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TP Insurer:	Assessment/Survey Repor	t i	
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Proformed Wksp / INC Assign Wksp / QW: (		Tolt I	Fax:
TP Particulars: Veh No: S6	NORTH INC	C( , )/Non-INC( ).	
Owner / Driver: (	,	Tel:	)
and the state of t	eriod: (	) Cover Type: (	)
Confirmed by : (	· Dates .	Timer	)
TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER	[Note-Est. Status (WO): N: (	0-20%; P: 21-79%. P: 80-	100%]
	Warranty: YES ( )/NO (	<u>)                                    </u>	
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( ) Walk-In Customer : Customer's Info	ormation strictly Confidential &	Strictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insur	er URGENTLY. ·	· · · · · · · · · · · · · · · · · · ·	
Drive-In ( )/ Towed-In ( ); Invoice	e: YES( ) / NO( )	Towing Co: ( · , '	• )
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1) Apply for Transport Allowance ( )/(	Courtesy Car ( )	MAN MANNEY SANTA STATE OF THE SA	historia.
2) QC Check / Post Repair Inspection	( ·)		•
3) Upload Resurvey Photo [Repair Cost> \$:	30007		· ·
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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
- 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.

- 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

**ACCIDENT STATEMENT** 

Date Of Report

05/09/2019 12:55

Date Of Accident

03/09/2019 21:35

Exact Location Of Accident

AT CHEONG CHIN NAM ROAD (CARPARK)

Country/State of Loss

SINGAPORE

	ETAILS OF	OWN V	/EHICLE
--	-----------	-------	---------

Vehicle Registration Number

SKN9835U

Insured/Policyholder

Name Of Registered Owner NRIC No

HORSAHAMAY BIN YASIN

**Email Address** 

S1437013G

Mobile Phone No

LIYANAH@HOTMAIL.COM

Alternative Phone No

(LOCAL) +65-97874426 OTHERS-97874426

Vehicle Particulars

TOYOTA

Model

Manufacturer

WISH-1.8 (A)

Exact Purpose for which vehicle was being used at PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY

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

Z19VP05023481

Cover Note Number

Name of Driver

HORSAHAMAY BIN YASIN

NRIC No Date Of Birth

S1437013G 28/01/1960

Occupation Date Of Driving Pass INDOOR

Driving Experience

09/07/1992

27 YEARS AND 1 MONTH

Mobile Number

MALE (LOCAL) +65-97874426

Fax Number

Gender

Contact Number

OTHERS-97874426

EMail Address

LIYANAH@HOTMAIL.COM

Page 1 of 15

BLK 425 JURONG WEEST AVENUE 1 Address

#01-384

Postcode 640425

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

Type Of Accident COLLISION - OPENING DOOR OF VEHICLE

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

Was any body injured in the Accident? NO

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)

Passenger 1

NAME:

NO

YES

NO

4

: WIFE

GENDER:

: FEMALE

Passenger 2

NAME:

: DAUGHTER

GENDER:

: MALE

Passenger 3

NAME:

: GRANDSON

GENDER:

: MALE

**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?

NO

NO

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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

SGV8871B AUDI

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HE ZHUO JING

NRIC/Passport Number

S8970741B

Page 2 of 15

Contact Number

97351267

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

3

NAME:

Passenger 2

GENDER: :

NAME:

GENDER: :

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 aforesald.
- 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:

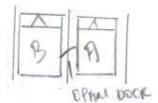
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Scanned with CamScanner

# CHHONG CHIM NAM ROAD (CARPARK)



B) SKN 9835U B) SGN 8871

A1 2135hcc on 3	19/2019   Incohen of maident
(carpark) Mu	19/2019, location of accident was at Cheong Chin Nam Road  Cart My car was parked at the above mentioned carpark-white
ctationary, my	
5.421 (42.500.00) CC FOOT	, Janes He tell parterings can been been
2	The passenger
	The state of the tright
cide of his a	ar door. Other party claims that My passenger had left
a small mark	on his right driver's door. Other party requested for
compensation vi	ia insurance. There was no collision, no persons were injured.
Paint from my	car door (at left passenger door) been seen chipped from
this incident.	The other party's car may morning have marks pre-existing
on the affected	I door that did not have any contact with my passenger
	ne left. (Photos as provided).
(1)	ic tell (thorus as provided)
CLARATION	
37 37 SE SECTION TO THE SECTION SECTIO	rticulars are true in every respect.
	ticolars are true in every respect.
re decisie the foregoing par	
At the loregoing par	oclos bo
JEFE	Driver's Steadure
cyhaldec's Signature e & Time:	Driver's Signature (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:

Scanned with CamScanner

## ACCIDENT STATEMENT

	/MM/YYYY), TIME:(21 : 35 )(HH:MM)
LOCATION: CHECNE CHIN NAM ROAD	(CARPARK)
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: SKN 9835 U	a e v
DINSURANCE COMPANY: LONPAC	INSURANCE BHD
CIPOLICY NUMBER: Z19 VP050234	SI SHD
dipolicy type: (college)	
OMAKE & MODEL: TOYOTA	THIRD PARTY / THIRD PARTY FIRE &THEFT)
UTYPE: (SALOON / COURT / LIPY AVA	NISH 18 HUID
SIVEHICLE CATEGORY: (PRIVATE / CO	N/LORRY/MOTORCYCLE./OTHERS) ROY
h)PURPOSE OF USING AT ACCIDENT	TIME PROPERTY.
DARE YOU CLAIMING UNDER YOUR	IME: PAKKING
IF NO, PLEASE STATE (THIRD PARTY O	AIN ( BEECH YES (NO)
2. INSURED / POLICY HOLDER	CAMIT REPORTING ONLY
A)NAME: HORSAHAMAY BIN YASI	N (MANE (SENANE)
DINRIC/FIN/PASSPORT: \$ 143 7013	
CIADDRESS: 425 JUNONG WEST	NVE [ #01-384
5 640425	
• 0011811111	OUCY HOLDER
of pristange DRIVER	
Including divier) DINAME: HORCAHAMAY BM YASIN	(MALE / FEMALE)
( 4 ) DINNIC/FIN/FASSPORT:_ STT510139	CONTACT: 97874426
CINCONESS. THE UNIX MELL	AVE 1 #01-354 .
S 640425	·
"d)DATE OF BIRTH: 1 28 / 01/ 196	2_J(DD/MM/YYYY) ·
e)OCCUPATION: (INDOOR / OUTDOO	)R) :
DATE OF DRIVING PASS 18	01   2014
4. WAS DRIVER AN EMPLOYEE OF THE	INSURED'S COMPANY? (YES / 10)
INO, RELATIONSHIP OF THE DRIV	FR WITH INCLIDED. FAMILY (NAUGHTE)
WEATHER CONDITION: (CLEAR / RAI	NING / OTHERS -
DIROAD SURFACE: DRY / WET / OTHER	52
6. WAS ANYBODY INJURED LYES AND	
7. a) REPORTED TO POUCE (YES (NO) IF YES, PLEASE STATE WHICH POLICES	
8. THIRD PARTY VEHICLE	STATION:
of pussinger of VEHICLE NUMBER: SGV 8871	2
duding driver) b) DRIVER'S NAME: HE ZHOU JIN	
9. THIRD PARTY VEHICLE	11 BCONTACT: 9135 1267
	HODEL
DDIVEDIS NAME	MODEL:
ducting driver) 1) NRIC/FIN/PASSPORT:	·
, , , , , , , , , , , , , , , , , , ,	CONTACT:
/	
	W 20 G.

email =



CERTIFICATE OF INSURANCE

662.

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.: Z19VP05023481

GST Reg No.: F0-0005635-C

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

TOYOTA WISH 1.8

2. Name of Policy Holder

HORSAHAMAY BIN YASIN

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

16/05/2019

4. Date of Expiry of the Insurance

15/05/2020

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 MOTOR TRADE.

Excess

: \$\$ 0.00 (SECTION 1) INSURED / NAMED DRIVERS \$\$ 1,000.00 (SECTION 1) UNNAMED DRIVERS \$\$ 3,000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS \$\$ 100.00 WINDSCREEN EXCESS

LONPAC'S AUTHORISED WORKSHOPS
\$\$ 0.00 AN ADDITIONAL EXCESS OF \$500 FOR 2ND & SUBSEQUENT CLAIM DURING THE POLICY PERIOD (FOR COMPREHENSIVE COVER

ONLY).

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.

IWE 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: GVCREDIT PTE LTD

CHEF EXECUTIVE (Singapore Branch)

User ID: CYJONG Date Issued: 16/05/2019

Certificate of Insurance - Page 1 of 1