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.
- 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	14/10/2019 14:21	
Date Of Accident	14/10/2019 12:30	
Exact Location Of Accident	X CHOA CHU KANG DR & TECK WHYE AVE	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJL5388S	
Insured/Policyholder		
Name Of Registered Owner	TEE SOON KAY	
NRIC No	S0500806I	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-96745946	

OFFICE-96745946

Alternative Phone No **Vehicle Particulars**

Manufacturer **HYUNDAI** Model **ELENTRA**

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?

YES

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company LONPAC INSURANCE BHD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number Z/18/VP05/021188-001

Cover Note Number

Driver

Name of Driver TEE SOON KAY NRIC No S0500806I Date Of Birth 28/03/1949 Occupation **INDOOR Date Of Driving Pass** 07/08/1969

Driving Experience 50 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96745946

Fax Number

OFFICE-96745946 Contact Number

EMail Address NOEMAIL

BLK 17 JOO SENG RD #04-131 S360017 Address

Postcode

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 - CROSS JUNCTION**

2

NO

Weather Conditions **CLEAR** DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES 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

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED REPORT

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMB77P Vehicle Make/Model/Colour **SMRT BUS**

Details Of Properties

BUS Vehicle Category Name of Driver NA

NRIC/Passport Number

Contact Number NA Address NA

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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")
- 2. I fully understand and agree with the above statement.
 all insurer(s) who have insured vehicle(s) involved insured to collect, use, disclose and/or process my Personal Information for one or more of the paper of the paper
- (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)

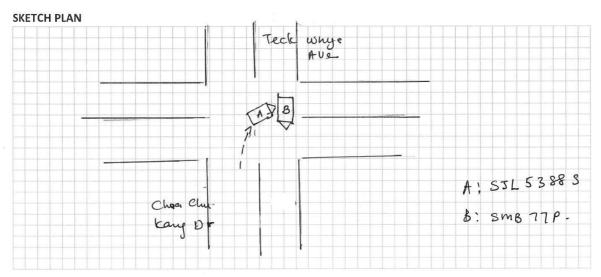
Name:

Reporting Centre Personnel's Signature

Date & Time:

4/10/19 1425 h NRIC/FIN No.:

Accident Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE GREGORISTANCES OF THE ACCIDENT			
14 4	the Junchon, traffe light was	green, I saw vehicle	
in from	at move & turn, I follow	to turn as I saw	
mu b	ous was some distruce, Just speed up + collided onto	at the junction, the	
bus	speed up + collided onto v	my vehicle.	
		J	
		11 " 1 1	
	ı		
	I, HEREBY DEC		
	1. The reporting extra contact cap alread the above statement & sketch plan to me.		
2. I fully understand and agree with the above statement. 3. The information given is true and correct to best of my/our knowledge and belief.			
			ym
	Name, Signature & Company	INSURER: Longac.	
Stamp (if applicable)		VEHICLE: SJU5388S	
l la	- 18 1 × 12 × 10 × 10 × 10 × 10 × 10 × 10 ×	DOA: 14/10/19.	
		CLAIM TYPE: © \(\sigma\)	
		WORKSHOP: KTS .	
	9/2		

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:

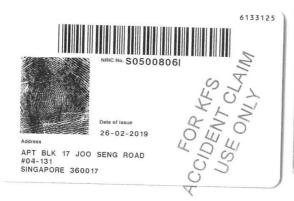
Reporting Centre Personnel's Signature

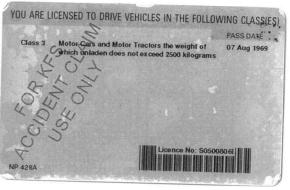
Name:

1425 hanric/FIN No .:

Identification Card Pg. 1









LONPAC INSURANCE BHD (S98FC5635C)

MX1

(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

CERTIFICATE OF INSURANCE

Insured's Copy

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). MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) HULES T ROAD TRANSPORT ACT 1987 (MALAYSIA). ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA). THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.

: Z/18/VP05/021188-001

Type of Cover

: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

HYUNDAI ELANTRA 1.6

- SJL 5388S

2. Name of Policy Holder

TEE SOON KAY

3. Effective date of the Commencement of Insurance for the purpose of the Act.

07/12/2018

4. Date of Expiry of the Insurance

27/11/2019

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.

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.

: S\$ 1000.00 (SECTION 1) INSURED / NAMED DRIVERS

S\$ 2000.00 (SECTION 1) UNNAMED DRIVERS

s\$ 3000.00 (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

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

H.P. Owner

: MAYBANK

CHIEF EXECUTIVE (Singapore Branch)

User ID Date Issued

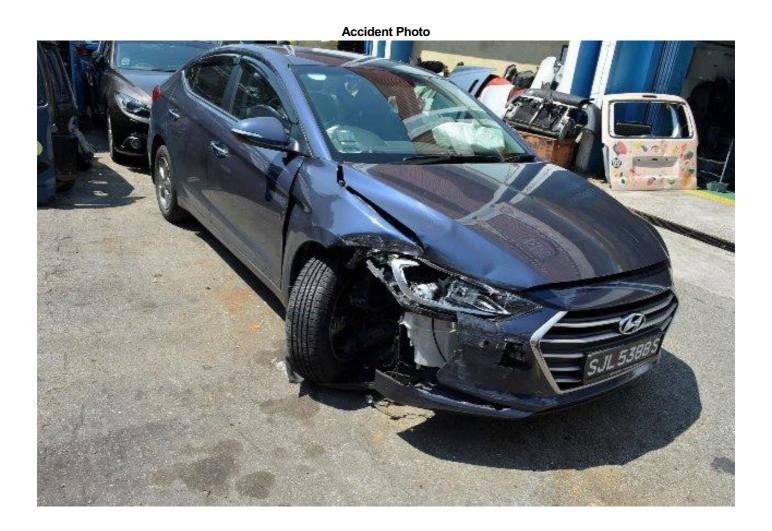
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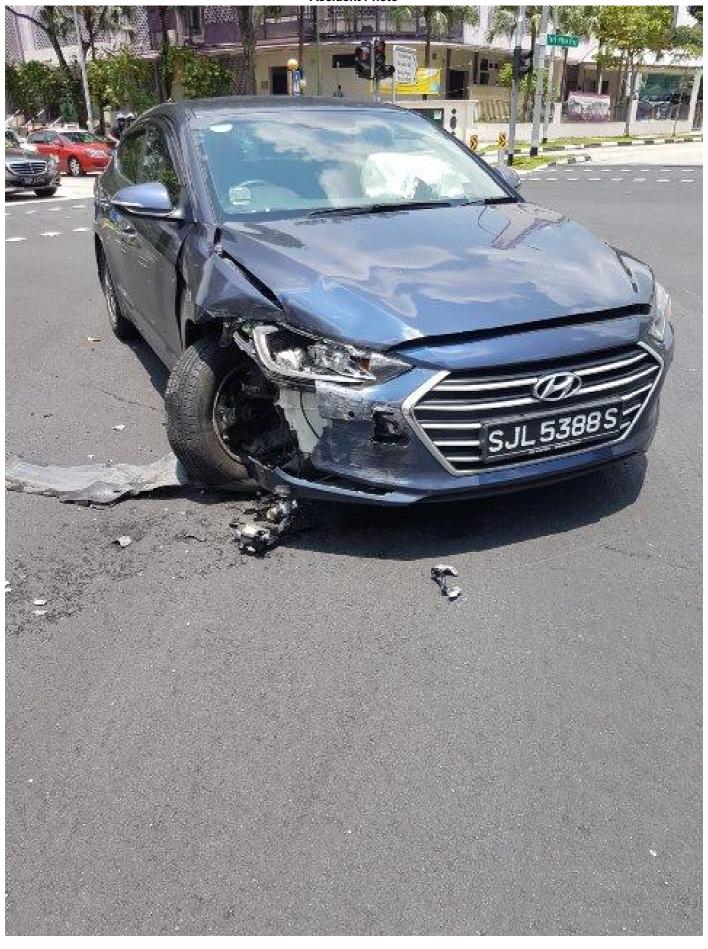


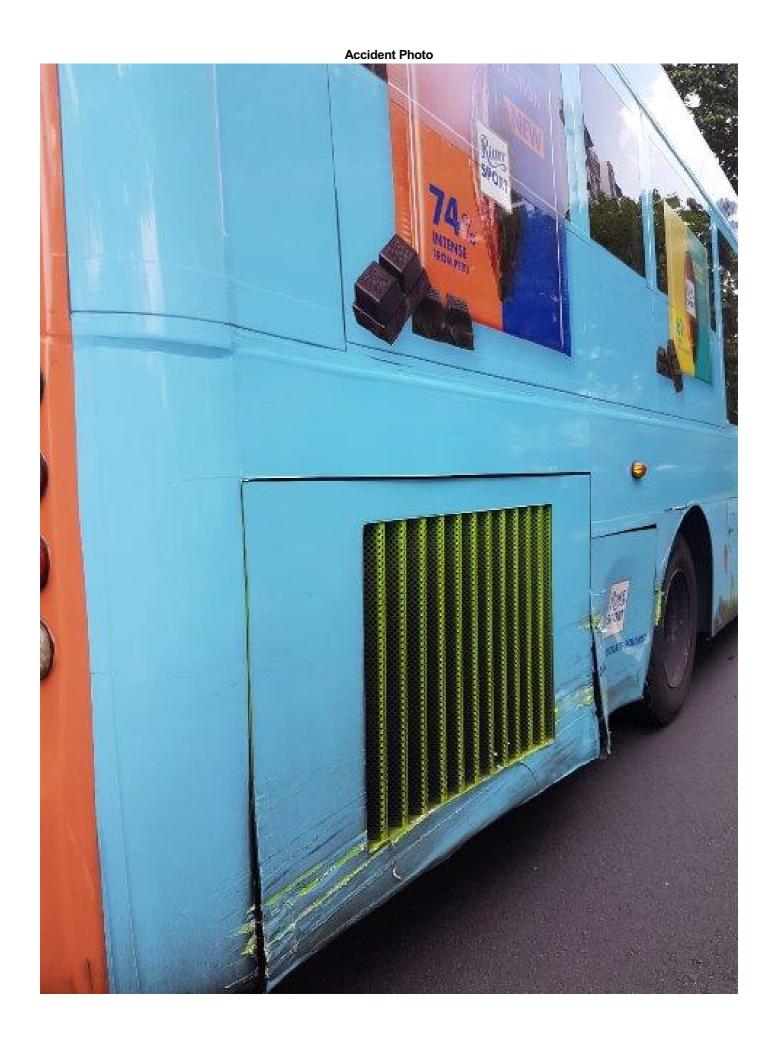






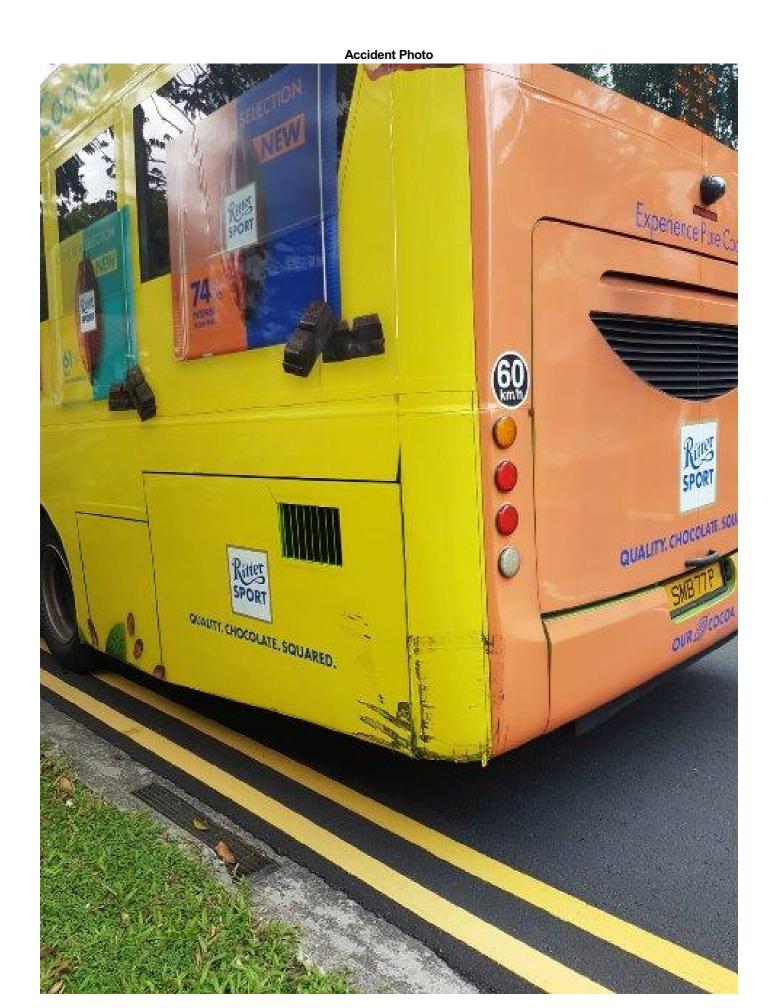




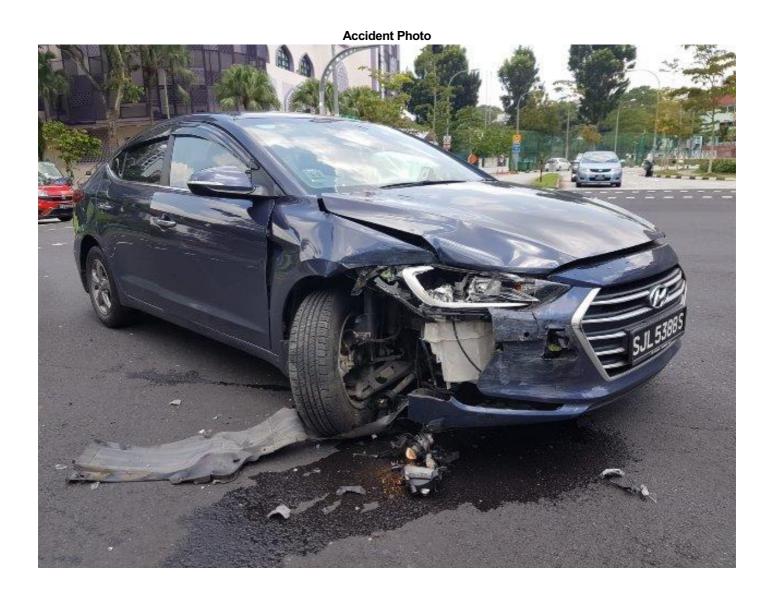












Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE:</u> Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : ____MKFS19135993 _____Vehicle Registration No: ___ Name(as shownin NRIC) : ____ TEE SOON KAY __NRIC/FIN/Passport No: __S05008061 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address _Singapore() 96745946 : ______Mobile No. :____ Contact (Tel) **Email Address** Date of Accident : ____14/10/2019 ___Time of Accident : ____1230HRS X CHOA CHU KANG DR & TECK WHYE AVE Place of Accident :_ Lonpac Insurance Bhd Insurance Company: (B) ADDITIONALINFORMATION/AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: TYPO ERROR: ACCIDENT LOCATION SHOULD BE: CHOA CHU KANG DR & TECK WHYE AVE Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: NRIC/FIN No.:

Date:

GIARMC addendumform_V3