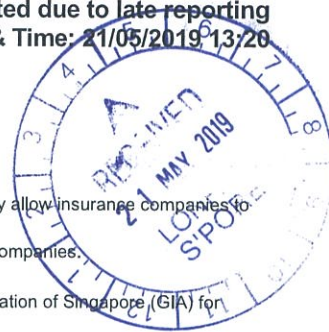


## SINGAPORE ACCIDENT STATEMENT

### 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	21/05/2019 13:12
Date Of Accident	06/05/2019 19:10
Exact Location Of Accident	ALONG SENGKANG EAST DR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP1181B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN CHYE SENG
NRIC No	S1774635I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93887858
Alternative Phone No	OTHERS-93887858

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 ABS AIRBAG (A)
Exact Purpose for which vehicle was being used at time of accident	PVT 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	Z/19/VP05/022856
Cover Note Number	

### Driver

Name of Driver	KWOK SISI
NRIC No	S6861264J
Date Of Birth	06/10/1968
Occupation	INDOOR
Date Of Driving Pass	04/04/2007
Driving Experience	12 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-88696617
Fax Number	
Contact Number	
Email Address	MITA_KWOK@HOTMAIL.COM

Address	BLK 188B RIVERVALE DR #02-1060
Postcode	542188
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - BUSINESS PARTNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	
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)	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 SKETCH ATTACHED

#### 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	SLG5025S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: SJP1181B  
INSURER : Wong C  
DATE & TIME: 6-5-19  
@ 710pm

### 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.

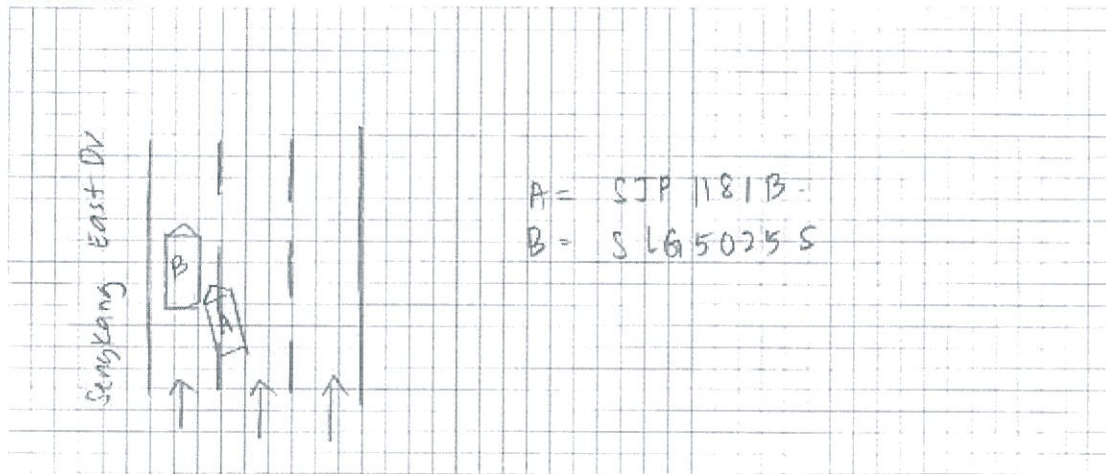
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Chen  
NRIC/FIN No.: Y5

### Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I did not notice m/car (B) on my left side .  
As I was filtering to the left, I collided onto  
the right side of the said veh .  
I was alone at that time .  
No one was injured .

## 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: Evelyn

NRIC/FIN No.:

1. 44221. 34M. 10. 10. 1954. 10. 10. 1954.

☐ Claim Own Policy

☐ Claim Third Party

(✓) Reporting Only

☐ Claim OD/TP at other workshop (

### Sketch Plan #3



Date: 13 May 2019

Mr Tan Chye Seng  
229 Vishnu St 21  
#02-560  
Singapore 760229

19VP05022.856

Dear Sir,

**ACCIDENT INVOLVING SJF1818 & SLO50255 ALONG SENGKANG EAST DRIVE ON 6.5.2019**

We refer to the above accident.

We have received a third party claim from the driver of SLO50255. The third party claim amount is \$3,013.91 (estimate).

The accident has not been reported to us. Please arrange for Kwok Yee to proceed to any of our authorized workshops/reporting centres to lodge a report.

Kindly note that we will be carrying out an investigation and will proceed to defend and/or negotiate a settlement of this claim and any further claims arising from this accident as we deem appropriate.

If there are any further evidence which you would like to bring to our attention to support of your case within 7 days of this letter.

Should you require any information or details, please contact us.

Kindly also note that you are required to notify us immediately upon receipt of all letters, claims, writ of summons, Traffic Police action taken against you. This includes all or any impending prosecution, request, final inquiry or offer of composition fine in connection with the above accident.

Please note that any failure on your part to observe this will result in us exercising our right of repudiation under the motor insurance policy.

Yours faithfully,  
LONPAC INSURANCE BHD

GERALD POH  
SENIOR EXECUTIVE (CLAIMS)  
Email: [rl.claims@lonpac.com](mailto:rl.claims@lonpac.com)

Ct. Hanthana Autohub Pte Ltd

300 Beach Road #17-04/07 The Concourse Singapore 189565 Tel: (65) 62507366 Fax: (65) 62968767  
Website: [www.lonpac.com.sg](http://www.lonpac.com.sg)



Doc Ref: 19/19/VP05/022797

Date: 13/05/2019

TO: TAN CHYE SENG  
229  
VISHNU ST 21  
#02-560  
SINGAPORE 760229

From: G/L/ Hanthana

Policy No: SJF18/VP05/022797  
Insured: TAN CHYE SENG  
Vehicle No: SLO 50255  
Location: SENGKANG EAST DRIVE

Accident Date: 06/05/2019

We acknowledge your notification on 13/05/2019 of the above accident.

In order that we may proceed further with this matter, kindly arrange for the following information and/or documents marked ( ) to be submitted to us:

- ( ) A copy of the driver's driving license
- ( ) A copy of the Police Report and/or Police Investigation report.
- ( ) If the driver has not reported the accident, kindly arrange for him to do so at any of our Authorized Workshops/Reporting Centres.
- ( ) If you or your client is claiming against any third party, kindly send us posted on the outcome of the third party claim & provide us with supporting document if your recovery is successful.
- ( ) A copy of the policy document of \_\_\_\_\_ applicable under section 11 of the Motor Policy for third party claim.
- ( ) Driver's comments on the extent of injuries sustained by injured party/person involved.
- ( ) Did the Police issue any Notice of Intended Prosecution and/or Notice of Traffic Offence against you or the driver. If yes, to let us have a copy before you pay any traffic fine.
- ( ) Kindly let us have the driver's comments in the third party's claim (copy enclosed herewith) within 10 days of this letter failing which we shall proceed as we see fit.
- ( ) In the event that your client receives correspondence from any third party, kindly forward them to us unanswered. Do not admit liability nor make any promise or offer of settlement without our consent.
- ( ) We have rejected the third party claim. If you receive a writ of summons from the third party, please forward to us immediately.
- ( ) Please let us have your urgent reply to our letter of \_\_\_\_\_.

We look forward to hearing from you. Please quote our file reference in future correspondence.

Thank you

CLAIMS DEPARTMENT  
LONPAC INSURANCE BHD

\*\*\* THIS IS A COMPUTER GENERATED DOCUMENT AND NO SIGNATURE IS REQUIRED \*\*\*



# Sketch Plan #4



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

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg

PASS DATE 04 Apr 2007



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

