

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 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. 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 14/06/2021 15:33 (SGT)
Date of Accident 13/06/2021 01:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG JLN ISHAK TOWARDS LOR SALLEH (JUNCTION OF MARICAN)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ6950L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN SEOK ENG
NRIC No SXXXX773G
Email Address DARYLJOELLEEE@GMAIL.COM
Mobile Phone No (Phone) +65-97425667
Alternative Phone No +65-97425667

VEHICLE PARTICULARS

Manufacturer Toyota
Model HARRIER PREMIUM 2.0 A
Variant -
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1986

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z20VP05027106
Cover Note Number -

DRIVER

Name of Driver DARYL JOEL LEE SI-XUAN

NRIC No	SXXXX301B
Date Of Birth	31/10/1996
Occupation	Indoor
Date Of Driving Pass	19/08/2016
Driving experience	4 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98753292
Alt. Phone Number	-
Email Address	DARYLJOELLEE@GMAIL.COM
Address	86 JALAN DAUD #12-92
Address complement	-
Postcode	419594
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
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	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	DAPHNE LIM
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

-

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	GZ8491T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	LIAO LINHUL, ALEX
NRIC No	SXXXX447B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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:

(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")

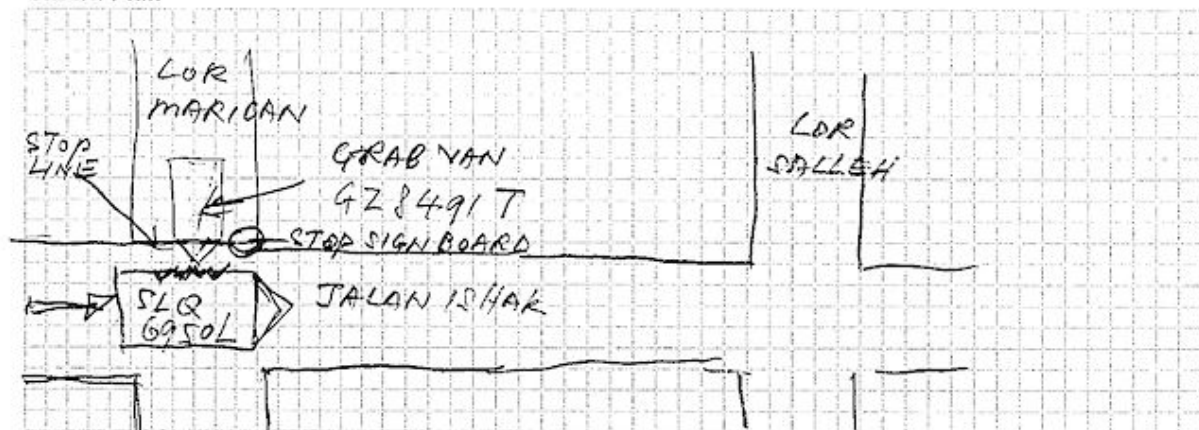
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

LICENSE PLATE: JLB6950L ACCIDENT DATE & TIME: 13/6/2021 01:15h
CONTACT NUMBER: 98753242 E-MAIL ADDRESS: danyljoelee@gmail.com
LOCATION: Junction of JALAN ISHAK & LOR MARICAN.

1) I was driving along Jalan Ishak towards Lor Salleh.
2) At the junction of Jalan Ishak and Lor Marican, a van collided into ~~my~~ the passenger side of my car. The van is a grab van, GZ 8491T, driven by ~~Mr~~ LIAO LINHUI, ALEX, S8308447B.
3) This vehicle belongs to my mother, TAN SEOK ENG PRT S1485773G.
4) NO ONE WAS INJURED in the accident.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

() Claim Own Policy (☒) Claim Third Party () Claim OD/TP at other workshop () Reporting Only

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

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ANNEX E


NOTICE OF REPORTING

This is to confirm that Daryl Joel Lee Si-Xuan, NRIC: S9642301B, Tel: 98753292 has reported to the Police a non-injury traffic accident which occurred along Jln Ishak towards Lor Salleh at the junction of Lor Marican on 13/06/2021 at 01:15 a.m. involving the following vehicles:-

- i) SLQ6950L (Complainant vehicle)
- ii) GZ8491T

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

Rank/Name of Issuing Officer: SSS T130275 Hafiz
Date: 13/06/2021
Time: 1352 hrs
Station Diary ref: 5
Police Post/Unit: Kg Kembangan NPP


Kg Kembangan NPP
Block 112 Lengkok Tiga
#01-215 Singapore 410112
Tel: 1800-7489999

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

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version as of 15 Sep 2000


LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

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. : Z20VP05027105

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

 TOYOTA HARRIER PREMIUM 2.0
 - SLQ6950L

2. Name of Policy Holder

TAN SEOK ENG

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

19/07/2020

4. Date of Expiry of the Insurance

18/07/2021

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.

Excess : S\$ 500.00(SECTION 1) INSURED / NAMED DRIVERS

S\$ 1,500.00(SECTION 1) UNNAMED DRIVERS

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

S\$ 100.00WINDSCREEN EXCESS

LONPAC'S AUTHORISED WORKSHOPS

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

* 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: EMOTORPAM

Date Issued: 02/07/2020

Certificate of Insurance - Page 1 of 1



























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SM0M216E0003 Vehicle Registration No: SLQ6950L
Name (as shown in NRIC) : TAN SEOK ENG NRIC/FIN/Passport No : SXXXX773G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BIK 86 JALAN DAUD #12-92 Singapore 419594
Contact (Tel) : _____ Mobile No. : 97425667
Email Address : DARYLJOELLEE@GMAIL.COM
Date of Accident : 13/06/2021 Time of Accident : 01:15
Place of Accident : ALONG JLN ISHAK TOWARDS LOR SALLEH (JUNCTION OF MARICAN)
Insurance Company: LONPAC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend from TP to OD claims and do recovery

Policyholder / Driver's Signature
Date: 18/6/2021

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____

