



# LONPAC INSURANCE BHD

CLAIM NO : 19/19/19/VP05/021763

DATE : 06 SEPTEMBER 2019

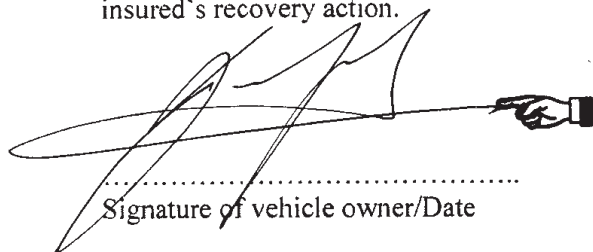
## DISCHARGE VOUCHER

I/We, THEODOROS KOFIDIS confirmed acceptance from M/s LONPAC INSURANCE BHD and/or owner of SGF 168K the sum of Singapore Dollar Five Thousand Five Hundred Eighty-Four and Cents Ninety-Three Only (\$5,584.93) in full and final satisfaction, liquidation and discharge of all property losses competent to me/us upon the said M/s LONPAC INSURANCE BHD in respect of all property losses sustained by me/us whether now or hereafter to become manifest, arising either directly or indirectly from an accident involving SLJ 7147U and SGF 168K on 06 May 2019 along GRANGE RD (JUST BEF INTERSECTION WITH TANGLIN RD).

I /We hereby agree to indemnify and keep indemnify (LONPAC INSURANCE BHD AND/OR STEPHEN Y CO) against all claims and any claims whatsoever made by any person/persons on our behalf in respect of the said accident.

I/We further authorize you to pay the above settlement sum directly to CYCLE & CARRIAGE INDUSTRIES PTE LTD.

I/We hereby acknowledged that this payment is made on a without admission of liability basis and without prejudice to all related claims and in respect of our insured's recovery action.



.....  
Signature of vehicle owner/Date

Theodoros kofidis 21/10/2019  
.....  
Name of vehicle owner /Date

## LETTER OF AUTHORIZATION

To: WNPAC  
\_\_\_\_\_  
\_\_\_\_\_  
Singapore \_\_\_\_\_

Attn.: Motor Claims Department

Dear Sir / Mdm,

MOTOR ACCIDENT INVOLVING SLJ7147U (OWNER'S  
VEHICLE NO.) AND SGF168K (3RD PARTY'S VEHICLE NO.)  
ON 6/5/19 (DATE) AT 1620 (TIME)  
AT/ALONG Grange RD (Just BEF Intersection (ROAD)  
with Tanglin Road)

I am the registered owner of SLJ7147U (Vehicle No.).

I hereby authorise CYCLE & CARRIAGE INDUSTRIES PTE LIMITED and its agents or any person(s) authorised by Cycle & Carriage Industries Pte Limited to do all or any of the following:-

- Submit, resolve and make any claims which I may have against the 3<sup>rd</sup> party insurers; and/or
- Execute and sign discharge voucher, indemnity forms and all necessary documents in connection with and arising from the above claim.

All payment towards settlement of my claim should be made in favour of CYCLE & CARRIAGE INDUSTRIES PTE LIMITED.

  
\_\_\_\_\_  
Registered Owner's Signature

(Company stamp & authorized signature if it is a company-registered vehicle)

Name : Theodoras Kofidis

NRIC No. : SXXXX206D

Date : 25/6/19

**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 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:

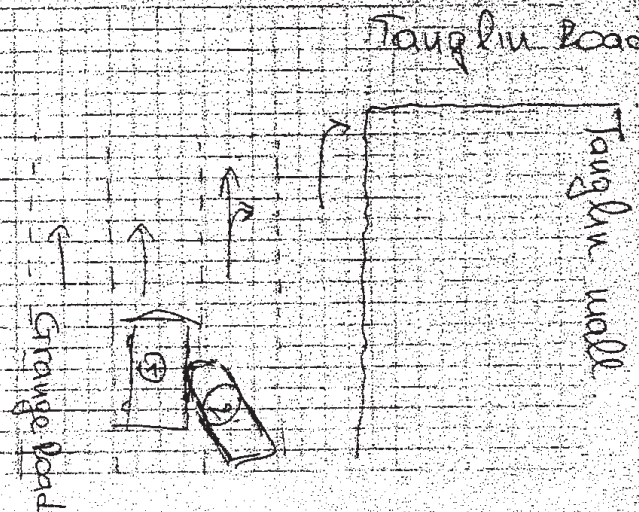
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## SKETCH PLAN

vehicle ① SLJ 7143U

vehicle ② SGF 1681



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving the car along Grange road with a rd 10-15 km/h as there was traffic when the driver of the vehicle with number SGF 1681 suddenly changed lane coming into my car. He hit me on the driver's door and my car jumped and moved. I was shakened badly.

I stopped 20m away. Went out of my car and asked him to stop. When he ~~came~~ ~~to~~ came out he asked me "What happened?"

I told him I'm going to call the traffic ~~to~~ police which I did while he was yelling ~~to~~ that he has to go and I can just take photos.

We exchanged contact details.

I called the traffic police who advised me what to do. He said his insurance agent will settle with me tomorrow.

I have a bad headache and feel a bit dizzy.

## DECLARATION

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

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.: