

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	02/10/2019 10:55
Date Of Accident	01/10/2019 11:25
Exact Location Of Accident	HAVELOCK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD201S
-----------------------------	---------

Insured/Policyholder

Name Of Registered Owner	REFLECT TRADING
Co Reg No	52955915C
Email Address	INFO@REFLECT.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64624026

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
Exact Purpose for which vehicle was being used at time of accident	
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/18/VC00/102569
Cover Note Number	

Driver

Name of Driver	HO YUE PENG
NRIC No	S0154585Z
Date Of Birth	21/01/1950
Occupation	OUTDOOR
Date Of Driving Pass	13/09/1969
Driving Experience	50 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96518090
Fax Number	
Contact Number	
EEmail Address	INFO@REFLECT.COM.SG

Address	BLK 220, JURONG EAST STREET 21 #09-623
Postcode	600220
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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)	2
Passenger 1	NAME: : BODDY CHUA GENDER: : MALE

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 TO ATTACHED SKETCH PLAN.

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	SKR1992E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PHILIP NG YEE TSOONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

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.



Reflect Trading
1 Clementi Loop #04-02
Singapore 129808
Tel: 6462 4026 Fax: 6462 4029
Email: info@reflect.com.sg

Handwritten signature 2/10/19

Handwritten signature 2/10/19

Policyholder's Signature
Date & Time:

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

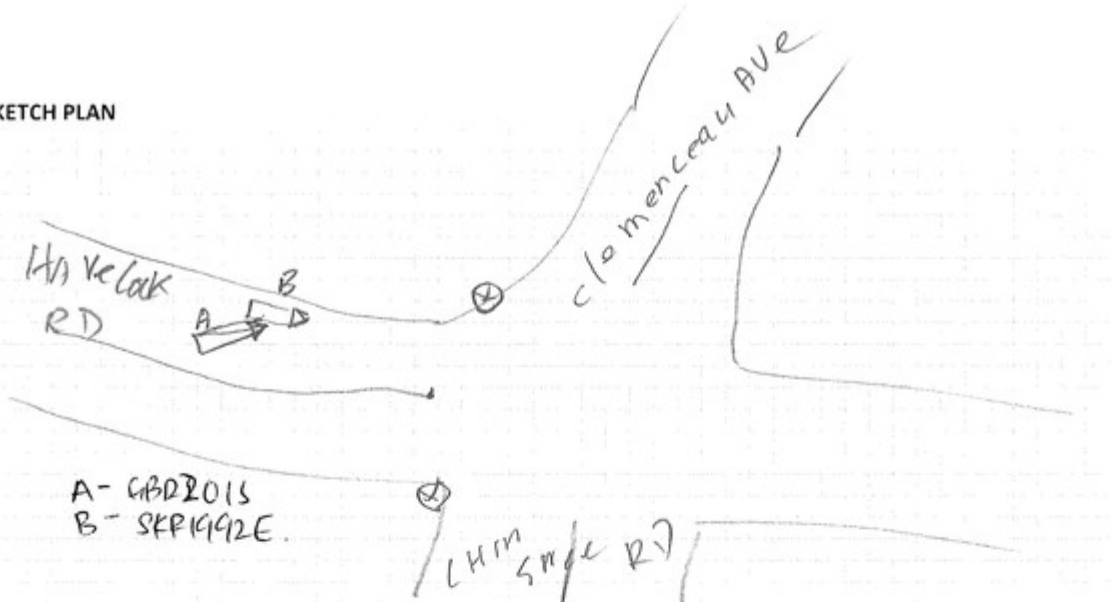
Reporting Centre Personnel's Signature
Name: *Handwritten name*
NRIC/FIN No.: *Handwritten number*

Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.

() Claim Own Damage () Claim TP (☒) Reporting Only () Claim OD/TP at other workshop

Workshop Name : _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/10/19, @ about 11:25am, my vehicle was travelling in the second lane along Havelock Road. The traffic was heavy, I wanted to keep left, hence after checking that there was no oncoming vehicles on the left, I switched to the left lane, suddenly, vehicle B, SKR192E came from behind at a fast speed, and both vehicles collided together.

DECLARATION

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



Reflect Trading
1 Clementi Loop #04-02
Singapore 129808

Policyholder's Signature: *[Signature]* Date & Time: *2/10/19*

Driver's Signature: *[Signature]* Date & Time: *2/10/19*

Tel: 6462 4026 Fax: 6462 4029
Email: info@reflect.com.sg

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

**LONPAC INSURANCE BHD (S98FC5635C)**

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

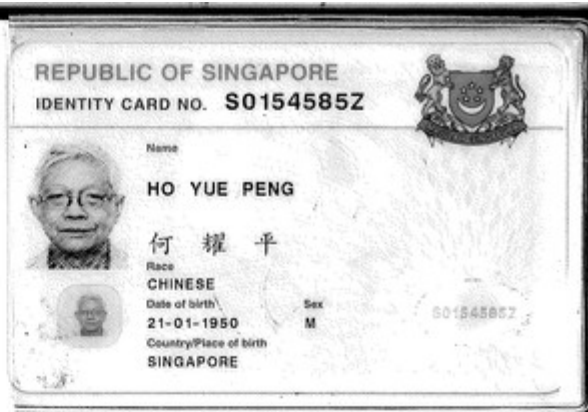
Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

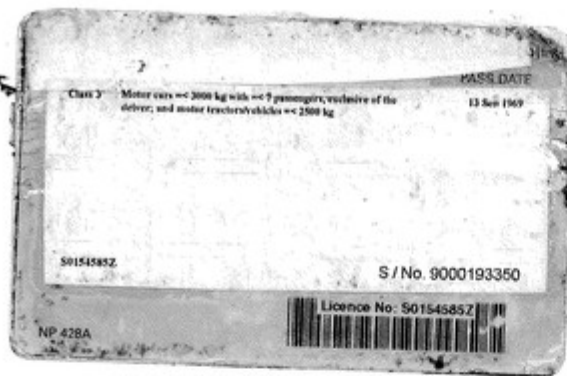
GST Reg No.: F0-0005635-C

THE SCHEDULE*Bank's Copy*

Class of Policy	: COMMERCIAL VEHICLE	Policy No.	: Z/18/VC00/102569
Insured	: REFLECT TRADING	Type of Cover	: COMPREHENSIVE
Address	: 1 CLEMENTI LOOP #04-02 CLEMENTI WEST INDUSTRIAL ESTATE SINGAPORE 129808	Replacing CN/Policy No.	: Z/17/VC00/100765
		Account No	: Z10262 L/A
Business or Profession	: IMPORTER/EXPORTERS AND COMMISSION AGENT		
Period Of Insurance			
(a) From 22/10/2018 To 21/10/2019 (both dates inclusive)			
(b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
H.P. Owner	: UNITED OVERSEAS BANK LTD		
Description of Vehicle	The Policy's Premium		
Vehicle/Trailer Regn. No. : GBD 201S	Premium : S\$ 2,121.36		
Make & Model of Vehicle : TOYOTA HIACE TURBO	NCD 20.00 % : S\$ (424.27)		
Type of Body : VAN	<u>Extra Benefits</u>		
Engine No. : 1KD2395345	WINDSCREEN -S\$1,000 : S\$ 40.00		
Chassis No. : JTFHT02P200138876	Gross Premium : S\$ 1,737.09		
Year of Registration : 2014	Goods & Services Tax 7 % : S\$ 121.60		
c.c./Tonnage : 1.04	Total Premium : S\$ 1,858.69		
Seating Capacity : 2			
Sum Insured : MARKET VALUE			
Excess : S\$ 600.00 (SECTION 1) S\$2500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS S\$100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON 2ND AND SUBSEQUENT CLAIMS)			
Condition : ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS			

18VC002Aug v-5.8.2 Z10262 - VM1





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

