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 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	07/05/2019 10:58	
Date Of Accident	06/05/2019 16:05	
Exact Location Of Accident	CTE TOWARDS BRADDELL	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJJ9422K	
Insured/Policyholder		
Name Of Registered Owner	WONG TONY	

Name Of Registered Owner WONG TONY
NRIC No S1605354F
Email Address JETOSAN@H

Email AddressJETOSAN@HOTMAIL.COMMobile Phone No(LOCAL) +65-96421142Alternative Phone NoOFFICE-96421142

Vehicle Particulars

Manufacturer TOYOTA

Model ALLION-1.5 (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?

y 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 Z18VP05020293

Cover Note Number

Driver

 Name of Driver
 WONG TONY

 NRIC No
 \$1605354F

 Date Of Birth
 22/04/1963

 Occupation
 INDOOR

 Date Of Driving Pass
 04/01/1983

Driving Experience 36 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96421142

Fax Number

Contact Number OFFICE-96421142

EMail Address JETOSAN@HOTMAIL.COM

BLK 508 CHOA CHU KANG ST 51 Address

#02-223

Postcode 680508

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

COLLISION - HEAD TO REAR Type Of Accident

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO

1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name 20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286

ROAD: 20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286, Police Station Address

POSTCODE: 689286, COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJE8505M

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 20

Nature Of Damage

No. Of Passenger (Including Driver)

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:

Driver's Signature

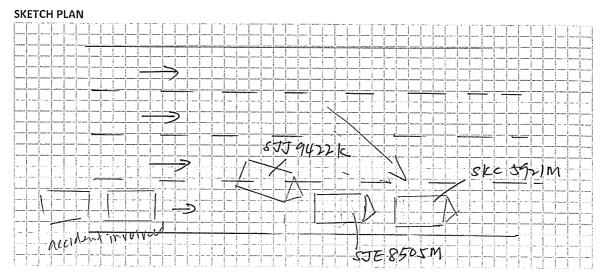
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name!

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: STJ 9	1422 K	ACCIDENT DATE & T	TIME: 6/5/19	1605 hrs
CONTACT NUMBER: 96	421142	E-MAIL ADDRESS:	ime: 6/5/19 Jetosan@hotr	nail-com
LOCATION: CTE	421142 Fowards Brai	dde 11		
Refer	to police re	out.	, , , , , , , , , , , , , , , , , , , ,	
	, , , , , , , , , , , , , , , , , , , ,			

	J			
NOTE: PLEASE NOTE	THAT YOUR INSURER MAY	HAVE 14 DAYS TIME	FRAME FOR YOU TO SU	BMIT AN
OWN DAMAGE CLAIM UN	DER YOUR OWN POLICY.	PLEASE CHECK YOU	R POLICY FOR MORE IN	FORMATION
Please state:				
Claim Own Policy	() Claim Third Party	() Claim OD/TP at other	er workshop () Repo	rting (Only)
DECLARATION			Λ (:	
I/We declare the foregoing parti	culars are true in every respe	ct.		3/4/
(hpp			/ V V	PNOT
Policyholder's Signature	Driver's Signature		Reporting Centre Personn	el's Signature
Date & Time:	(If driver is not the pol	icyholder)	Name:	

(If driver is not the policyholder)

NRIC/FIN No.:

Date & Time:

GIARRAC Shareberonform_V3





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

1 of 3 Report No. T/20190506/2143

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/05/2019 18:54		de:	Vide Report No.:		Station Diary No.: 136
Informant's	Particul	ars			
Name of Informant:			Address:		
WONG TONY			APT BLK 508 CHOA CHU KANG STREET 51 #02-223		
			SINGAPORE 680508		
ID Type / ID No.:			Contact No.:		
NRIC NO / S1605354F		F	Home/Office:	Mobile: 96421142	
Nationality:			Email:		
SINGAPÓRE CITIZEN		N			
Sex: Age: Date of Birth:		Date of Birth:	Type of Informant:		
Male	Male 56 22/04/1963		Driver		
Race:			Language:	Institution /	School Name:
Chinese					
Occupation:			Driving Licence Information:		
WATER INSTALLER			Class:	Date of Exp	piry:
Name of Inf WONG TON ID Type / ID NRIC NO / S Nationality: SINGAPOR Sex: Male Race: Chinese Occupation:	ormant: NY 0 No.: 81605354 EE CITIZE Age: 56	F N Date of Birth: 22/04/1963	APT BLK 508 CHOA CHU KASINGAPORE 680508 Contact No.: Home/Office: Email: Type of Informant: Driver Language: Driving Licence Information:	Mobile: 964	421142 School Name:

General Informa	ition of the Accide	∍nt			
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/05/2019 16:05	Type of Location:	
Location: Along Road 1 CENTRAL EXP					
Weather:		Road Surface:	}	Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collision	n:			Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJE8505M	Car				Slightly	2
					Damaged	
SJJ9422K	Car	TOYOTA	ALLION 1.5	Black	Slightly	0
			A		Damaged	
SKC5921M	Car				No	0
					Damage	

Details of Vehicle Insurance	
Vehicle No. Insurance Company Insurance No Effective Expiry	Date





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02

SINGAPORE 689286 Tel No: 1800-7659999 2 of 3 Report No. T/20190506/2143

CONTINUATION OF REPORT

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJJ9422K	LONPAC INSURANCE BHD.	Z18VP05020293-	23/09/2018	28/09/2019
		001		· · · · · · · · · · · · · · · · · · ·

Brief Details.

On the 06/05/2019 at about 1600hrs, I was driving along CTE towards Braddell in my vehicle bearing registration number SJJ9422K on the 1st lane. I then notice there were accident on the 1st lane thus I lane change to the 2nd lane. Thus I was following the vehicle in front bearing registration number SJE8505M, as the vehicle in front of me decide to lane change back to the 1st lane after the accident on the 1st lane. As I signal my intention to lane change to the 1st lane, when I lane change, suddenly the vehicle in front of me jam his brake. Which causes my vehicle could not stop to avoid colliding onto his vehicle. My front right side collided on the the vehicle bearing registration number SJE8505M rear left side

Subsequently we alight and make a check on each other. No one was injured. Subsequently I went and review my in car footage and manage to saw the vehicle bearing registration number SKC5921M is abruptly lane change from the 3rd lane to the first lane and stop in front of the vehicle bearing registration number SJE8505M, even though the 1st lane is clear.





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 3 of 3 Report No. T/20190506/2143

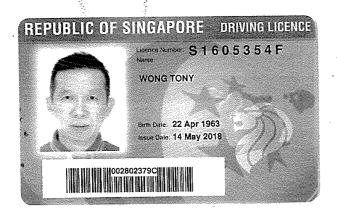
CONTINUATION OF REPORT

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:	Signature Of Informant:
J/ S6(2)SEAH SI HAO	Dary
Signature Of Interpreter: Not applicable ignature:	Date/Time: V
	06/05/2019 18:54
Officer In Charge Of Case:	Classification Of Case:
TP / GIA /	
Staff Sgt WONG SIEU LUI	
Contact No.: 65476151	
Authentication Stamp NP168	



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1605354F



WONG TONY



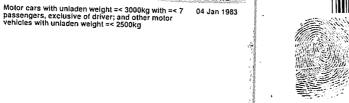
CHINESE Date of birth 22-04-1963

< i605354F

Country/Place of birth SINGAPORE

5939815





NP 428A

Class 3



EFFECTIVE DATE

04 Jan 1983

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

18-05-2018

APT BLK 508 CHOA CHU KANG STREET 51 #02-223 SINGAPORE 680508



LONPAC INSURANCE BHD (S98FC5635C)

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.: F0-0005635-C

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.: Z18VP05020293

Type of Cover: COMPREHENSIVE

The second secon

MX1

1. Index Mark and Vehicle Registration Number

TOYOTA ALLION 1.5 - SJJ9422K

2. Name of Policy Holder

WONG TONY

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

23/09/2018

28/09/2019

4. Date of Expiry of the Insurance

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.

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 6. Limitations as to use MOTOR TRADE.

Excess

: 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

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: MAYBANK

CHIEF EXECUTIVE (Singapore Branch)

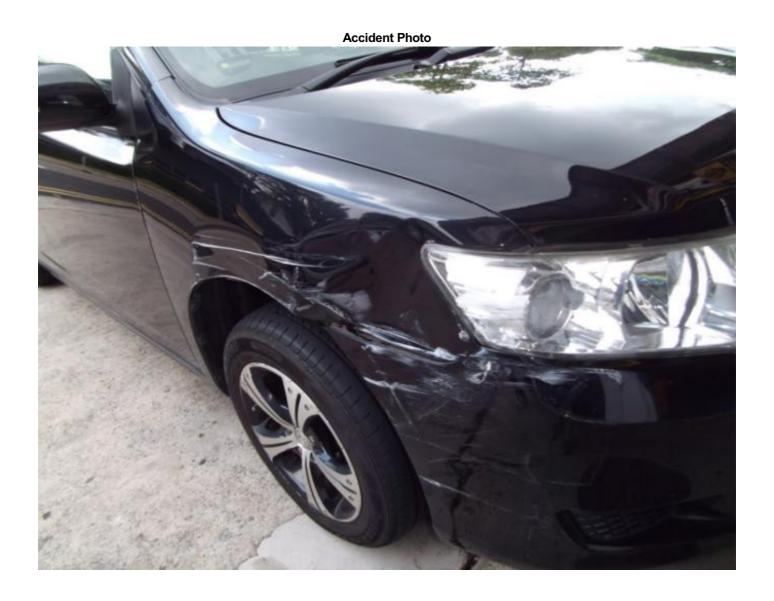
User ID: CATHERINEKWEH Date Issued: 22/09/2018

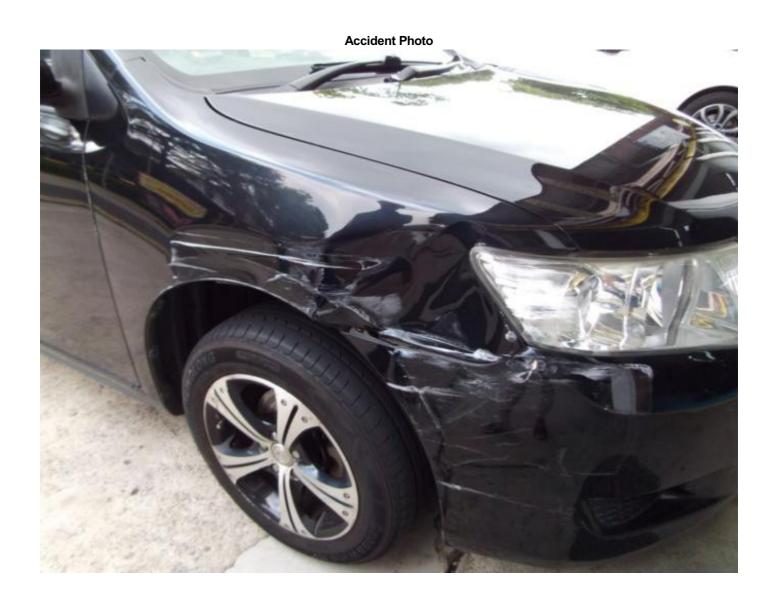
Certificate of Insurance - Page 1 of 1

















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

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Name(as shownin NRIC): Wons Jong NRIC/FIN/Passport No : 5 1605354 P (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address :_____Mobile No.:___96421142 Contact (Tel) **Email Address** Date of Accident Place of Accident : Insurance Company: ____ (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: attached jideo, footage. Policyholder / Driver's Signature

GIARMC addendumform_V3

Date:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: Date: