

AMU Oiang
Ong Li Ti

CS3/LPC/19005063/GSD3

LPC

23/4/19 @ 2.48pm

SKC 2363T

SLL 6754M

6453 5779

Jung Hung Pinter
160 8th Ming Drive # 06-10

19/19/19/VPOS/021534

16/3/2019

Brun

Submit PRS report

Surveyor

enl.

REF: LPC

7532i

ASSIGNMENT

PRS

From: Date: 23/4/2019 Veh No: SKC 2363 T Yr Regn: 29 Ju/2011

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SKC 2363 T
at Workshop n/s: Hung Hung Painter
of 160 Sin Ming Drive #06-10

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

\$41K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

10

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

lup

Vehicle: IN / OUT

Date:

Person Contacted:

Type: M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BMW 318i C.C. 1995

Colour: white A/C: Insured / Std / NI / NA

Sp. Reading: 176453 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBA PF72070FG90264

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / W/Rim or

Tyre Size:

F:

R:

225/45 R17

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A.

D.O.I.

23-04-19

Survey held at

w/s

lpm

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

\$8000 - \$10K

Date/Time: File Pass to?

☐

Preli. Report

1)

26/04/19
Typist

☐

Final Report

Date/Time: File Return to?

2)

Days Of Repair: 10

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

PRS

Lump Sum / I.B.I. (\$

1557000

INS. CASE OWNER:

CC 4 / LPC 1300

5063 R/pb3

LKK:

IDAC:

Surveyor:

Pasul

DOI:

ASSIGNMENT

19/3/19

Date / Time:

19/3/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLL 6754M

Name of Insured:

Lim VEE Kiam

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

16/3/19

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

BIAUPRISIN 453

Honda

HJE

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SLL 6754M

SKC 7763T

SLL 9154M



INSRS:

WSP:

Tel:

Liability:

RMKS:

01



INSRS:

WSP:

Tel:

Liability:

RMKS:

TP



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SKC 7763T - 4

SLL 6754M - 4

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assess) BOLA S/N No. 28 (see plan)

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(days)

Loss of Use (LOU):

S\$

(\$ x days)

Loss of Income (LOI):

S\$

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOU

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

7532I

ACKNOWLEDGMENTS

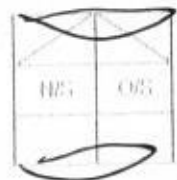
SKC2363T

2011 July

Form	Date
Estimated Cost	
OD / TP / WS / TP RLS / OD RES / LVA / HW / MS	
to inspect Vehicle No.	
at Workshop no/	
of	
Insured	
Policy No.	
Claim No.	
Date Insured	Expiry
(Client's Record)	
Make of Veh.	

Year Mo: 2001 at Equip: 2001
 Type: C / MC / G / B / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: 3.M.W 3161 2.0 AT CC: 1995
 Colour: WHITE AC: Insured / STD / HI / HA
 Sp. Reading: 176452 T/C also: Insured / STD / HI / HA
 Eng/Ho:
 C/Ho: WBAPF72070 F690264
 Gen. Cond: Good / C / Poor / Burnt
 Steering: C / Jammed / Leaked / Burnt or
 Brake: C / Jammed / Leaked / Burnt or
 Mod: C / Hil / STD / A/Rim or
 Tyre Size: R: 225/45R17
R:

Remark The yacht had commenced its repair at the time of inspection.



Ref. or Match Value	-	
HWG: Accident Report	Consistent?	Yes or No
GLA / PH: Screen	Consistent?	Yes or No
Est. Repairs	days	Res.: Yes or No
Turn Cost	%	3.Val.: Yes or No

BS/DUN/EXNOVA/GY/F5/LLZ/MIC/CHESU/PRC/SUMU/
TOYO/YOKO of

Front		Back	
L/Bal	6 mm	R/Bal	6 mm
L/Bal	6 mm	L/Bal	6 mm
D.O.A.	16/03/19	D.O.T	19/03/19
Survey held at <u>Performance</u>			
Det. of Damages: <input checked="" type="checkbox"/> Fd <input checked="" type="checkbox"/> Roof <input type="checkbox"/> OPS <input type="checkbox"/> H/S <input type="checkbox"/> U/C <input type="checkbox"/> Rooftop or			

GA 1 REV 1 REP. 1 24 HRS

Vehicle IN / OUT

Date:	Person Contacted:
-------	-------------------

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
-------------	----------------------

repair limit \$K. refer to emit
Vehicle is unauthorized to repair

High mowing. -

Dep't 12 K =

Exit Time, Page 360 ☐: Pref. Report

Days Of Repair:

ii. : Final Report

Resurvey No. of Trip:

A critical review of the literature by

Add Fee: Subtotal: \$

☐ **Information** ☐

Report Form:

[illegible]

Europe: Simon J. Lee, UCL

(iii) $\text{Hom}(A^{\otimes n}, A) \cong A$, and (iv)

Can you find

to argue that:

Nivitha (LKK Auto)

From: ONG LI LI <llong@lonpac.com>
Sent: Tuesday, 23 April 2019 2:48 PM
To: igene.lim@mneduco.com.sg; serene.tan@mneduco.com.sg; Admin-D (LKKAuto); assignments@lkkauto.com; Hsiao Tong (LKKAuto) (chewht@lkkauto.com)
Cc: MT_Claim_SG
Subject: Your Ref: MN/IG/LI/1913026/st Our Ref: 19/19/19/VP05/021534 LKK Ref: CC4/LPC19005063/R1pb3 [External General]
Attachments: 21534 prs.pdf

Lonpac External - General

Without Prejudice
Save as to Costs

Dear Igene

The accident happened last month on 16/3/2019.

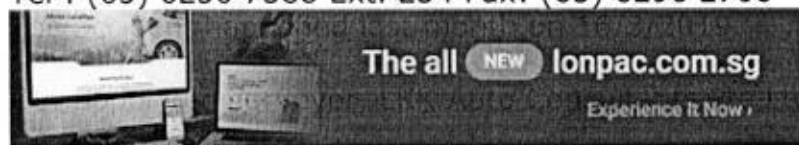
Our appointed surveyor, LKK Auto Consultants Pte Ltd has already conducted the survey.

Please let us know if you are agreeable to appoint the same surveyor as a Single Joint Expert.

Dear Hsiao Tong

As spoken, please follow up.

Regards,
Ong Li Li
Senior Claims Executive | Lonpac Insurance Bhd
300 Beach Road #17-04/07 The Concourse Singapore 199555
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706



Lonpac External - General data is for internal / external use.

M NEDUMARAN & CO

Advocates & Solicitors

Commissioner for Oaths

UEN NO. 53181067D

Please reply to our Branch Office for this matter.

Nedumaran Muthukrishnan
LLB (hons) [Buckingham]
Barrister at Law (Lincoln's Inn)

Branch Office: 11 Sin Ming Road
#B2-09 (Unit 2) Thomson V Two
Singapore 575629
Tel : 6509-8480 / 6509-8481
Fax : 6509-8482
Email : igene.lim@mneduco.com.sg
serene.tan@mneduco.com.sg

Our Reference : MN/IG/LI/1913026/st

Your Reference : SLL 6754M

23rd April 2019**LONPAC INSURANCE BHD**

300 Beach Road
#17-04/07 The Concourse
Singapore 199555

BY FAX 6296-2706 ONLY

Dear Sirs,

1. NOTICE OF ACCIDENT TO INSURERS AND PRE-REPAIR SURVEY WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 2 OF THE STATE COURTS PRACTICE DIRECTIONS (AMENDMENT NO. 1 OF 2016)
2. ACCIDENT ON 16/03/2019 INVOLVING VEHICLE NOS. SKC 2363T, SLL 6754M & SLC 9155U ALONG AYE (DIRECTION OF MCE) EXIT 6 ALEXANDRA ROAD.

We are instructed by TAN HANG KIANG (owner of motor vehicle no. SKC 2363T) and/or LIAN HENG PAINTER COMPANY (the motor workshop for SKC 2363T) to notify you of a road traffic accident on 16/03/2019 at about 1050 hours along AYE (DIRECTION OF MCE) EXIT 6 ALEXANDRA ROAD involving our client's vehicle registration number [SKC 2363T] and [SLL 6754M] driven by you at the material time.

As a result of the accident, our client's vehicle has been damaged. Before we proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you with the stipulated timeline, we shall proceed to repair the vehicle without further reference to you.

Yours faithfully,

M NEDUMARAN & CO

NEDUMARAN MUTHUKRISHNAN
(Branch Office)

c.c. 1) LIM YEE KIAM

(Vehicle : SLL 6754M)

- 2) Lian Heng Painter Company
160 Sin Ming Drive
#06-10 Sin Ming AutoCity
Singapore 575722

(Vehicle : SKC 2363T)

Tel : 6453-5779 / 9863-2371 (Ms Nomy / Mr Henry)

Fax : 6453-3173

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	18/03/2019 10:31
Date Of Accident	16/03/2019 10:50
Exact Location Of Accident	AYE (DIRECTION OF MCE) EXIT 6 ALEXANDRA RD (LANE1)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC2363T
Insured/Policyholder	
Name Of Registered Owner	TAN HANG KIANG
NRIC No	S1787532I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96384525
Alternative Phone No	OTHERS-96384525
Vehicle Particulars	
Manufacturer	BMW
Model	318I
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B27164892SMP
Cover Note Number	
Driver	
Name of Driver	RYAN TAN YU-CHIEN
NRIC No	S9326208E
Date Of Birth	17/07/1993
Occupation	INDOOR
Date Of Driving Pass	26/07/2013
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81020364
Fax Number	
Contact Number	
Email Address	RYANTANYC@GMAIL.COM

Address	404 BUKIT BATOK WEST AVENUE 7 #11-16
Postcode	650404
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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	3
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.	YES
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

REFER TO ATTACH.

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	SLL6754M
Vehicle Make/Model/Colour	BLACK HONDA HATCHBACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MICHAEL LIN
NRIC/Passport Number	S1785978A
Contact Number	96534938
Address	
Postcode	
Insurance Company Name	LONPAC INSURANCE BHD
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLC9155U
Vehicle Make/Model/Colour	PURPLE MAZDA HATCHBACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JULIE WONG
NRIC/Passport Number	S6824130H
Contact Number	97461203
Address	35 LORONG 5 TOA PAYOH #06-325
Postcode	310035
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : GENDER: :

SKETCH PLANIMPORTANT 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. The report will be forwarded by the insurers to 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 lodging 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.

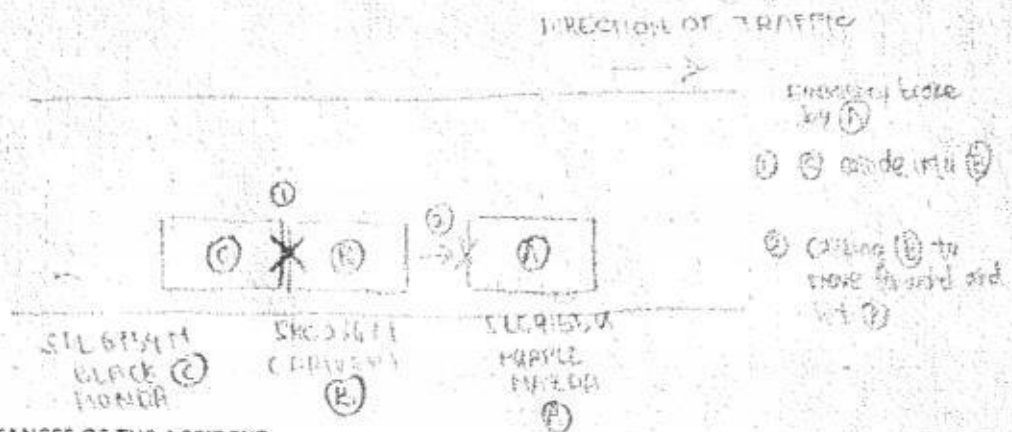
Policyholder's Signature
Date & Time:

[Signature]
16/03/2019

Driver's Signature
(If driver is not the policyholder)
Date & Time: 0915
18 MAR 2019

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PURPLE MAZDA SLC 9155 U SUDDENLY APPLIED EMERGENCY BRAKE WHILE DRIVING ON LANE 1 OF AVE TOWARDS MLE OFF EXIT 6 ALEXANDRA ROAD

1. SECOND CAR (SRC 2363 T) IMMEDIATELY FOLLOW SUIT AND WAS ABLE TO COME TO FULL STOP APPROXIMATELY 2 TO 3 METRES BEHIND

THIRD CAR SLL 6754 M BLACK HONDA UNABLE TO STOP IN TIME AND CRASH INTO REAR OF MY VEHICLE (SRC 2363 T)

THIS CAUSED MY VEHICLE TO MOVE FORWARD AND KNOCK ONTO FIRST CAR (SLC 9155 U) BUMPER

MINOR DAMAGE TO SLC 9155 U BUMPER AND FRONT OF MY VEHICLE. THIRD CAR BUMPER (SLL 6754 M) COMPLETELY SMASHED AND RESULTED IN DAMAGE TO MY REAR BUMPER

WEATHER WAS CLEAR, ROAD CONDITION DRY, NO OBSTACLE AHEAD. ROAD IS RELATIVELY STRAIGHT WITH NO INCLINE/DECLINE

DECLARATION

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

Policyholder's Signature

Date & Time: 2200 hr

16/3/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time: 0915

18 MAR 2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

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	18/03/2019 10:31
Date Of Accident	16/03/2019 10:50
Exact Location Of Accident	AYE (DIRECTION OF MCE) EXIT 6 ALEXANDRA RD (LANE1)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC2363T
Insured/Policyholder	
Name Of Registered Owner	TAN HANG KIANG
NRIC No	S1787532I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96384525
Alternative Phone No	OTHERS-96384525

Vehicle Particulars

Manufacturer	BMW
Model	318I
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B27164892SMP
Cover Note Number	

Driver

Name of Driver	RYAN TAN YU-CHIEN
NRIC No	S9326208E
Date Of Birth	17/07/1993
Occupation	INDOOR
Date Of Driving Pass	26/07/2013
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81020364
Fax Number	
Contact Number	
Email Address	RYANTANYC@GMAIL.COM

Address	404 BUKIT BATOK WEST AVENUE 7 #11-16
Postcode	650404
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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	3
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.	YES
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

REFER TO ATTACH.

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	SLL6754M
Vehicle Make/Model/Colour	BLACK HONDA HATCHBACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MICHAEL LIN
NRIC/Passport Number	S1785978A
Contact Number	96534938
Address	
Postcode	
Insurance Company Name	LONPAC INSURANCE BHD
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: ;
	GENDER: ;

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLC9155U
Vehicle Make/Model/Colour	PURPLE MAZDA HATCHBACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JULIE WONG
NRIC/Passport Number	S6824130H
Contact Number	97461203
Address	35 LORONG 5 TOA PAYOH #06-325
Postcode	310035
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : GENDER: :

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.
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. The report will be forwarded by the insurers to 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 lodging 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 Signature
Date & Time:

220416
16/3/2019

Driver's Signature
(If driver is not the policyholder)

Date & Time: 0915
18 MAR 2019

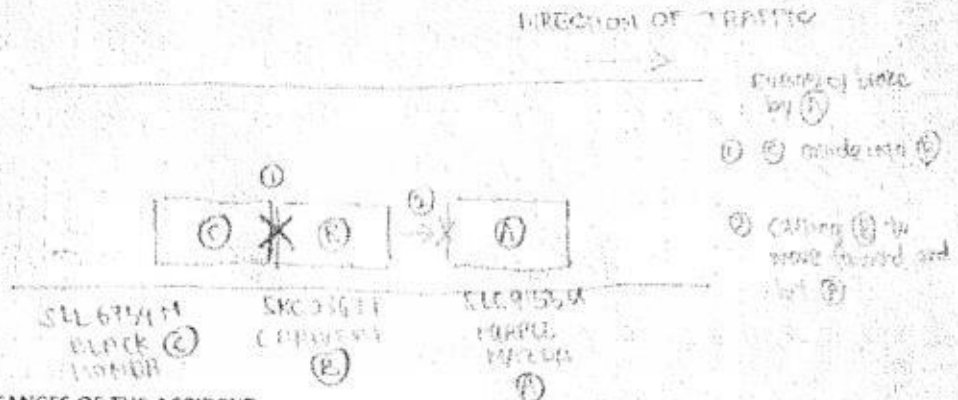
Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

Scanned by CamScanner

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PURPLE MAZDA SLC9155U SUDDENLY APPLIED EMERGENCY BRAKE WHILE TRAVELLING IN LANE 1 OF AVE TOWARDS NCE OFF EXIT 6 ALEXANDRA ROAD

1. SECOND CAR (SKC2363T) IMMEDIATELY FOLLOW SUIT AND WAS ABLE TO COME TO FULL STOP APPROXIMATELY 2 TO 3 METRES BEHIND

THIRD CAR SLL6754M BLACK HONDA UNABLE TO STOP IN TIME AND CRASH INTO REAR OF MY VEHICLE (SKC2363T)

THIS CAUSED MY VEHICLE TO MOVE FORWARD AND KNOCK ONTO FIRST CAR (SLC9155U) BUMPER

MINOR DAMAGE TO SLC9155U BUMPER AND FRONT OF MY VEHICLE. THIRD CAR BONNET (SLL6754M) COMPLETELY SMASHED AND RESULTED IN DAMAGE TO MY REAR BUMPER

WEATHER WAS CLEAR, ROAD CONDITIONS DRY, NO OBSTACLE AHEAD. ROAD IS RELATIVELY STRAIGHT WITH NO INCLINE/DECLINE

DECLARATION

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

Policyholder's Signature

Date & Time: 2200 hrs

16/3/2019

Driver's Signature

(if driver is not the policyholder)

Date & Time: 0915

18 MAR 2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

16 March 2019

To Whomever This May Concern,

I, Tan Hang Kiang, S1787532I, the registered owner of vehicle SKC 2363T, was aware that (Ryan Tan Yu-Chien, S9326208E) was driving the vehicle concerned, and that there was an accident at approximately 1100hrs on Saturday 16 Mar 2019.

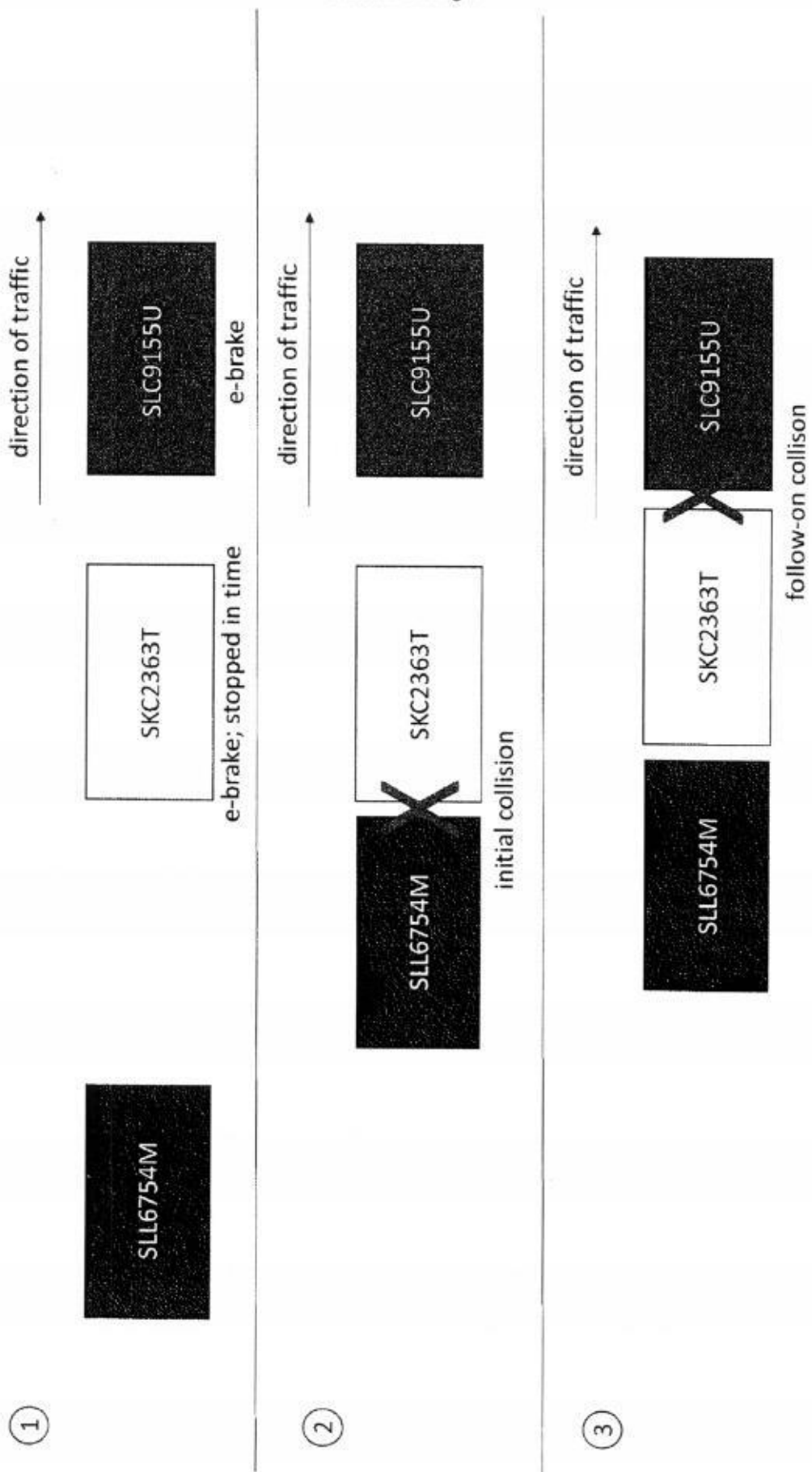
I hereby authorise him to make an accident report and follow up with the insurance proceedings.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'Tan Hang Kiang' with a stylized flourish.

Tan Hang Kiang

Contact number: 9638 4525





**SINGAPORE
POLICE FORCE**



T/20190319/7009

Police Station Of Origin:
Traffic Police
10 Upper Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4

Report No. T/20190319/7009

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLL6754M	LONPAC INSURANCE BHD.	Z19VP05022453	06/03/2019	05/03/2020

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Ryan Tan Yu Chien	ID No.	S9326208E
Related Vehicle	SKC2363T (Car)	Contact No.	81020354
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
Driver			
Name	Julie	ID No.	NIL
Related Vehicle	SLC9155U (Car)	Contact No.	97461203
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
Driver			
Name	LIM YEE KIAM	ID No.	S1785978A
Related Vehicle	SLL6754M (Car)	Contact No.	96534938
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/03/2019	Date Discharge	16/03/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20190319/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No: T/20190319/7009

CONTINUATION OF REPORT

Brief Details.

on t Along AYE expressway towards Airport, Vehicle SLC9155U suddenly cut into my lane & slow down, 2nd vehicle SKC2363T hit the front vehicle & I myself hit the second vehicle. After this accident, I went to Ng Teng Fong Hospital A&E as I am not feeling well. I was given 4 days medical leaves from 17 - 20 March 2019.

MEDICAL CERTIFICATE Pg. 1

Ng Teng Fong General Hospital

A member of the T.H.S.

MEDICAL CERTIFICATE (Ref:14595771)

ORIGINAL

NAME: LIM YEE KIAM

NRIC: S1785978A

Type of Medical Leave granted: OUTPATIENT SICK LEAVE


The above named is unfit for duty from 17/3/2019 to 20/3/2019 inclusive

The certificate is not valid for absence from court attendance.

The above name was in Emergency Department from 16/03/2019 21:13 to 16/03/2019 23:29.

16/03/2019
Date

Dr. Amit VARMA (13638E)
Issued by


Signature

Location: NTFGH EMERGENCY

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

