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Confirmed by : (	· Date	7.		* 80-100%]	
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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.
- 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.
- 5. 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 ladgement 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

	ACCIDENT STATEMENT
Date Of Report	24/11/2020 14:27
Date Of Accident	24/11/2020 11:45
Exact Location Of Accident	BLK 98A WHAMPOA DRIVE LEVEL MSCP
Country/State of Loss	SINGAPORE
AND THE RESERVE OF THE PROPERTY OF THE PROPERT	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ455D
Insured/Policyholder	
Name Of Registered Owner	NG LIP CHANG
NRIC No	SXXXX506G
Email Address	JAMESCHIA30@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90104757
Alternative Phone No	OTHERS-93698066
Vehicle Particulars	
Manufacturer	HONDA
Model	AIRWAVE-1.5 (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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z19VP05025081
Cover Note Number	
Driver	
Name of Driver	CHIA LEE HUA
NRIC No	SXXXX949C
Date Of Birth	08/06/1988

 Name of Driver
 CHIA LEE HUA

 NRIC No
 SXXXX949C

 Date Of Birth
 08/06/1988

 Occupation
 OUTDOOR

 Date Of Driving Pass
 23/09/2006

Driving Experience 14 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90104757

Fax Number

Contact Number OTHERS\_03608066

Address BLK 98 WHAMPOA DRIVE

#13-126

OTHER - COUSIN

Postcode 320098

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

BE WINES

\*

Insurance Company of Driver's Own Vehicle

.

#### General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident?

NO

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

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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

SHA6609E

Vehicle Make/Model/Colour

HYUNDAI

Details Of Properties

Vehicle Category

TAXI

Name of Driver

PUAH HONG HIM

NRIC/Passport Number

Contact Number

91063275

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- Please report <u>correctly</u> 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Sig

NRIC/FIN No .:

Policyholder's Signature Date & Time:

BIC 98A WHAMPOA DRIVE MICP LEVEL 2 SKETCH PLAN PILLAR A) SKZ 455D B) SHA 6609E В DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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### 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 policyhalder)

Date & Time:

Reporting Centre Personnel's Signarum

NRIC/FIN No .:

## ACCIDENT STATEMENT

	ACCIDENT DATE: 24. 11. 12020	J(DD/MM/YYYY), TIME	( 11: 45 )(HH:MM)
		MPOH DRIVE	LEVEL 2
	1. DETAILS OF VEHICLE alvehicle NUMBER: SKZ		
	CIPOLICY NUMBER: Z19VPC	DARAC INSURANCE DECISOR I	E BHD
	d)POLICY TYPE: (COMPREHENS e)MAKE & MODEL: HONDA	SIVE / THIRD PARTY / TH	TRD PARTY FIRE &THEP
	F)TYPE:(SALOON / COUPE / MP g)VEHICLE CATEGORY:(PRIVAL	V/VAN/LORRY/MO	TORCYCLE / OTHERS)
36	I) ARE YOU CLAIMING UNDER YOU	DENT TIME: GOING OUP OWN INSURANCE	(YES/NO)
	IF NO. PLEASE STATE (THIRD PA 2. INSURED / POLICY HOLDER	RTY CLAIM / REPORTIN	IB ONLY
	AJNAME: NG LIP CHAY	cor	MADE / FEMALE
(4) (4)	c)ADDRESS: 34 WOODLANT		-31
Huo of passon	ONTINUE TO 3.d IF DRIVER AL		(MADE / FEMALE)
(1)	b) NRIC/FIN/PASSPORT: S&& ) C) ADDRESS: 98 WHAMP	8949C CON	MADE / FEMALES
24	*d)DATE OF BIRTH: ( 08/ 06/ e)OCCUPATION: (INDOOR TOU		m : .
	FIDATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE O	53 09 200 0	
	IF NO, RELATIONSHIP OF THE 5. a) WEATHER CONDITION: CLEAR	DRIVER WITH INSU	RED:
<b>*</b> 21	6. WAS ANYBODY INJURED (YES /	(O)	
	7. a) REPORTED TO POUCE (YES NO IF YES, PLEASE STATE WHICH PO		
No of passonge			EL:
( 1)	b) DRIVER'S NAME: PURH c) NRIC/FIN/PASSPORT: 7. THIRD PARTY VEHICLE		TACT: 91063275
Ho of passang	o) VEHICLE NUMBER:	MODE	• • •
Including driv	/²r) f) NRIC/FIN/PASSPORT:	CON	TACT::
		417	

email = James CHIA 30@ hotmail .com



# LONPAC INSURANCE BHD (S98FC5839C)

Bingapore Office: 200, Beech Road #17-04/07, The Concourse, Bingapore 199555. Tel: (65) 6250 7360 Fax: (65) 6296 3767 Website: www.jonper.com.sp GST Reg No.: F0-0005635-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 1967 (MALAYSIA).

ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).

THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES: 1959 (MALAYSIA).

Certificate No.: Z19VP05025081

Type of Cover : THIRD PARTY FIRE & THEFT

1. Index Mark and Vehicle Registration Number

HONDA AIRWAVE 1.5

- SKZ455D

2. Name of Policy Holder

NG LIP CHANG

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

01/12/2019

4. Date of Expiry of the Insurance

30/11/2020

- 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.
- 6. 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

 Umitations 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

Once.

CHIEF EXECUTIVE (Singapore Branch)

User ID: SERENEYEO Date Issued: 04/11/2019