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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.

Any false reporting may be referred to the Police for investigation.

- 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**

30/07/2020 15:52 Date Of Report 29/07/2020 21:35 Date Of Accident

ANG MO KIO AVENUE 5 (CTE ENTRANCE) **Exact Location Of Accident** 

SINGAPORE Country/State of Loss

### **DETAILS OF OWN VEHICLE**

SML5674E Vehicle Registration Number

Insured/Policyholder

RICHARD WONG CHEE WAI Name Of Registered Owner

SXXXX241C NRIC No

RWKS92@GMAIL.COM Email Address (LOCAL) +65-83011116 Mobile Phone No OTHERS-97895402 Alternative Phone No

Vehicle Particulars

MERCEDES-BENZ Manufacturer

**CLA 200** Model

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

REPORTING ONLY

Vehicle Category

PRIVATE CAR

Insurance Company

LONPAC INSURANCE BHD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

Z20VP05026549 Policy Number

Cover Note Number

### Driver

RONALD WONG KENG SUN (HUANG QINGSHEN) Name of Driver

SXXXX841I NRIC No 16/11/1992 Date Of Birth INDOOR Occupation 09/11/2011 Date Of Driving Pass

8 YEARS AND 8 MONTHS Driving Experience

Gender

(LOCAL) +65-83011116 Mobile Number

Fax Number

OTHERS-97895402 Contact Number RWKS92@GMAIL.COM **EMail Address** 

Page 1 of 13

Address

BLK 540 ANG MO KIO AVENUE 10

#10-2424

Postcode

560540

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

ambulance?

DRY

Other Information

Was any foreign vehicle involved in this accident?

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

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)

**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

PLEASE REFER TO SKETCH PLAN

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

XF859D

Vehicle Make/Model/Colour

PRIME MOVER

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE KELVIN, WENDY LOGISTICS

Name of Driver NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 13

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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)
  - (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
- 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.
- 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.
- 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

1410hus

(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:

Name:

NRIC/FIN No .:

SKETCH PLAN	Dark	mo Km	ANKS	CFE EXTROUCK
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UPON GOING INTO THE EXPRESSIVAY WAS HIS AT THE BACK FENDER ON THE
RIGHT BY A PRIME MOVER

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: 30 July 2020

1415 hrs

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

# ACCIDENT STATEMENT

ACCI	DENT DATE: (29. 1887) 2020		, TIME: (21 : 35 )(H	H:MM)
	water and the same of the same	TE ENTRANC	Y .	
1.	DETAILS OF VEHICLE	(A)		
4		L 5674E	1 1	Ē.
	DJINSURANCE COMPANY:	The second description of the second second		
2.5	CIPOLICY NUMBER: Z 20 V			
	d)POLICY TYPE: (COMPREHE		TV / THIPD PARTY FIRE & T	HEETI
	e)MAKE & MODEL:		IT / ITIKU FAKIT FING &I	11011
	f)TYPE: (SALOON / COUPE / N	The second secon	ALLOTOROVOLE LOTHE	1203
			[14] [15] [16] [16] [16] [16] [16] [16] [16] [16	11/21
	g) VEHICLE CATEGORY: (PRIV			07
	h)PURPOSE OF USING AT AC			
	i) ARE YOU CLAIMING UNDER			
	IF NO. PLEASE STATE (THIRD	PARTY CLAIM / REI	PORTING ONLY)	
4	ANAME: RICHARD WON	CHEE WAT	(MALE / FEMA	CES
	b)NRIC/FIN/PASSPORT: 51		CONTACT: 6-301	
	c) ADDRESS: 540 AME			
704 795 08	CIADDRESS. JAO AME P	1 VE 10 - FT 10 - CA	74-7760 540	-
	* CONTINUE TO 3.d IF DRIVER	ALSO POLICY HO	DEP	
Ho of passanger	DRIVER	. //	COCK	
( ) I live by		Keng Sun	(MALE / FEMAL	LE)
(Including driver)	b) NRIC/FIN/PASSPORT: 59		CONTACT: 978951	
(T)	CLADDRESS: 540 AMK			
	*d) DATE OF BIRTH: ( 16 / 1)	1992)(DD/N	MM/YYYY)	
	e)OCCUPATION; (INDOOR /			
	FIDERE OF DRIVING PASC	09 NOV ZO		
4.	WAS DRIVER AN EMPLOYER	OF THE INSURE	D'S COMPANY? (YES /	NO)
	IF NO, RELATIONSHIP OF T			
5.	a) WEATHER CONDITION: (CL		THERS	
690	b)ROAD SURFACE: (DRY / WE			
	WAS ANYBODY INJURED (YES			
1,	a)REPORTED TO POUCE (YES			
100	IF YES, PLEASE STATE WHICH	POLICE STATION:_		
1. hla all na second	a) VEHICLE NUMBER:	XE 0590	MODEL: PRIME MO	VED
city of passenger	b) DRIVER'S NAME:	ELVIN , WENT	OY LOCASTICS	
( lucluding driver)	b) DRIVER'S NAME: NAME: NRIC/FIN/PASSPORT:	22710	CONTACT:	770 - 12000
( <u> </u>	THIRD PARTY VEHICLE			
	d) VEHICLE NUMBER:		_MODEL:	30.
a lan at harringer	AL DRIVER'S NAME			
(Including driver)	f) NRIC/FIN/PASSPORT:		CONTACT:	
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	¥5			

email=ruks92 @gmail-con VIDED

### 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.: Z20VP05026549

GST Reg No.: F0-0005635-C

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MERCEDES-BENZ CLA200 1.6

- SML5674E

2. Name of Policy Holder

WONG CHEE WAI

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

27/06/2020

4. Date of Expiry of the Insurance

26/06/2021

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.

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

\$\$ 3,000.00(SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100.00WINDSCREEN EXCESS

AN ADDITIONAL EXCESS OF \$500 FOR 2ND & SUBSEQUENT CLAIM DURING THE POLICY PERIOD (FOR COMPREHENSIVE COVER ONLY).

: 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.

H.P. Owner: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

CHIEF EXECUTIVE (Singapore Branch)

mele.

User ID: WOOALAN Date Issued: 15/04/2020