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 <u>truthful and accurate</u> 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	26/08/2020 15:05			
Date Of Accident	25/08/2020 19:00			
Exact Location Of Accident	BLK59 NEW UPPER CHANGI ROAD CARPARK			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SDZ2259Z			
Insured/Policyholder				
Name Of Registered Owner	KOH SOON HENG			
NRIC No	S1503164F			
Email Address	SOONWIN98@GMAIL.COM			
Mobile Phone No	(LOCAL) +65-93668707			
Alternative Phone No	OTHERS-93668707			
Vehicle Particulars				
Manufacturer	MERCEDES-BENZ			
Model	C180-1.6 (A)			
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE			
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	PRIVATE CAR			
Insurance Company				
Name of Insurance Company	LONPAC INSURANCE BHD			
Type Of Coverage	COMPREHENSIVE			
Fleet Policy	NO			
Policy Number	Z19VP05024971			
Cover Note Number				
Driver				
Name of Driver	KOH SOON HENG			

NRIC No S1503164F
Date Of Birth 06/01/1961
Occupation INDOOR
Date Of Driving Pass 08/12/1978

Driving Experience 41 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93668707

Fax Number

Contact Number OTHERS-93668707

EMail Address SOONWIN98@GMAIL.COM

BLK 105 POTONG PASIR AVE 1 #12-414 Address

Postcode 350105

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 **COLLIDED INTO PARKED VEHICLE**

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? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

4

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME:

: SOH SIEW LAN

GENDER:

: FEMALE

Passenger 2

Passenger 1

: LI BI XUAN NAME:

GENDER:

: FEMALE

Passenger 3

NAME: : NG TIN LEE

GENDER: : FEMALE

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

WHEN I FINISH PARK MY CAR, THE RIGHT CAR (SDD 6333 G) DRIVER CAME DOWN AND TOLD ME MY PASSENGER OPEN THE DOOR COLLIDED INTO HIS CAR. I'M NOT SURE MY FRIEND KNOCKED ON HIS FRONT CAR DOOR LH . I CHECK THE DAMAGE IS VERY MINOR.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SDD6333G Vehicle Registration Number Vehicle Make/Model/Colour **MERCEDES Details Of Properties** CAR B

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 Pg. 1

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:
 - 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.:

SKETCH PLAN			en gerin er skriver fra skrive	or province regime (see a province province or regime or reserve)
BUK IAD 65 IBD		BLK59 NEW UPPER CHANGI ROAD	A-SDZ-2 B-SDD6	
DESCRIBE CIRCUMSTANCES OF THE AC		(CDD ())	2 4 1 1	
When I finish park my	car, the nght ca	Y (SVV 635	5 6) CHIVEY CAW	16 down
and told me my passenge	er open the doo	y collided	into his car. I	'm not
is very minor.	on his front ca	ar door LH	. 1 check the	r damage
Date & Time: A (O) (If d	ue in every respect. er's Signature river is not the policyholder) e & Time:	Nam	orting Centre Personnel's S e: :/FIN No.:	ignature



LONPAC INSURANCE BHD (598FC5635C)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 189555, Tel: (65) 6250 7388 Fax: (65) 6295 3767 Website: www.tenpac.com.sg

MX1

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.: Z19VP05024971

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MERCEDES-BENZ C180 Saloon 1.6

- SDZ2259Z

2. Name of Policy Holder

KOH SOON HENG

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

18/10/2019

4. Date of Expiry of the Insurance

17/10/2020

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.

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

: S\$ 0.00 (SECTION 1) INSURED / NAMED DRIVERS

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

S\$ 100.00 WINDSCREEN EXCESS

\$\$ 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 OR DISTRIBUTOR-OWNED MOTOR WORKSHOP

* 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.

IME 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: OVERSEA-CHINESE BANKING CORPORATION LIMITED

Mele . 0 Tel: 6244 4464 R D Fax: 6443 9363 A CHIEFEXECUTIVE (Singapore Branch)

User ID: BIZFOLIO Date Issued: 18/10/2019

Certificate of Insurance - Page 1 of 1



















