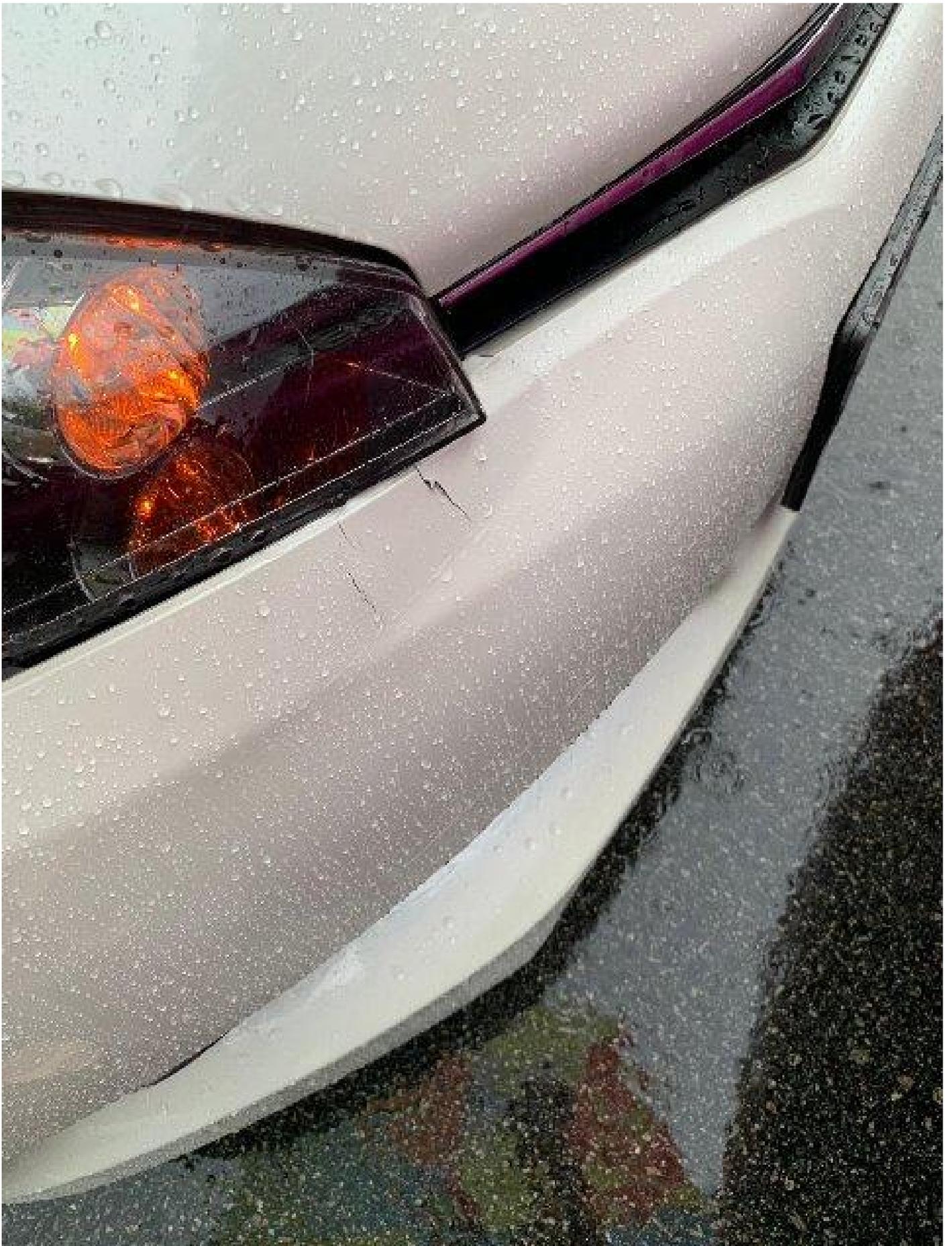
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

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 : MKFS19000579 Vehicle Registration No: SGH216U
Name(as shown in NRIC) : SERENA LAI SU YEE (LAI SHUYI) NRIC/FIN/Passport No : S7625817A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 115 compassvale bow #06-12 (s) 544815 Singapore()
Contact (Tel) : _____ Mobile No. : 97993108
Email Address : skylineyoshiko7776@gmail.com
Date of Accident : 31/12/2018 Time of Accident : 1545hrs
Place of Accident : junction of victoria st & rochor rd twds kallang
Insurance Company: Lonpac Insurance Bhd

(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:

To amend add in police report.

SERENA LAI SU YEE (LAI SHUYI)
Policyholder / Driver's Signature
Date 04/0/2019



Reporting Centre Personnel's Signature
Name: Kan Fook Sing Motor Workshop
NRIC/FIN No.: _____
Date: 04/01/2019

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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 : MKFS19000579 Vehicle Registration No: SGH216U
Name(as shown in NRIC) : SERENA LAI SU YEE NRIC/FIN/Passport No : S7625817A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 115 Compassvale Bow #06-12 Singapore(544815)
Contact (Tel) : Mobile No. : 97993108
Email Address : skylineyoshiko7776@gmail.com
Date of Accident : 31/12/2018 Time of Accident: 15:45HR
Place of Accident : Junction of Victoria St & Rochor Rd Twds Kallang
Insurance Company: Lonpac Insurance Bhd

(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:

THE VEHICLE NUMBER (PROPERTY 1) SHOULD BE SLF7137U.
[Multiple blank lines for additional amendments]

[Handwritten Signature]
Policyholder / Driver's Signature
Date: 8 January 2019

[Circular Stamp: WORKSHOP]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 9.1.2019
Date: