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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	13/01/2020 10:48
Date Of Accident	12/01/2020 10:30
Exact Location Of Accident	ALONG TELOK BLANGAH DRIVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ8732L
Insured/Policyholder	
Name Of Registered Owner	RNJ MOTORING
Co Reg No	-
Email Address	EUROTIMESG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96668962
Alternative Phone No	OFFICE-96668962
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number Z/19/VC40/105413-001

Cover Note Number

Driver

Name of Driver LAM WENG KONG NRIC No SXXXX207E

Date Of Birth 13/03/1951 Occupation **OUTDOOR Date Of Driving Pass** 28/06/1972

Driving Experience 47 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96668962

Fax Number

OTHERS-96668962 Contact Number

EMail Address EUROTIMESG@YAHOO.COM.SG

BLK 62B STRATHMORE AVENUE Address

#18-56

Postcode 143026

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

SIDE SWIPE Type Of Accident 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

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO 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)

Passenger 1

NO 2

> NAME: : MDM NG SWEE MUI

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND ATTACHMENT

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 SLB9851Z Vehicle Make/Model/Colour **NISSAN**

Details Of Properties

Vehicle Category PRIVATE CAR

MDM TAY PUAY HOON Name of Driver

NRIC/Passport Number SXXXX030B **Contact Number** 81822019

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 5. 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 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:
 - 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 Sig

Name:

NRIC/FIN No.:

SKETCH PLAN	
CARPAR	K
A) SMJ 8732L B) SLB 9851Z	1424
DESCRIBE CIRCUMSTANCE	
REFFER TO A	
	1
DECLARATION /We declare the foregoing part	ticulars are true in every respect.
Nell'authoridade d'	andlore 13/1/2020 pm 13/01/2020,
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Reporting Centre Personne Signature Name: Data & Times

30 th January 2020				
To: Mdm. Tay Puay Hoon (I/C No. S15300308)				
Re Accident on 12/01/2020 around 11am. At Telok B	Blangah Drive invo	lving your ca	r (SLB9851Z)	ì
And my car (SMJ8732L)				
I refer to your SMS on 28 th January 2020 requesting to you have agreed to reimburse the amount of S\$400				ettlement.
The above case is confirmed closed upon both partie	es acknowledgeme	ent and signi	ng of this ag	reement.
Agreed and signed by:	Agr	eed and sign	ed by:	
Julyn	*****	2		
Mr. Lam Weng Kong	Md	m. Tay Puay l	Hoon	
I/C No. S0135207E	1/C	No. S153003	ЮВ	

Dated 30th January 2020

Dated :30th January 2020

PRIVATE SETTLEMENT FOR MOTOR ACCIDENTS

When involved in a motor accident, you are required to <u>report an accident to your insurer within 24 hours</u> (or the next working day) even if you are not claiming on your own insurance or when there is no damage. If not, your No Claim Discount (NCD) may be affected upon the next renewal of your motor policy.

You can choose to enter into a private settlement with the owner of the other car if there are no personal injuries and damages are minor. Under a private settlement, both parties agree to settle the matter amicably without suing each other. It is a legally binding agreement.

DirectAsia policyholders should fax the signed form to (+65) 6532 1818 or email attachment to claim@directasia.com.

ate: 12/01/2020	Time: [] O(iii .
postion: Telok Blougah Prive	
nvolving Vehicle Registration Numbers: 54898512	* SMJ 8732L
BOTH PARTIES HAVE DECLARED AS FOLLOWS:	
There are no bodily injuries or death involved.	
2. The parties have agreed to settle this matter amicably as fo	llows: *tick as applicable.
Neither party shall be liable to compensate the other incurred as a result of the accident.	er party for any loss or damages (direct or indirect) incurred or to be
O los Tess	Bung Hory
Without any admission of liability, 1000 (Amount) which, NV - U(A)	Recey Howe (Name of paying party) has paid a sum of SS WAY KNY (Name of receiving party) hereby acknowledges
receipt thereof in full and final settlement of all dan	
3. Both parties have not and will not make a police report of	this accident.
3. Both parties have not and will not make a police report of	
Both parties have not and will not make a police report of a Paying Party	
Paying Party	
Paying Party	Patricipa de Caracia d
Paying Party	
Signature Tory Puray Hoors Full Name (Driver)	Receiving Party Signature Mr. (ash weny Kuny Full Name (Driver)
Signature of Pury Hoan NRIC (Driver) Full Name (Driver) Tay Pury Hoan Hoan Contact No Juny Hoan	Receiving Party Signature Mr. (am wery Kary NRIC (Driver)
Signature of Pury Hoan NRIC (Driver) Full Name (Driver) Tay Pury Hoan Hoan Contact No Juny Hoan	Receiving Party Michael Signature Mr. (AM Livery Kary Full Name (Driver) 9 6668962
Signature of Pury Hoan NRIC (Driver) Full Name (Driver) Tay Pury Hoan Hoan	Receiving Party Wilcom Signature Mr. (Ast Livery Kory Full Name (Driver) 9 6668962 Contact No
Full Name (Driver) Tay Puay Hoar Naic (Driver) Tay Puay Hoar Hoon S182 2019	Receiving Party Michael Sol35207 E Signature Mr. (ask wery Kory Full Name (Driver) 9668962 Contact No SMJ8732L
Full Name (Driver) Vehicle Registration Number SUB 98517 Full Name (Vehicle Owner)	Receiving Party Signature Mr. (Ast Livery Kory Full Name (Driver) 9 6668962 Contact No SMJ8732L Vehicle Registration Number
Full Name (Driver) Full Name (Driver) Contact No 81822019 Vehicle Registration Number Signature Signature (Driver) A Signature (Driver) NRIC (Driver) Signature (Driver) NRIC (Driver) NRIC (Driver) NRIC (Driver) NRIC (Driver) Signature (Driver) Signature (Driver) NRIC (Driver) NRIC (Driver) NRIC (Driver) NRIC (Driver) TOU	Receiving Party Michael Sol35207 E Signature Mr. (and wery Kary Full Name (Driver) 9 6668962 Contact No SMJ8732L Vehicle Registration Number RMJ Marke (Vehicle Owner)

ATTACHMENT

ncident happened on 12/01/20 around 11 am.

Details of other party:

Car Plate no. SLB9851Z

Driver: Mdm Tay Puay Hoon

/C No. S1530030B

H.P. No.

Place: Telok Blangah Drive Bus-stop

Scenario

I was travelling along Telok Blangah drive on 12 Jan. 2020 morning.

This above car was parked at the bus-stop.

As my car passed by this vehicle, I signalled to the left.

Then I keep to the left in order to turn into the carpark further down.

Suddenly, this car drove forward and hit my left co-driver side.

an 13/01/2020

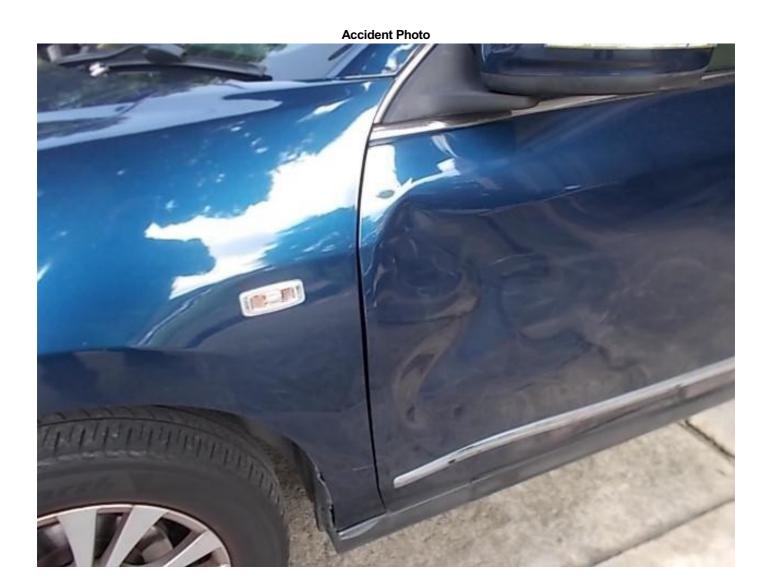
(m/ord 12/1/2020)

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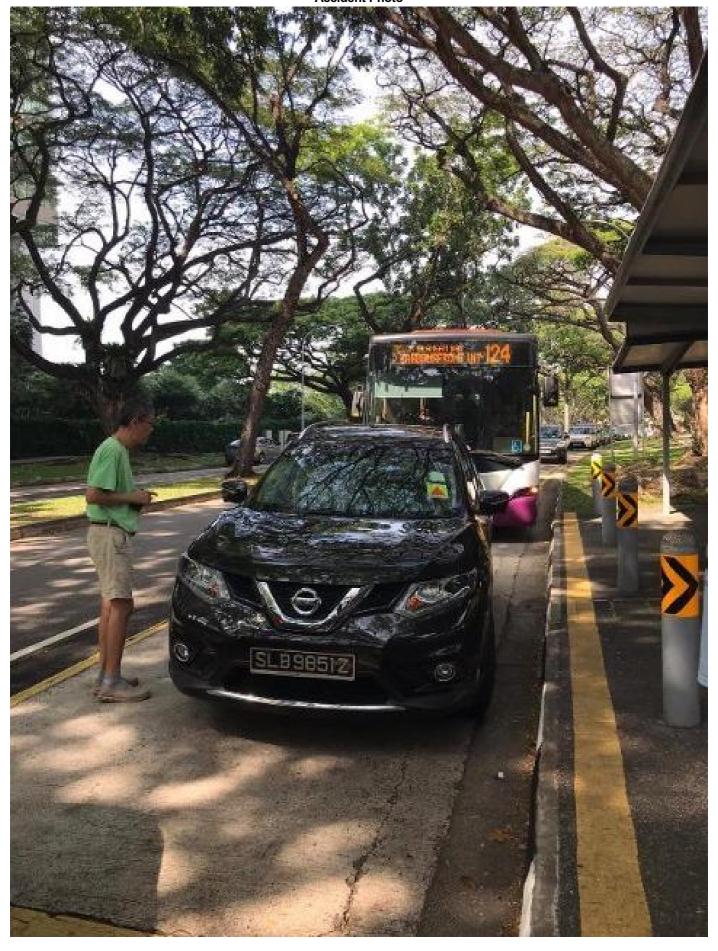






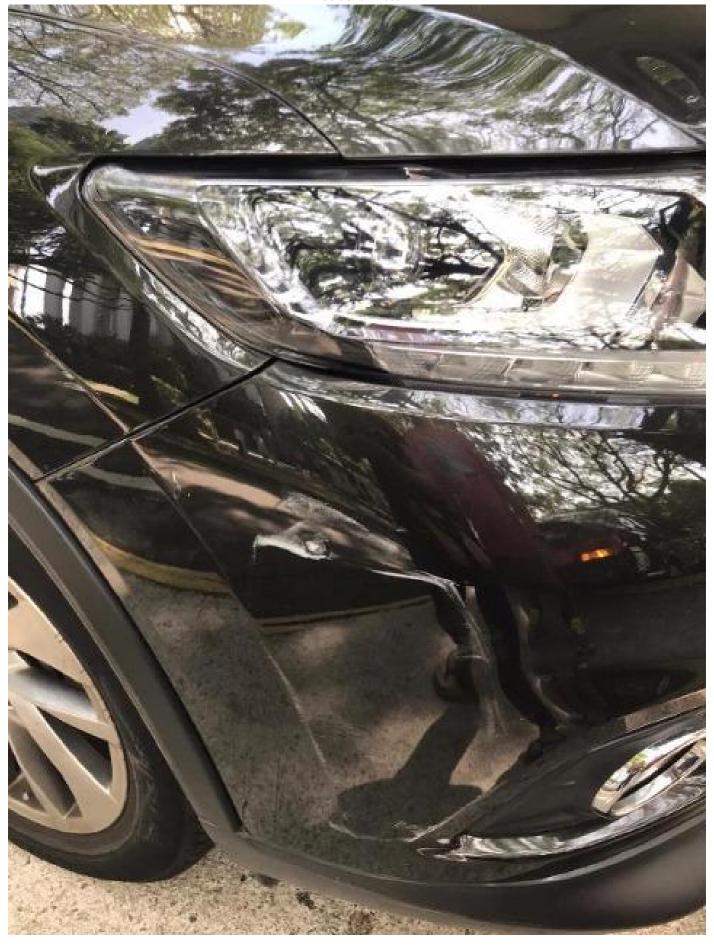












Addendum Sheet



Policyholder / Driver's Signature

Date:

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (05) 6224 0010 Fax (65) 8224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: \$665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: 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: MAY 20005173 Vehicle Registration No: Original Report No NRIC/FIN/Passport No: (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Singapore(Address Mobile No.: Contact (Tel) Email Address 2020 Time of Accident: Date of Accident Place of Accident salua 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: KOU

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Reporting Centre Personnel's Signature

Name

NRIC/FINNO