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## 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	17/08/2020 15:48
Date Of Accident	15/08/2020 12:15
Exact Location Of Accident	CTE(AYE) B4 BALESTIER RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC5083M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROSABELLE LAUNDERETTE
Co Reg No	5XXXX624A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92292294
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	STAREX
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/18/VC05/000732
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIM XIANCAI ZACHERY
NRIC No	SXXXX283F
Date Of Birth	04/11/1993
Occupation	INDOOR
Date Of Driving Pass	03/05/2012
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92292294
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	530 MILTONIA CLOSE #05-28
Postcode	768109
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 - CHANGE/CROSS LANE
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?	YES
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)	1

#### 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

REFER TO STATEMENT.

#### 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	SLW1525H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	LIM XIANCAI ZACHERY
------	---------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

GBC5083M

YES

NO



## SKETCH PLAN

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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.

**ROSABELLE LAUNDERETTE**

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.:

A: GRC SÜSTEMİ

B: SÜLV İSLİMİ

ON THE STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT-  
OUT OF A SUDDEN, I FELT AN IMPACT -  
I WENT DOWN AND SAW VEHICLE R CUT LANE AND  
HIT ONTO MY VEHICLE'S LEFT AND FRONT PORTION.

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:

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.: F0-0605635-C

**THE SCHEDULE**

<b>Class of Policy</b> :	COMMERCIAL VEHICLE	<b>Policy No.</b> :	Z/19/VC00/104611
<b>Insured</b> :	ROSABELLE LAUNDERETTE	<b>Type of Cover</b> :	COMPREHENSIVE
<b>Address</b> :	163 STIRLING ROAD #01-1226 SINGAPORE 140163	<b>Replacing CN/Policy No.</b> :	Z/18/VC05/000732
		<b>Account No</b> :	Z70256(D) L/A
<b>Business or Profession</b> :	OTHERS		
<b>Period Of Insurance</b>			
(a) From 26/09/2019 To 25/09/2020 (both dates inclusive)			
(b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
<b>H.P. Owner</b> :	MAYBANK		
<b>Description of Vehicle</b>	<b>The Policy's Premium</b>		
<b>Vehicle/Trailer Regn. No.</b> : GBC 5083M	<b>Premium</b> : S\$ 1,287.45		
<b>Make &amp; Model of Vehicle</b> : HYUNDAI H1 STAREX	<b>NCD</b> 20.00 % : S\$ (257.49)		
<b>Type of Body</b> : VAN	<b>Gross Premium</b> : S\$ 1,029.96		
<b>Engine No.</b> : D4CBB925309	<b>Goods &amp; Services Tax</b> 7 % : S\$ 72.10		
<b>Chassis No.</b> : KMFWBX7JLCU424429	<b>Total Premium</b> : S\$ 1,102.06		
<b>Year of Registration</b> : 2012			
<b>c.c./Tonnage</b> : 1.34			
<b>Seating Capacity</b> : 2			
<b>Sum Insured</b> : MARKET VALUE			
<b>Excess</b> :	S\$ 600.00 (SECTION 1) S\$ 2500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS S\$100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON 2ND AND SUBSEQUENT CLAIMS)		
<b>Condition</b> :	ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS		

## ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 08 / 2020) (DD/MM/YYYY), TIME: (12 : 15) (HH:MM)

LOCATION: CTE (M4) BEFORE BALESTRA RD

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC 5083 M  
b) INSURANCE COMPANY: LONPAC  
c) POLICY NUMBER: 2119/VCOO/104611  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HYUNDAI SMARX  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORK  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- a) NAME: ROSABELLE LAURETTE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S2881624A CONTACT: 9229 2294  
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: LIM XIANCAI, BACHELOR (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9345283F CONTACT: 9229 2294  
c) ADDRESS: 530 MILTONIA CLOSE #05-28 S(76109)

\*d) DATE OF BIRTH: (04 / 11 / 93) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 8

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / (NO))  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) (DRIVER)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

### 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLW 1525 H MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

### 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Email =

fax =