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TP Insurer:		Ass't Repor	t by Fax / Hand t	Owner/Wksp		
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TP Particulars:	Veh No: N	V 35500	nc()/Non-INC (()	
Owner / Driver: (. 000		Tel:	,)
Policy No: () Period	l: ()	Cover Type: (- E -120	- its January
Confirmed by: (Date:	Time;	la la mana	1
Insured/Driver Liability: (%) [Note	c-Est. Status	(WO): N: 0-20	%; P: 21-79%.	P: 80-1009	/ 6]
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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 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.
- 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.

aforesaid.	
and the block of the property of the property	ACCIDENT STATEMENT
Date Of Report	06/06/2019 13:33
Date Of Accident	05/06/2019 14:45
Exact Location Of Accident	ALONG BEACH RD
Country/State of Loss	SINGAPORE
And the state of the contract	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC6240M
Insured/Policyholder	
Name Of Registered Owner	TAN MEE CHIEU
NRIC No	S7274969C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97541237
Alternative Phone No	OFFICE-97541237
Vehicle Particulars	
Manufacturer	HONDA
Model	ACCORD
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05021273
Cover Note Number	(4)
Driver	
Name of Driver	JAMES LIM WEI
VILLE VILLE PROPERTY.	

 Name of Driver
 JAMES LIM W

 NRIC No
 \$9739179C

 Date Of Birth
 07/11/1997

 Occupation
 INDOOR

 Date Of Driving Pass
 29/01/2016

Driving Experience 3 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97541237

Fax Number Contact Number

EMail Address NOEMAIL

Address BLK 274C JURONG WEST ST 25 #09-31

Postcode 643274

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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

2

NO

YES

NO

NO

NO

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

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) 1

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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES YES

Was there any video captured by Car Camera?

WITH DRIVER

Remarks/ Reasons: Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLV3550B

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)

DETAILS OF INJURED PERSON 1

Name

JAMES LIM WEI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SKC6240M

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 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:
 - 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	ET TOTAL	1111111	
			A-SKC6240M B-SLU3550B
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT		
on the state	d date and	time, 1	was driving ny
			on my RH side
DECLARATION /We declare the foregoing part	iculars are true in every respect.		LA L
olicyholder's Signature	Driver's Signature	Repo	orting Centre Personnel's Signature

Date & Time:

(If driver is not the policyholder) Date & Time:

Name: NRIC/FIN No.:

SIARMS Sketeroffering up V3

	1.1
Date of Accident	: 5/6/19 Accident Time: 2-45 PM (24-HR-Format)
Accident Place	: along Beach Road
Vehicle. No. (Car Plate No.)	: SKC 6240M Make/Model: Honda Accord
Insurace Company	: Lonpae Policy No: 218 VP 05021273
Owner or Company Name /IC No.	: Tan Mee Chien / 57274969C
Owner or Company Contact No.	:Owner's HpCompany Tel
DRIVER'S Name / IC No.	: James Lim Wei /59734179C
DRIVER'S Date Of Birth	: 7/11/1997 DRIVER'S License Pass Date 39/1/2016
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BIK 274 C Juray West st 25 # 09-31
DRIVER'S Contact No./ Alt No.	:1) 9754 1237 2) 5643274
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river): 1 Driver
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, Pls state):	r camera: FES \ NO s being used at the time of accident: Private use \ Work purpose
Other P	arty Driver's Particular (if any)
Vehicle. No: _SLV 3550	OB (AIG) Vehicle, No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact;	IC No. Driver/Contact:

* NEW - Passenger's name & gender:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9739179C





Name

JAMES LIM WEI

林炜

CHINESE Date of birth

07-11-1997 Country of birth SINGAPORE 59739179C

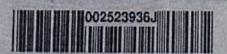
REPUBLIC OF SINGAPORE DRIVING LICENCE



Unange Number S 9 7 3 9 1 7 9 C

JAMES LIM WEI

Birth Date: 07 Nov 1997



NRIC No. S9739179C

Date of issue 13-09-2012

Address

APT BLK 274C JURONG WEST STREET 25 #09-31 SINGAPORE 643274

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 2B Class 3 Motorcycles -< 200 CC Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg

09 May 2017 29 Jan 2016

S9739179€

S / No.9000268028

NP 428A

Licence No:S9739179C

MXI



LONPAC INSURANCE BHD (398FC5835C)

(incorporated in Malavala)

Singapore Office; 300, Beach Road #17-04/07, The Concourse, Singapore 199555. Tel: (65) 6250 7388 Fax: (65) 6206 3767 Website: www.ionpac.com.sg GST Reg No.: F0-0005535-C

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE. MOTOR VEHICLES (THRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE). ROAD TRANSPORT ACT 1987 (MALAYSIA). MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z18VP05021273

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

HONDA ACCORD 2.0

- SKC6240M

2. Name of Policy Holder

TAN MEE CHIEU

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

05/12/2018

4. Date of Expiry of the Insurance

04/12/2019

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 SCEIAL, 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\$ 500.00 (SECTION 1) INSURED / NAMED DRIVERS

S\$ 1,500.00 (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

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.

IVWE 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: CINDYWONG Date Issued: 05/12/2018