





## 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             | 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        |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKC6240M             |
| <b>Insured/Policyholder</b> |                      |
| 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         | -                    |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | JAMES LIM WEI        |
| NRIC No              | S9739179C            |
| 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 |
| 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?   | YES |
| Was any injured conveyed to hospital by ambulance?  | NO  |
| 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

PLEASE REFER TO ATTACHED STATEMENT.

#### Attachment(s)

|   |             |
|---|-------------|
| Are accident photos available for attachment? | YES         |
| Was there any video captured by Car Camera?   | YES         |
| Remarks/ Reasons:                             | WITH DRIVER |
| Was there any audio recorded?                 | NO          |

#### 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                                    | BODY          |
| Injured person in which vehicle?                    | SKC6240M      |
| Were seat belts worn?                               | YES           |
| Was this injured conveyed to hospital by ambulance? | NO            |
| Address   |               |
| Postcode  |               |



## SKETCH PLAN

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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)**

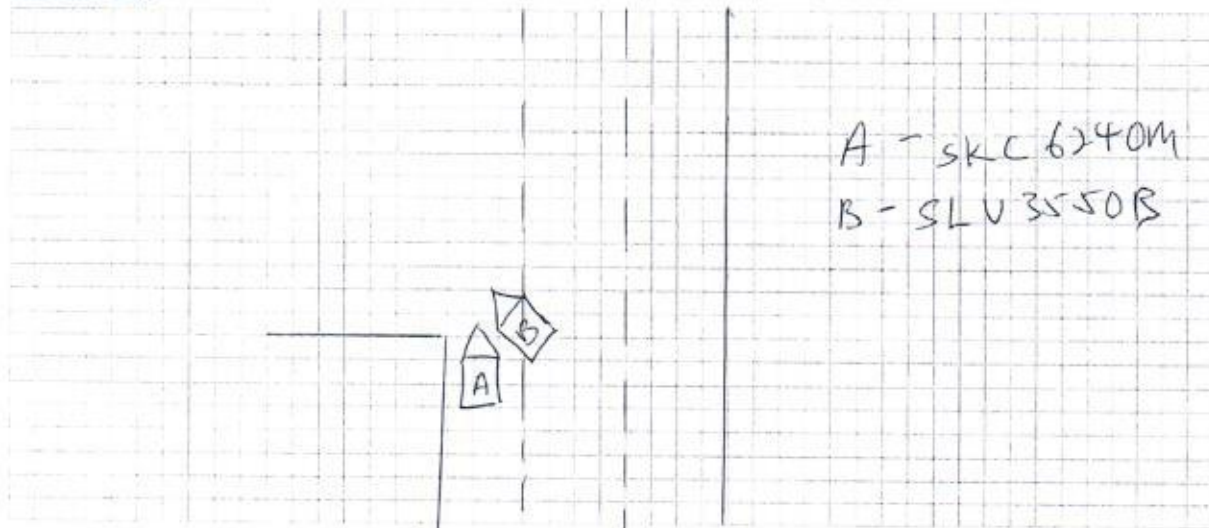
I understand, acknowledge, agree and consent that:

- (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****DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

on the stated date and time, I was driving my vehicle along Beach Road on my lane. Suddenly vehicle B cut into my lane and hit on my RH side portion.

**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.:



Date of Accident : 5/6/19 Accident Time: 2:45PM (24-HR-Format)  
 Accident Place : along Beach Road  
 Vehicle No. (Car Plate No.) : SKC6240M Make/Model: Honda Accord  
 Insurance Company : Lompac Policy No: 218VP05021273  
 Owner or Company Name /IC No. : Tan Mee Chien / 57274969C  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : James Lim Wei / 59739179C  
 DRIVER'S Date Of Birth : 7/11/1997 DRIVER'S License Pass Date 29/1/2016  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : BLK 274C Jurong West St 25 # 09-31  
 DRIVER'S Contact No./ Alt No. : 1) 97541237 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 Driver): 1 Driver

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): yes

**Other Party Driver's Particular (if any)**

|                                     |                              |
|-------------------------------------|------------------------------|
| Vehicle No: <u>SLV 3550 B (AIG)</u> | 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. S9739179C



Name

JAMES LIM WEI

林 伟

Race

CHINESE

Date of birth

07-11-1997

Sex

M

Country of birth

SINGAPORE

S9739179C

REPUBLIC OF SINGAPORE DRIVING LICENCE



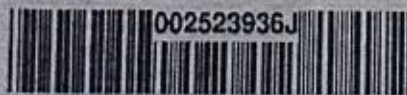
Licence Number S9739179C

NAME

JAMES LIM WEI

Birth Date: 07 Nov 1997

Issue Date: 29 Jan 2016



002523936J





4884551



NRIC No. **S9739179C**

Date of issue  
**13-09-2012**

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

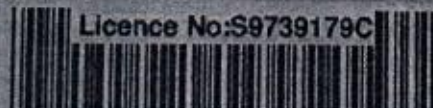
**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

|          |   | EFFECTIVE DATE |
|----------|---|----------------|
| Class 2B | Motorcycles $\leq$ 200 CC   | 09 May 2017    |
| Class 3  | Motor cars $\leq$ 3000 kg with $\leq$ 7 passengers, exclusive of the driver; and motor tractors/vehicles $\leq$ 2500 kg | 29 Jan 2016    |

**S9739179C**

**S / No. 9000268028**

**NP 428A**



**Licence No: S9739179C**




**LONPAC INSURANCE BHD** (S98FC5835G)

(Incorporated in Malaysia)

Singapore Office: 303, Beach Road #17-04/07, The Concourse, Singapore 199555.

Tel: (65) 6250 7388 Fax: (65) 6206 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-000535-C

MOI

## 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. : Z18VP05021273

Type of Cover : COMPREHENSIVE

- |  |                                |
|--|--------------------------------|
| 1. Index Mark and Vehicle Registration Number  | HONDA ACCORD 2.0<br>- SKC6240M |
| 2. Name of Policy Holder   | TAN MEE CHIEU                  |
| 3. 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<br>(A) THE POLICYHOLDER (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/HER PERMISSION<br>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<br>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 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.

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: CINDYWONG  
 Date issued: 05/12/2018