### 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	18/06/2020 11:32
Date Of Accident	17/06/2020 14:00
Exact Location Of Accident	SUNSET LANE (MAIN ROAD)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB7148C
Insured/Policyholder	
Name Of Registered Owner	MOST WANTED PRODUCTIONS
Co Reg No	201911123D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98386492
Alternative Phone No	OFFICE-87927898
Vehicle Particulars	
Manufacturer	KIA
Model	K2900
Exact Purpose for which vehicle was being used a time of accident	at
Are you claiming under your own insurance policy for repair to your vehicle?	NO NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

**Insurance Company** 

LONPAC INSURANCE BHD Name of Insurance Company

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number Z20VC05004316

Cover Note Number

**Driver** 

Name of Driver **TEH JOO SIONG** NRIC No S9173767A Date Of Birth 24/02/1991 Occupation **INDOOR** 16/01/2014 **Date Of Driving Pass** 

**Driving Experience** 6 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87927898

Fax Number

Contact Number

**EMail Address** PETEH TEH123@GMAIL.COM Address BLK 411 SEMBAWANG DRIVE #09-756

Postcode 75041

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 RAINING
Road Surface WET

### **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?

Passenger 1

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 2

NAME: : UNKNOWN GENDER: UNKNOWN

GENDER: : MALE

#### **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?

NO

NO

### **Circumstances of Accident**

I SAW THE TRAFFIC LIGHT TURNED RED IN FRONT. I APPLIED MY BRAKE. AS THE ROAD WAS WET, MY VEHICLE CANNOT STOP IN TIME. END UP, HIT ONTO VEHICLE B REAR LEFT PORTION WHICH WAS STATIONARY IN FRONT.

### 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 SLD1159C

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B
Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 14

No. Of Passenger (Including Driver)

#### SKETCH PLAN

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- 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:

wiWio at insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators as managing fraud, regulators as reasonably required for the purposes stated, or

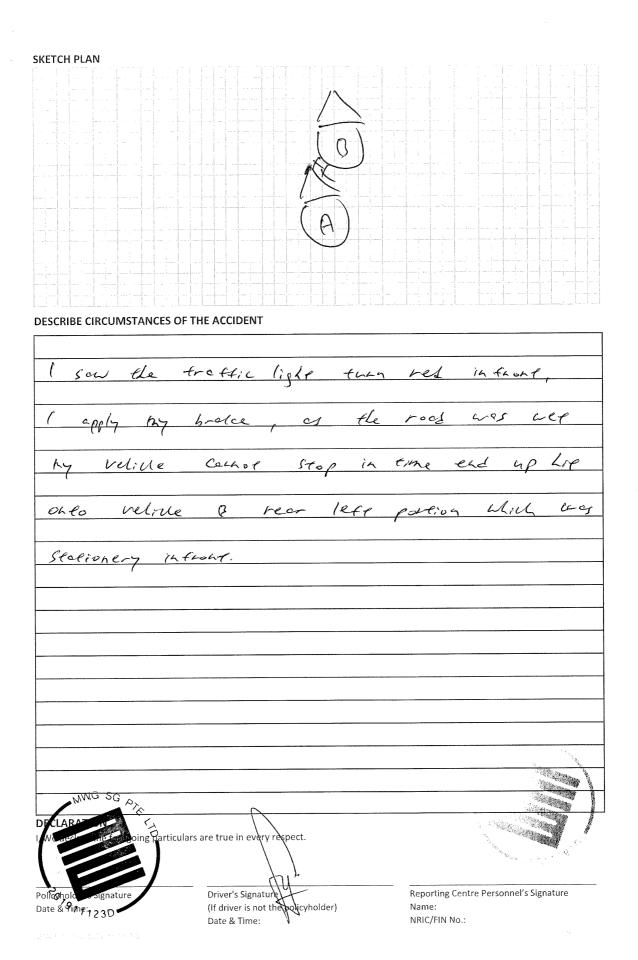
lying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

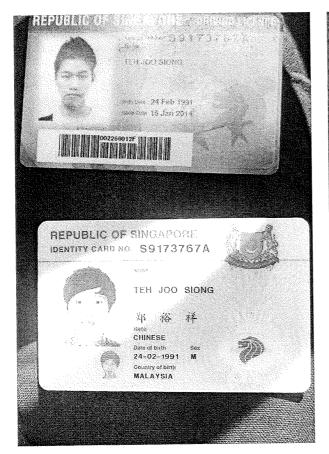
Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

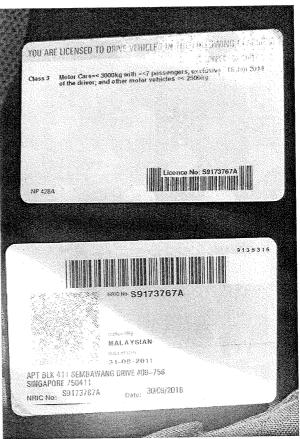
NRIC/FIN No.:

### Sketch Plan #2 Pg. 1



### Driving License Pg. 1





Usage for Insurance Motor Accident Reporting and Claims Purposes Only

Vehicle no: CIBBF148C

Date of Accident: P106 (2020)



# 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.: Z20VC05004316

Type of Cover: THIRD PARTY FIRE & THEFT

1. Index Mark and Vehicle Registration Number

KIA K2900 2.9L M/T 2WD 2DR TURBO

- GBB7148C

2. Name of Policy Holder

MOST WANTED PRODUCTIONS

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

16/01/2020

15/01/2021

4. Date of Expiry of the Insurance

5. Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/THEIR PERMISSION.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/THEIR 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 IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD)IN CONNECTION WITH THE POLICYHOLDER'S

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIALOR SPEED TESTING.
USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIALOR SPEED TESTING.

USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

\* 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: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE L'TD

CHIEF EXECUTIVE (Singapore Branch)

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User ID: SHINGYI Date Issued: 23/12/2019













