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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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	04/10/2018 10:02			
Date Of Accident	04/10/2018 08:05			
Exact Location Of Accident	PUNGGOL ROAD ENTER TO KPE TUNNEL			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SJK4944Z			
Insured/Policyholder				

Name Of Registered Owner ISHAK BIN MOHAMED SALLEH
NRIC No S0082408I

Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-91730227
Alternative Phone No OTHERS-91730227

Vehicle Particulars

Manufacturer HONDA

Model FIT-1.3 G (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?

YES

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company LONPAC INSURANCE BHD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number Z17VP05015645

Cover Note Number 23/10/2017 TO 22/10/2018

Driver

Name of Driver ISHAK BIN MOHAMED SALLEH

 NRIC No
 \$00824081

 Date Of Birth
 07/10/1952

 Occupation
 INDOOR

 Date Of Driving Pass
 08/07/1985

Driving Experience 33 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91730227

Fax Number

Contact Number OTHERS-91730227

EMail Address NOEMAIL

Address APT BLK 312C SUMANG LINK #03-157 (S) 823312

Postcode

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

-

NO

1

NO

NO

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 involved in the accident

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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? NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLD1215C

Vehicle Make/Model/Colour HYUNDAI

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LIM ZIJIE (LIN ZIJIE)

NRIC/Passport Number S8433577J Contact Number 90062311

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJL4961T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR LEONG TAK CHOI

S2005707F 96791036

Accident Sketch Plan Pg. 1

SKETCH PLAN

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- 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:
 - 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:

Reporting Centre Personnel's Signature

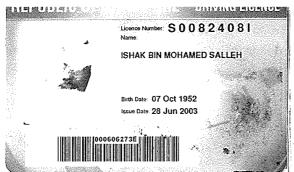
Name:

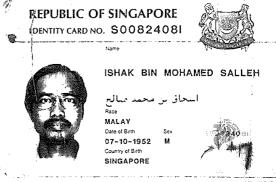
NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN				
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B: 5L	-012/50			
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DECLARATION			- tolor	
DECLARATION I/We declare the foregoing particular	ers are true in every respect.			É)
S/hy 04/00/2018	slug 04	8105 01	20 1 5 1 5 T	3/
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholo		Reporting Centre Person Name:	nel's Signature
	Date & Time:		NRIC/FIN No.	
A SECTION ADVISOR OF			V	

insurer's nric & license Pg. 1





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

PASS DATE

Class 2B Motorcycles not exceeding 200 cc
Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

01 Mar 1984 08 Jul 1985

MRC No S00824081 28-12-1993

APT BLK 312C SUMANG LINK #03-157 SINGAPORE 823312

Date: 07/06/2015 NRIC No: \$00824081



LONPAC INSURANCE BHD (S98FC5635C)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555 Tel: (65) 6250 7398 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

THE SCHEDULE

Class of Policy

: MOTOR CAREPLUS

Policy No.

: Z17VP05015645

Insured

: ISHAK BIN MD SALLEH

Type of Cover

: COMPREHENSIVE

Replacing CN/Policy No.

: Z16VP05012285

Address

: BLK 312C SUMANG LINK #03-157 SINGAPORE 823312

Business or Profession

: EXECUTIVE

Account No

: Z10214

Period of Insurance

(a) From 23/10/2017 To 22/10/2018 (both dates inclusive)

(b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.

H.P. Owner

: STANDARD CHARTERED BANK (SINGAPORE) LIMITED

Description	of Vehicle
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The Policy's Premium

Vehicle/Trailer	Regn. No

: SJK4944Z

Premium Component

Workshop Discount

Gross Premium

Premium After Discount

Amount (S\$) Total (S\$)

Make & Model of

: HONDA FIT 1.3

2,654.04

945.50

945.50

Vehicle

Basic Premium

NCD

OFD

GST

-50.00% -1,327.02

Type of Body

: HATCHBACK - 5 DR

-66.35 -5.00%

Engine No

: L13A4118974

-315.17 -25.00%

Chassis No

: GE61107081

945,50

Year of Manufacture

; 2008

Actual Gross Premium

c.c./Tonnage

: 1,339

7.00%

Seating Capacity

66.19

; 5

1,011.69 Premium Payable

Sum Insured

Excess

: MARKET VALUE

S\$ 500.00 (SECTION 1) INSURED / NAMED DRIVERS
\$\$ 1,500.00 (SECTION 1) UNNAMED DRIVERS
\$\$ 3,000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED
DRIVERS
\$\$ 400.00 WINDSORFEN EVOCAS

S\$ 100.00 WINDSCREEN EXCESS .

Condition

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

























