

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	02/11/2019 09:48
Date Of Accident	01/11/2019 11:50
Exact Location Of Accident	SIGLAP HILL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR1995Y
Insured/Policyholder	
Name Of Registered Owner	CHUA BEE LAY
NRIC No	S6927154E
Email Address	AMANDA.TGSBV@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97936009
Alternative Phone No	OFFICE-69503198

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA 200-1.6 SHOOTING BRAKE (R18 BI) (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
Are you claiming under your own insurance policy for repair to your vehicle?	YES
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	Z19VP05021873
Cover Note Number	

Driver

Name of Driver	PECK ZI XIN, ISAAC
NRIC No	S9535288Z
Date Of Birth	30/09/1995
Occupation	INDOOR
Date Of Driving Pass	16/10/2014
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90485775
Fax Number	
Contact Number	
Email Address	ZIXINISAAC@GMAIL.COM

Address	33E SIGLAP HILL
Postcode	456103
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 - HEAD ON COLLISION
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)	3
Passenger 1	NAME: : PECK YI SHAN GENDER: : MALE
Passenger 2	NAME: : DEVI GENDER: : FEMALE

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

AT ABOUT 11.50 AM ON 1ST NOVEMBER 2019. I WAS DRIVING THE MERCEDES OUT OF THE HOUSE, THROUGH THE HOUSE GATE RIGHT AFTER I EXITED, I NOTICED A BLUE HONDA CAR B (SJD 9668 A) ON THE OPPOSING LANE. I SAW DRIVING UNUSUALLY TURNING INTO MY LANE, AS I THOUGHT HE WAS AVOIDING SOMETHING, I STOPPED TO GIVE HIM SPACE TO TURN BACK INTO HIS LANE. HOWEVER, HE DID NOT STOP AND RAN STRAIGHT INTO ME, RESULTING IN DAMAGE TO MY FRONT RIGHT BUMPER AND HIS FRONT RIGHT BUMPER FELLING OFF.

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	SJD9668A
Vehicle Make/Model/Colour	HONDA
Details Of Properties	CAR B
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD IZZ KHAIRIN BIN MOHAMMED HISHAM
NRIC/Passport Number	S9746747A
Contact Number	87799069

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

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.

Policyholder's Signature

Date & Time: 10.11

02/11/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time: 10.11 02/11/19

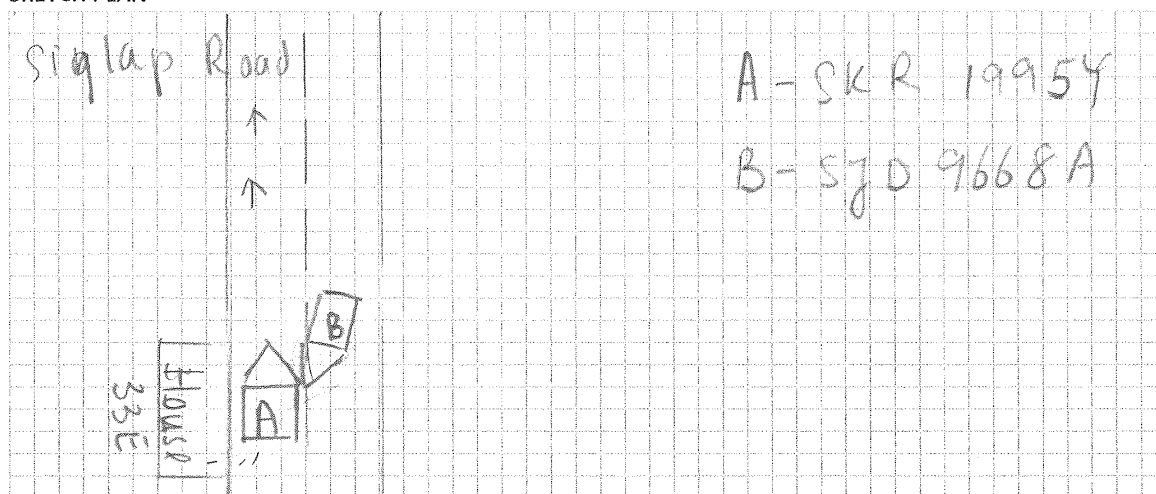


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 11.50am on 1st November 2019. I was driving the Mercedes out of the house, through the house gate right after I exited, I noticed a blue Honda car B (SJD9668A) on the opposing lane. I saw driving unusually turning into my lane. As I through was avoiding something, I stopped to give him space to turn back into his lane. However, he did not stop and ran straight into me, resulting in damage to my front right bumper and his front right bumper falling off.

DECLARATION

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


Policyholder's Signature

Date & Time: 10.16

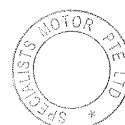
02/11/2019

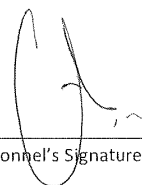
CHAPRIC Motor Field Form V3



Driver's Signature
(If driver is not the policyholder)

Date & Time: 10:16 02/11/19





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

MX1

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. : Z19VP05021873
Type of Cover : COMPREHENSIVE
1. Index Mark and Vehicle Registration Number
**MERCEDES-BENZ CLA180 1.6
 - SKR1995Y**
2. Name of Policy Holder
CHUA BEE LAY
**3. Effective Date of the Commencement of Insurance
 for the purpose of the Act**
23/01/2019
4. Date of Expiry of the Insurance
22/01/2020
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.

6. 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

: S\$ 0.00 (SECTION 1) INSURED / NAMED DRIVERS

S\$ 1,000.00 (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 OR DISTRIBUTOR-OWNED MOTOR WORKSHOP

* 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: MRMLP0014
 Date Issued: 11/01/2019

Identification Card Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S6927154E**
Name: **CHUA BEE LAY**

Birth Date: **26 Jul 1969**
Issue Date: **25 Feb 2004**

001137573B

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S6927154E**

Name: **CHUA BEE LAY**

Race: **CHINESE**
Date of Birth: **26-07-1969** Sex: **F**
Country of Birth: **SINGAPORE**

0483990

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

Class	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	11 Jul 1988

NP 428A

Licence No: S6927154E

0483990

NRIC No: **S6927154E**

REPUBLIC AUTO PTE LTD
301 ALEXANDRA ROAD
MERCEDES-BENZ CENTER
SINGAPORE 459968
TEL: 6844 4488 FAX: 6866 1717

33E SIGLAP HILL
SINGAPORE 456103

NRIC No: **S6927154E** Date: **21/12/2009** No: **6297425**

REPUBLIC OF SINGAPORE DRIVING LICENCE


License Number **S9535288Z**

Name: **PECK ZI XIN, ISAAC**

Birth Date **30 Sep 1995**

Issue Date **16 Oct 2014**

002355863A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9535288Z**

Name **PECK ZI XIN, ISAAC**



白子信

Race **CHINESE**

Date of birth **30-09-1995** Sex **M**

Country of birth **SINGAPORE**

4621160

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 16 Oct 2014

NP 428A

Licence No: S9535288Z

4621160

NRIC No. **S9535288Z**

Date of issue **23-08-2010**

Address **33E SIGLAP HILL
SINGAPORE 456103**




Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : msm 119145024 Vehicle Registration No: SKR 1995Y
Name(as shown in NRIC) : Chua Bee Lay NRIC/FIN/Passport No : S 6927154E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 33E Siglap Hill Singapore()
Contact (Tel) : Mobile No. : 97936009
Email Address : amanda.tgsbv@hotmail.com
Date of Accident : 01.11.2019 Time of Accident : 11.50 am
Place of Accident : Siglap Hill
Insurance Company: Lonpac Insurance Bhd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend. from third party to OD

Policyholder / Driver's Signature
Date:

U
Reporting Centre Personnel's Signature
Name: Betty
NRIC/FIN No.:
Date: 02/11-19 11.40.