MWMM20104825 / Woon Meng Motor Pte Ltd - Bukit Batok ENTRY DATE & TIME: 25/11/2020 13:25 SUBMITTED BY: Chong Yan Qing

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 25/11/2020 14:17

## 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 companie

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 a fee, be made available upon application by intersected a strict

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** 

25/11/2020 13:25 Date Of Report Date Of Accident 22/10/2020 19:00 WHITLEY ROAD **Exact Location Of Accident** Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE** 

SLR2236L Vehicle Registration Number

Insured/Policyholder

Name Of Registered Owner SANIAH BTE RAHMAN

NRIC No S1132734F

NURELLEFCUKLOVE@GMAIL.COM **Email Address** 

(LOCAL) +65-96580846 Mobile Phone No Alternative Phone No OFFICE-96580846

Vehicle Particulars

DAIHATSU Manufacturer Model TERIOS-1.5

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY If No, Please state action to be taken Vehicle Category PRIVATE CAR

**Insurance Company** 

LONPAC INSURANCE BHD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

Z20VP05025967 Policy Number

Cover Note Number

Driver

NUR ELLESHA SHAHIDAH BTE ABDUL RAHMAN Name of Driver

S8539856C NRIC No Date Of Birth 16/11/1985 INDOOR Occupation 18/06/2015 Date Of Driving Pass

5 YEARS AND 4 MONTHS **Driving Experience** 

**FEMALE** Gender

(LOCAL) +65-91384556 Mobile Number

Fax Number

Contact Number

EMail Address NURELLEFCUKLOVE@GMAIL.COM Address

346, BUKIT BATOK ST 34, #06-210

Postcode

650347

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

CHILDREN

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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?

YES

If Yes, Please state which Police Station

Police Station Name

HONG KAH NORTH NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 370 BUKIT BATOK STREET 31, POSTCODE: 650370,

**COUNTRY: SINGAPORE** 

Police Station Contact

TEL NO: 1800-5679999 - FAX NO: 65652508

Was notice of intended Prosecution given?

If Yes, against whom?

NO

## Circumstances of Accident

REFER TO NOTICE OF COMPLIANCE & 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

SMD497A

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

85118974

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

#### SKETCH PLAN

## 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. 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.
- (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:

(If driver is not the policyholder)

Data & Time

Reporting Centre Personnal's Signatura

Name

NRIC/FIN No

Please note that you might be able to submit an Own/Damage Claim under own policy within 14 days. ( ) Claim TP

) Claim Own Damage

Reporting Only

( ) Claim OD TP at other workshop

SKETCH PLAN

A- SLR2236L B-SMP497A



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 15 W	15 41V6	Money	to	UN IN	FD AN	Takeray	terv	ahich K	Scuota	enly	alon b	Makle
chacina	ara to	NUT THE	bed	ina?								
												-11
BAY B	2 tuto	Liato m	Han	4 120	unt a	ither strings	way.	for his	CAV TO	Center	Lhe	suddenly
Jaron	brake	infloor	tok	myre	W.							
Car	is cu	ut into	my	lane	and	Suddenly	jam	brate	infron	l of m	ny ca	w.
											1	
									-			
	-											
						•						
	<del>100</del> 230070											
						15-40-51						
			·			1000		Wanahara Sa				
										415		

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Passyholder's Signature Date & Fana Aluly 25/11/20

justings spot the palicyholdesi. Data & Euro Peporting Castrle Persannel's Signature

Newson No.

#### LUNPAU INSURANCE DRU AM

paper DMLs: 300 Smach final FT-Self! The Community. Sequence 199505 ISS 0750 TMS Fee: 655 6500 STAT Medicine work bright cort by DST Reg No. PS-0009205-C

# CERTIFICATE OF INSURANCE

SACTOR VEHICLES (THIRD PARTY HORS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SHICLIPORE, SACTOR VEHICLES (THIRD PARTY ROSES AND COMPENSATION) PULLES I 950 OVERHIBLIC OF SHICLIPORE).

ROAD TRANSPORT (AMENDRENT) ACT 2015 (MALAYSIA). THE MATTOR VEHICLES (THIRIO PARTY RISKS) PLACE, 1959 (MALAYSIA).

Certificate No. 220VP05025967

1. Index Mark and Vehicle Registration Number

2. Name of Policy Holder

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

4. Date of Expery of the Insurance

37/02/2020 18/92/2021

Type of Cover COMPREHENSIVE

DASHATSU TERIOS 1.5 SLP22366

SAMBAH BYE RAHMAN

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 Adotor Vehicle or has 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 Utiour Vehicle.

6. Limitations as to use
USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER US
OR REWARD, RACING, PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING OR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNE
WITH ANY TRADE OR BUSINESS OR USED FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

\$5.0.00 (SECTION 1) INSURED / NAMED DRIVERS \$5.1,000.00 (SECTION 1) UNHAMED DRIVERS \$5.3,000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS

LONPAC'S AUTHORISED WORKSHOPS
AN ADDITIONAL EXCESS OF \$500 FOR 2ND & SUBSEQUENT CLAIM DURING THE POLICY PERIOD (FOR COMPREHENSIVE COVER ON

Condition ACCIDENT REPAIRS AT LONDAC'S AUTHORISED WORKSHOPS

\* Limitations residened insperative by Section 95 of the Boad Francisco Act 1997 (Malayans) or Section 8 of the Motor Valuebra (Francisco) and Compensation) Act (Cap 189) Reputate of Singapore are not included under heading.

17995 having centry that this opposing Note is assessed in accordance with the provisions of Part IV of the Road Transport Acc 1987 (Malaysius and Money y Third Party Fosks and Companisation) Act (Cap 189) Republic of Singapore

H.P. Owner SHIELD HAVE STREETING A VIN

Quele

CHIEF EMPOUTING

## POLICE REPORT Pg. 1

## CONFIDENTIAL

Annex E

## NOTICE OF COMPLIANCE

This is to confirm that Nur Ellesha Shahidah Bte Abdul Rahman, NRIC S8539856C, HP: 91384556, has reported to the Police a non-injury traffic accident which occurred at Pan Island Expressway exit towards Bukit Timah Road on 22/10/2020 at 1910hrs involving the following vehicles:

- 1) SLR2236L
- 2) SMD497A

While exiting Pan Island Expressway towards Bukit Timah Road, driver of SLR2236L, was driving behind SMD497A. Out of a sudden, driver of SMD497A, jammed the brakes of its vehicle. Driver of SLR2236L did not manage to stop in time to avoid collision.

There were no injuries or damages suffered during the accident. However, driver of SMD497A, mentioned that he wishes to make an insurance claim.

Accident does not meet the requirement of an NP168 (Traffic Accident Report)

2 If this accident was reported to the Police within 24 hours of its occurrence, Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt Fathullah Harun

Date: 23/10/2020 Time:

Time: 1223hrs

S/D Ref: 03

Police Post/Unit: Hong Kah North Police Post

CONFIDENTIAL

HONG KAH NORTH NPP BLK 370 BUKIT BATOK STREET 31 SINGAPORE 650370

TEL: 1800-567 9999























**Accident Photo** 













