### 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	24/03/2020 15:06	
Date Of Accident	23/03/2020 00:05	
Exact Location Of Accident	ALONG JALAN EUNOS TWDS PIE (EUNOS)	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJV1436K	
Insured/Policyholder		
Name Of Registered Owner	POH BEE GEOK	
NRIC No	S1546427E	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-93212621	
Alternative Phone No	OFFICE-93212621	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	VIOS	

Model 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?

REPORTING ONLY 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 Z20VP05025764

Cover Note Number

**Driver** 

Name of Driver TAN KIM HUI NRIC No S1519495B Date Of Birth 22/09/1962 Occupation **INDOOR Date Of Driving Pass** 18/03/1981

**Driving Experience** 39 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83889880

Fax Number

Contact Number

**EMail Address NOEMAIL**  Address BLK 35 CIRCUIT ROAD #03-442

Postcode 370035

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 COLLISION - HEAD TO REAR

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**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?

### **Circumstances of Accident**

ON 23/03/2020 AT ABOUT 0005HRS, I WAS DRIVING MY CAR (SJV1436K) STATIONARY AT THE TRAFFIC JUNCTION ALONG JALAN EUNOS IN THE THIRD LANE FROM THE RIGHT, WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN IN MY FAVOUR. WHILE THE TRAFFIC LIGHT TURN GREEN, VEHICLE IN FRONT OF ME START TO MOVE OFF. SO, I ALSO START TO MOVE FORWARD. HOWEVER, THE VEHICLE IN FRONT OF ME APPLIED BRAKE SUDDENLY. I IMMEDIATELY STEP ON MY BRAKE TO AVOID COLLISION.UNFORTUNATELY, MY CAR STILL SLIGHTLY HIT ONTO REAR PORTION OF VEHICLE B (SDZ1518H). BOTH PARTIES INTEND TO DO PRIVATE SETTLE AT FIRSST. BUT VEHICLE B (SDZ1518H)'S DAMAGES REPAIR QUOTATION WAS TOO EXPENSIVE (REPAIR DAMAGES + LOSS OF USE) AT ABOUT \$1,064.45. THEREFORE, I DECIDED TO GO THROUGH BY INSURANCE CLAIM. NO ONE INJURED AT THIS ACCIDENT. THAT'S ALL.

#### 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 SDZ1518H

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B
Vehicle Category PRIVATE CAR

Name of Driver FRANCIS XAVIER RAINALD

NRIC/Passport Number

Contact Number 83997775

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### **SKETCH PLAN**

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- 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:

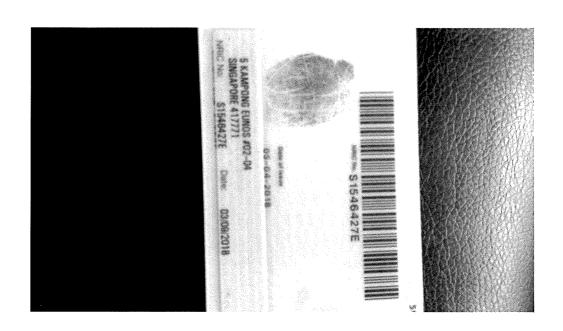
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) 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:

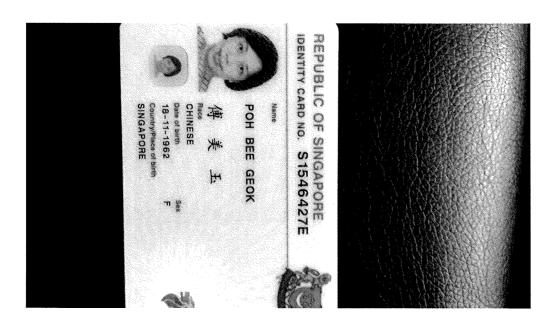
Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

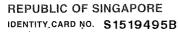
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		(B) SDZ (SI&H
		Along Jalon Euros Towns
		PIE (Eunos)
		the state of the s
DESCRIBE CIRCUMSTANCES		
On 23-03-2020 @	about co: oshrs, I was dri	Ving my car (SSV 1436K) Startionary
art the traffic jun	often Along Jalon Euros in	the 3rd lane from the right waiting
the traffic light	turn green in my favour. U	So i also start to move forward,
vehicle infront of	the start to make It,	so i also stort to move formal,
however, the rel	alcle inmost of me apple	probe suddenly, so i immediately
step on my brake	- to avoid collision, unforte	inaly my cor still slightly hit
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DECLARATION	rticulars are true in every respect.	
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Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature
Date & Time.	Date & Time:	Name: NRIC/FIN No.:









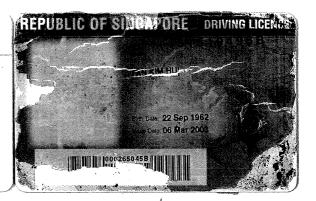


TÁN KIM HUI

陈金 # Race CHINESE

CHINESE
Date of birth
Secondary of birth
SINGAPORE

S151**949**58

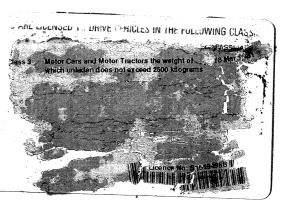


Usage for Insurance Motor Accident Reporting and Claims Purposes Only

Vehicle no: Sov 14360

Oriver





LONPAC INSURANCE BHD (S98FC5635C)

Singapore Office: 300, Beach Road #17-04/67, 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

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).

ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).

THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z20VP05025764 Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number TOYOTA VIOS 1.5

- SJV1436K

2. Name of Policy Holder POH BEE GEOK

Effective Date of the Commencement of Insurance 13/01/2020

for the purpose of the Act

4. Date of Expiry of the Insurance 12/01/2021

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

: \$\$ 500.00 (SECTION 1) INSURED / NAMED DRIVERS \$\$ 1,500.00 (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

S\$ 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.

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.

CHIEF EXECUTIVE

User ID: JNLIOW Date Issued: 10/01/2020

Certificate of Insurance - Page 1 of 1

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