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TP Existications: Veh No. SW	56961	, INC(,)/Non-INC().	
Owner/Driver: (- Policy No: () Period	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2		Tcl:	1)
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2) QC Chook / Post Repair Inspection	(,)		***************************************		
3) Upload Resurvey Photo [Repair Cost> \$3000]				- 7	-
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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 witholding of material facts may allow insurance componies to repudiate policy fiability.
- 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

Altorosaid	
	ACCIDENT STATEMENT
Date Of Report	17/08/2020 12:56
Date Of Accident	14/08/2020 11:00
Exact Location Of Accident	AYE TOWARDS CHANGI BEFORE CLEMENTI EXIT
Country/State of Loss	SINGAPORE
SECTION SILE SHE WILLIAM DESCRIPTION OF THE PARTY OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBA4230Y
Insured/Policyholder	
Name Of Registered Owner	LOH & LEE MOTOR WORKSHOP
Co Reg No	### ##################################
Email Address	LOHHANSHENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96153339
Alternative Phone No	OFFICE-96153339
Vehicle Particulars	
Manufacturer	FIAT
Model	DOBLO-1.3 D JTD (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	Z20VC05005719
Cover Note Number	

Driver	
Name of Driver	LOH SONG MENG
NRIC No	SXXXX758H
Date Of Birth	22/03/1952
Occupation	OUTDOOR
Date Of Driving Pass	15/10/1975
Driving Experience	44 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96153339
Fax Number	
Contact Number	OFFICE-96153339
EMail Address	LOHHANSHENG@GMAIL.COM

Address

265 PAVILION CIRCLE

Postcode

658274

Was driver an employee of the Insured's Company NO

was driver an employee of the insured's company

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

MAGAEL

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

2 NO

Was any body injured in the Accident?
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)

NO

soliciting/offering accident claims assistance,

121

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

JURONG WEST NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2689999 - FAX NO: 62672438

Was notice of intended Prosecution given?

If Yes against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200814/2076

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

SJW5696Y

Vehicle Make/Model/Colour

NISSAN LATIO

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)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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;
 - 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.

10102 HOH

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	nym la	NAKES	CHANGE	Postfolk	CLEEMANN 1 FOX17
	4	3	B		B) 500 5696U B) GBA 4230Y
DESCRIBE CIRCUMS					
Rhff	ir h	olich	Physol1	7/2020	hy/2016 7
					/
DECLARATION I/We declare the	one narticulars are to	ue in every	resident A		1
Policyholder's Signature	Driv	ver's Sygnatur	d.	Reporti Name:	W 17 08 2022 ing Centre Personnel's Signature

(013. Somp

ACCIDENT STATEMENT (DD/MM/YYYY), TIME:(11 : BO) (HH:MM) LOCATION: TOWARD CHME AT BEFORE EXIT 1. DETAILS OF VEHICLE DIVEHICLE NUMBER: GBA 4)30Y DINSURANCE COMPANY: LONPAC INSURMITE BHD CIPOLICY NUMBER: ZJOYCOSOST19-DIPOLICY TYPE: (COMPREHENSIVE / CHIRD PARTY FIRE &THEFT) BIMAKE & MODEL: FIAT DOBLO 1.3 HITO; FITYPE: (SALOON / COUPE / MPV VAN/ LORRY / MOTORCYCLE, / OTHERS) 9 VEHICLE CATEGORY: (PRIVATE COMMERCIAL) MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: 11-00 AM. DARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO) IF NO. PLEASE STATE (THIRD PARTY CLAIM REPORTING ONLY) 2. INSURED / POLICY HOLDER AINAME: LOH & LEE MOTOR WORKSHOP (MALE / FEMALE) bINRIC/FIN/PASSPORT: CIADDRESS: 5 PIONEER CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER And of buccondes DRIVER CINAME: LOH SONE MENT (Including driver) MALE / FEMALE b) NRIC/FIN/PASSPORT: 5053158H CONTAC CIADDRESS: 265 PAULION CIRCLE "d)DATE OF BIRTH: (22 / 0) 1952 J(DD/MM/YYYY) e OCCUPATION: (INDOOR COUIDOOR PLASE OF DRIVING PASS 15/10/1975 4. WAS DRIVER AN EMPLOY 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 / WED) OTHERS 6. WAS ANYBODY INJURED (YES (NO) 7. a) REPORTED TO POUCE (YES) NO! IF YES, PLEASE STATE WHICH POLICE STATION: JURONE WEST 8. THIRD PARTY VEHICLE He of passinger a) VEHICLE NUMBER SOW 5696 U MODEL! NISAN (Including driver) b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT:

THIRD PARTY VEHICLE

d) VEHICLE NUMBER: e) DRIVER'S NAME:_

NRIC/FIN/PASSPORT

the of passenger

(Including driver) 1)

email = Lofffpurmen Stan & Coment. Con



Type of Collision:

Between Moving Vehicles - Head To Rear



1 of 3

Report No. T/20200814/2076

Anyone conveyed by

ambulance:

No

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

Date/Time Report Made: 14/08/2020 17:22		Vide Report No.:			Station Diary No. 156			
Informar	nt's Partic	ulars	de pas					最終情報
Name of Informant: LOH SONG MENG		Addres 265 PA	s: VILION CIR	CLE SING	APORE 6	5827	4	
	D Type / ID No.: Contact No.: Home/Office			Mobile: 96153339				
Nationali	ty: ORE CITIZ	ZEN	Email:					
Sex: Male	Age: 68	Date of Birth: 22/03/1952	Type of Informant: Driver					
Race: Chinese		Language:			Institution	on / S	school Name:	
Occupation: CAR ENGINEER		Driving Licence Infor Class: 2B,2A,2,3		rmation: Date of Expiry:				
General	Informatio	on of the Accident		Marine Cont		STATE OF THE STATE		
Type of Acciden		Non-Injury D Others D		Drink Drive: No	Date/Tin Accident 14/08/20			Type of Location Straight Road
Location AYER F		PRESSWAY						
Weathe	r;		Road Dry	Surface:				d Speed Limit:
Traffic F			Traffic Control: Not Controlled				4 6 6 6	fic Volume: Traffic

Details of Volume Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA4230Y	Van	FIAT	DOBLO 1.3MJTD	Grey	No Damage	0
SJW5696U	Car	NISSAN	LATIO 1.5L	Grey	Slightly Damaged	0

y and an arrangement of the second	
Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20200814/2076

2 of 3

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Report No. T/20200814/2076

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

CONTINUATION OF REPORT

Driver		No. of Street					sie Nieur
Name	LOH SONG MENG			ID No. S2536758H			
Related Vehicle	GBA4230Y (Van)			Conta	act No.	96153339	Jamener Terrad
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 2B,2A, Date of Expiry	2,3 :: NIL
Date Treatment	NIL		Date Disc		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL		

Brief Details.

On the 14/08/2020 at about 1100hrs, I was driving my van bearing plate GBA4230Y on lane 2 of AYE near to Clementi exit at about 50KM/H.

At the point of time, I realized another vehicle bearing SJW5696U on lane 1 on my right suddenly overtaking onto my lane and subsequently applying emergency brakes. I couldn't stop in time and thus collided onto the vehicle in front of me.

I then went on to the road shoulder and came down wanting to obtain the driver particulars, he then demanded that its my fault and I should I pay him SGD\$200/- for private settlement. I asked for his NRIC / Licence however he did not want to give me.

I then rushed off as I felt that he was hostile however there was no threat or assault. There is no damages to my van however slight damages to his rear bumper. No one injured. No Traffic Police came. He had also tried to stop me from leaving by trying to unplug my vehicle keys.





3 of 3

Report No. T/20200814/2076

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

Sketch Plan

NP165

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have

Signature Of Officer Recording The Report: J / Sgt 3 GOH WEI JIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/08/2020 17:22
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:



LONPAC INSURANCE BHD (598FC5635C)

Singapore Office: 550. Bench Poact #17-54 07. The Composite Singapore 159555 GST Reg No.: #6-0005835-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.: Z20VC05005719

Type of Cover: THIRD PARTY

Index Mark and Vehicle Registration Number

FIAT DOBLO 1.3MJTD - GBA4230Y

2. Name of Policy Holder

LOH & LEE MOTOR WORKSHOP

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

10/07/2020

Date of Expiry of the Insurance

09/07/2021

5. Person To Drive

(A) THE POLICYHOLDER.

(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 BUSINESS.

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:-

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,

CHIEF EXECUTIVE (Singapore Branch)

User ID: EASIBEST-LIMLK Date Issued: 09/07/2020