

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	25/03/2019 18:47
Date Of Accident	24/03/2019 13:40
Exact Location Of Accident	JOHOR BAHRU IMMGRATION TOWARDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ7995M
Insured/Policyholder	
Name Of Registered Owner	LAM RAYMOND
NRIC No	S7133563A
Email Address	RAYLAM289@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96388336
Alternative Phone No	OTHERS-96388336

Vehicle Particulars

Manufacturer	LEXUS
Model	IS-250 (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VP05021934
Cover Note Number	

Driver

Name of Driver	LAM RAYMOND
NRIC No	S7133563A
Date Of Birth	28/09/1971
Occupation	INDOOR
Date Of Driving Pass	22/11/1990
Driving Experience	28 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96388336
Fax Number	
Contact Number	OTHERS-96388336
Email Address	RAYLAM289@GMAIL.COM

Address	8 CUSCADEN WALK #28-01
Postcode	249692
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 (including own vehicle) 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)	3
Passenger 1	NAME: : FRIEND GENDER: : MALE
Passenger 2	NAME: : FRIEND GENDER: : MALE

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

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	SKZ7401M
Vehicle Make/Model/Colour	TOYOTA CAMRY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TADA SHUHEI
NRIC/Passport Number	
Contact Number	97333104
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

Passenger 3

NAME: :

GENDER: :

SKETCH PLAN

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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.



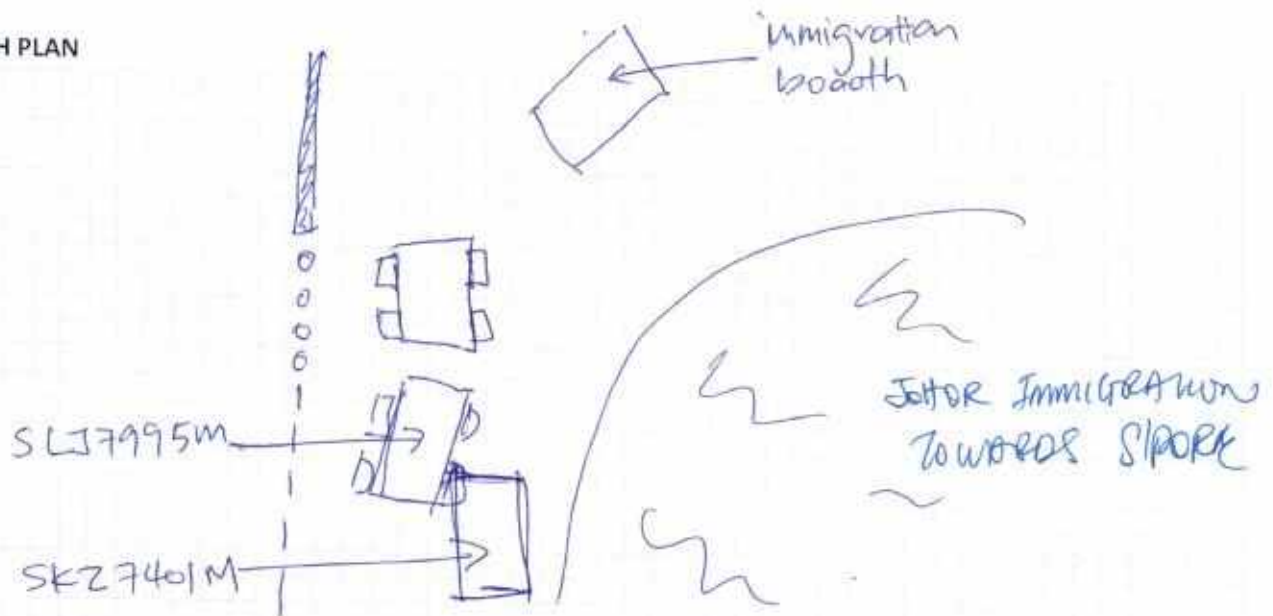
Policyholder's Signature
Date & Time: 25/3/19



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

25/03/2019
Reporting Centre Personnel's Signature
Name: Kadi Luthar
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24 March 2019 at about 1340 hours, I was travelling towards Singapore and was waiting to clear Malaysian Customs at Johor Baru Immigration Checkpoint. The weather was clear and the road was dry.

As the lane I was moving on was a merging lane, I had to move forward and merged and travelled towards one lane to the checkpoint. My car was ahead of the other car SKZ7401M. I had taken notice of the other car and as my car was ahead of his, I had to move forward. The other car accelerated and as a result, his car collided with the right hand rear of my car. My right hand rear of the car, gave the right hand rear tyre was scratched.

DECLARATION

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

Policyholder's Signature
Date & Time: 25/3/19

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

Reporting Centre Personnel's Signature
Name: 25/03/2019
NRIC/FIN No.: Kardi

ACCIDENT STATEMENT

ACCIDENT DATE: 24/03/2019 (DD/MM/YYYY). TIME: 13:40 (HH:MM)

LOCATION: Johor Baru Immigration Checkpoint

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLJ7995M
 b) INSURANCE COMPANY: LONPAC INSURANCE BHD
 c) POLICY NUMBER: 219VP05021934
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: LEXUS ES250
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- FRIMUR 2(M)
 a) NAME: LAM RAYMOND (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7133563A CONTACT: 96388336
 c) ADDRESS: 8 Cascaden Walk #28-01
S(249692)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LAM RAYMOND (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7133563A CONTACT: 96388336
 c) ADDRESS: 8 Cascaden Walk #28-01
S(249692)

* d) DATE OF BIRTH: 28/09/1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 22/11/90

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SK27401M MODEL: TOYOTA CAMRY
 b) DRIVER'S NAME: TADA SHUHEI
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 97333104

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
 (including driver)

(3)

* No of passengers
 (including driver)

(04)

* No of passengers
 (including driver)

()

email = raylam289@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7133563A



Name

LAM RAYMOND

林礼文

Race
CHINESE

Date of Birth
28-09-1971

Sex
M

Country of Birth
SINGAPORE



0186972



NRIC No. S7133563A

Blood Group: B+
Date of Issue: 07-12-1991

8 CUSCADEN WALK #28-01
SINGAPORE 240692

NRIC No: S7133563A

Date: 20/07/2012

No: 7049425

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3: Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors / vehicles <= 2500 kg

PASS DATE
22 Nov 1990

NP 428A





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 3787 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. : Z19VP05021934

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

LEXUS IS250 2.5
- SLJ7995M

2. Name of Policy Holder

LAM RAYMOND

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

18/01/2019

4. Date of Expiry of the Insurance

17/01/2020

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\$ 0.00 (SECTION 1) INSURED / NAMED DRIVERS
S\$ 2,000.00 (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

LONPAC'S AUTHORISED WORKSHOPS

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 : TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

Amelia

CHIEF EXECUTIVE
(Singapore Branch)

User ID: MRMLP0014
Date Issued: 16/01/2019