

8 Kaki Bukit Ave 4 #03-49 PREMIER @ KAKI BUKIT Singapore 415875 Tel: 8878 5573 / 8653 6483 Fax: 6242 6370 (Co Reg No: 201906614W) Email: exclusiveenterprise50@gmail.com

Date: 29-04-2021
To: Lonpac Insurance Bhd
Attn: Motor Claims Department
Re: Accident Involving Motor Vehicle No: SJL 5232H and YM 8927 J along Bukit Timah Road after KAP before Beauty World (location)
along Bukit Timah Road after KAP before Beauty World (location)
on [6 04 262] (date).
We refer to the above matter.
We are instructed by LEW HUEY JING (name)
to notify you of a road traffic accident on 16.04.2021 (date) at about 17=30 (time) at
involving our client's / customer's vehicle registration number
As a result of the accident, our client's customer's vehicle has been damaged. Before our
client/we proceed to repair the damaged vehicle, please let us know within 2 working days of
your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey
of the vehicle. If we do not receive any reply from you within the stipulated timeline, our
client/we shall proceed to repair the vehicle without further reference to you.
Thank You.
Best Regards,

SA1A214M0004 / Auto Insure Pte Ltd [739145] ENTRY DATE & TIME: 22/04/2021 12:34 (SGT) SUBMITTED BY: ALYWIN YEO VERSION: 1 (22/04/2021 12:34 (SGT))



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 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 Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

22/04/2021 12:34 (SGT) 16/04/2021 17:30 (SGT) Bukit Timah Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJL5232H

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

LEW HUEY JING SXXXX873C

shauna@mail.com

(Phone) +65-88666166

+65-88666166

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

vour vehicle?

Vehicle Category

Transmission

CC

Mercedes C200

Private use

No - Claiming third party

Private car

Auto

1796

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

Comprehensive

No

DMPCSNW00191482000

DRIVER

Name of Driver NRIC No

LEW HUEY JING SXXXX873C



Date Of Birth

Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name

Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

MY VEHICLE A WAS STATIONERY STARTING WAS MOVE OFF SLOWLY DUE TO THE HEAVY JAM, SUDDENLY I FELT AN IMPACT ON MY RIGHT REAR OF THE VEHICLE. I CAME DOWN REALIZED VEHICLE B (YM8927J) HAD CUT INTO MY LANE AND HIT INTO MY VEICLE RIGHT REAR PORTION. AFTER THE ACCIDENT, VEHICLE B DRIVER CAMÉ OUT OF HIS VEHICLE AND TOLD ME HE WAS SORRY BECAUSE HE DIDN'T SEE MY VEHICLE IN THE LANE.(I WAS NOT INSIDE YELLOW BOX)

20/01/1965

31/07/1989

+65-88666166

shauna@mail.com

31 YEARS AND 9 MONTHS

Collision - Change/cross lane

BLK 430A YISHUN AVE 11 #13-388

(Phone) +65-88666166

Outdoor

Female

761430

Yes

No

Clear

Drv

No

No

Yes

2

No

NIL

No

No

Male

2

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

YM8927J

Accident report SA1A214M0004

Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	
Address	-
Address complement	-
Postcode	_
Insurance Company Name	-
Nature Of Damage	
•	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	_

SCETCH PLAN	Veh 8 - YM 8927J
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SKETCH PLAN

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- Please report correctly the details of the applicant to speed up the dains process.
- This Form must be completed by the Policyholder and/or the Authorised Univer.
- 5. Information provided must be as truthful and accurate as possible, may with other appearantation or withholding of materia. Teams may allow insurance companies to reportiste action liability.
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- A. Consent under the Parsonal Data Protection Acc (PDPA)
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 - hity insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to do late, use, disclose and/or process my personal data/personal information set out in this (borm) and any other dersonal information provided by me or casessated by my insurer (collectively the "Personal information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicles(s) involved in this recident shall be collectively referred to as the "insurers"), the (naurers' lawyers/few firms, the Managers' Auditority of Singapors and any relevant government agency/suthority (such as the police), for the purpose(s)
 - (i) pressuring, handling and/or dealing with my dairns including the satisfient of the define and any necessary invadigations relating to the define;
 - (Ell of the state and for my deline,
 - (iii) certiving sugand/or dealing with my instructions or responding to any enquiries by me;
 - (P) administering my claims (including the mailing of correspondence, statements, involces, reports or notices to me, which could involve disclosure of sertain personal data about me to bring about delivery of the same as well as on the same could novel of envelopes/mail packages!; and/or .
 - (v) comprete with applicable law in administracy, processing, nandling and/or dealing with my plains (collectively the "Purpose;");
 - of insurer(s) who have meaned vehicle(s) modived in this stride than and the insurers' temperations, may/are parameter to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (c) The Personal Information may/can be discipled by any of the insurans end/or GIA to their third derry service provides or agents (including their lawyers/law firms), which may be sized outside of lingagors, for one or more of the above Pulposes.
 - (a) my deconglisticant tipe at the set of solice set and used to completely defect history for the purpose of fraud describe, availage for end management in present and all facure doma.
 - (E) The information so collected under (d) above may be shared I disclosed:
 - (i) so all insurers and/or any other third parties that assist in avaluating, investigating, controlling or managing fraud, regulators, law aniforcement and government agencies as teasonably required for the purposes stated, or

ing for complying with requirements under ear regulations, lews or court orders.

Michiolice's Signatura

Jacob Thee:

Griver's Signature

if driver is not the grafic the dark

Jeka & Yima

Reporting Contre Personnel's Signature

Name

MRIC/AW Ho.:



SINGAPORE ACCIDENT STATEMENT

3rd party report

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date of Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

21/04/2021 11:41 (SGT) 16/04/2021 17:30 (SGT) Bukit Timah Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

YM8927,J

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Yes

ADVANCE SPORTS TECHNOLOGIES PTE, LTD.

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Vehicle Category

Transmission

CC

Mitsubishi

Fe83beosrdea

Commercial vehicle

Manual

2977

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

Lonpac Insurance Bhd ThirdPartyFireTheft

No

Z/20/VC05/004193-001

DRIVER

Name of Driver

Passport No/FIN

Address

Address complement

Postcode

Does Driver Own Other Vehicles?

PANNEERSELVAM AYYANATHAN

GXXXX648N

BLK 117 BEDOK RESERVOIR RD

#07-64

470117

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Side Swipe Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Was anybody injured in the Accident? Was any other material or property damaged? Number of Passengers (Including Driver)

No No

Yes

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210416/2135

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?

Yes Yes

WITH DRIVER

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour

Private car

SJL5232H

Vehicle Category Name of Driver

Insurance Company Name

SKETCH PLAN

IMPORTANT NOTICE

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- 8. Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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' law yers/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
- (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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

104/2021

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

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Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618 Tel No 1800-8486999

2 of 3 Report No. T/20210416/2135

CONTINUATION OF REPORT

Brief Details.

On 16/4/21 at around 1730hrs, I was driving my vehicle(YM8927J) along bukit timah road on the 3rd lane. As it was a peak hour, I was driving my vehicle at a constant speed keep myself in my own lane. Out of a sudden, I realized that I collided onto another vehicle(SJL5232H) which had entered into my lane from the last lane. I alighted the vehicle to discuss about the collision however the driver of SJL5232H came out from her vehicle, took some photos and left the scene. I wish to state that the collision had caused the front left bumper of my vehicle to be slightly scratch and dented. There is a in car camera installed in my vehicle and currently I am holding the possession of the memory card.

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- (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' law yers/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
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- (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.

Policyholder's Signature / Date & Tarre

104/2021

Driver's Signature (if driver is not the policyholder) / Date

21/04/21 Witnessed by Reporting Centre Personnel

Sketch Plan

A-YM8927.I B-SJL5232H