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SINGAPORE ACCIDENT STATEMENT

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
- 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 11/10/2021 17:10 (SGT) Date of Accident 08/10/2021 19:50 (SGT) **Exact Location of Accident** Jln Sultan, Singapore Additional Location Information TOWARDS NORTH BRIDGE ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SFB6883Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LYE YOON SAN NRIC No SXXXX595I Email Address jameslye61@gmail.com Mobile Phone No (Phone) +65-96956883 Alternative Phone No +65-96956883

VEHICLE PARTICULARS

Manufacturer

Model E200 Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Private car Transmission Auto CC 1991

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Type of Coverage Comprehensive Fleet Policy Policy Number Z21VP05029819 Cover Note Number

DRIVER

Name of Driver LYE YOON SAN NRIC No SXXXX595I

Date Of Birth 23/02/1966 Occupation Indoor Date Of Driving Pass 07/03/1997 24 YEARS AND 7 MONTHS Driving experience Gender (Phone) +65-96956883 Mobile Number Alt. Phone Number +65-96956883 Email Address jameslye61@gmail.com BLK 330 YISHUN RING ROAD #08-1436 Address Address complement Postcode 760330 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 Collided into Parked Vehicle 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 Name XIAO MA Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If ves, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO 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 SMS53T Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car

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)	

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 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.
- 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' 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 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
- (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.

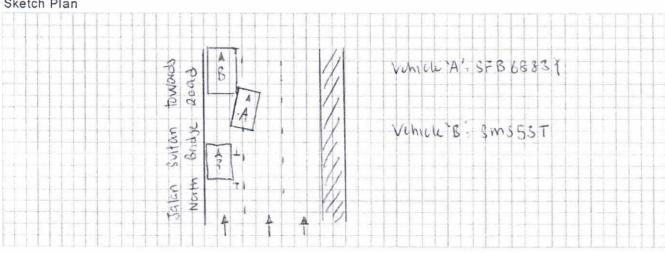
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel

Sketch Plan



Describe Circumstances of the Accident

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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



Email: sm@idac.com.sg Tel no: 6555 6888 *If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week. Personal Particulars of Owner & Driver (Vehicle A) Date of Accident: 08/10/2021 (dd/mm/yy) : 50__(24-HR-FORMAT) Time of Accident: 19 Vehicle No. : SFB6883Y Vehicle Make & Model / Engine (cc): Mercedes-Benz E200 Exclusive Private Hire: (Y N Exact location of Accident: Jalan Sultan North Bridge Road towards Policyholder's Name / IC No. : LYE YOON SAN S26705951 Driver's Name / IC No. : LYE YOON SAN S26705951 (As Above) Driver's Contact No. : 96956883 Company Contact No / Owner Contact No: Driver's Address: APT BLK 330 YISHUN RING ROAD, #06-1436, S(760330) Owner Email address: JAMESLYE61@GMAIL.COM Insurance Company: Lonpac Driver Email address : JAMESLYE61@GMAIL.COM Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Owner What do you wish to claim? (Please TICK one only) Own Insurance / Other Vehicle (The one you want to claim against) / V Reporting (For Record Purpose) Exact purpose for which the vehicle Was being used at time of accident? Occupation (nature of job) / Indoor/ Outdoor ✓ Private use / Work purpose *No. of Passengers (Including Driver): 02 *Passanger Name: Xiao Ma Gender: male *Passanger Name: ____ Gender: Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Yes / ✓ No Any Injuries: Yes / V No (If YES) Injured Person' Name: _____ Injured Person in Which Vehicle: _____ Injuries Sustain: Police Report filed: Yes / V No (If YES) Which Police Station: The Other Party(s) Details: Driver's Name / IC No: _____ Driver's Contact No: ____Insurance Company : 2. Driver's Name / IC No (If Any): _______ Vehicle No: _____ Driver's Contact No: _____Insurance Company :

*Independent Witness (If Any): ______ Contact No: _____

Contact No: ___

Preferred Workshop Name: ____



LONPAG INSURANCE BHD (SORFCS435C)

INDANON OFFICE NO. Beach Float \$17-0407, The Continues Singapors 1 Month Tel: (65) 6290 7365 Fire: (80) 6296 3767 Website: June broker com 93 DOT for No. 10 000503-C.

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THRIB PARTY RISKS AND COMPENSATION) ACT (CAP 1 TO TEPUBLISHED SINGAPORE MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) HET CAP BEFURES OF SHIDAPORE. HOAD TRANSPORT ACT 1987 (MALAYSIA).
HOAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).
THE MOTOR VEHICLES (THIRD PARTY RISKS) BULES, 1989 (MALAYSIA).

Certificate No.: ZZ1VP05029819

Index Mark and Vehicle Registration Number

2. Name of Policy Holder

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

Date of Expiry of the Insurance

Type of Cover : COMPREHENSIVE

MERCEDES-BENZ EZOG (R18) Z.O (A) SEBSESSY.

LYE YOON SAN

15/09/2021

14/09/2022

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 scensing or other iswa in 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

: \$5 0.00(SECTION 1) INSURED / NAMED DRIVERS

\$\$ 1,000.00(SECTION 1) UNNAMED DRIVERS

S\$ 2,000.00(SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPENIENCED DRIVERS

55 100.00WINDSCREEN 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 Pisks and Compensation) Act (Cop 189) Republic of Singapore

H.P. Owner : MAYBANK

CHIEF EXECUTIVE (Singapore Branch)

Quele

User ID: EMOTORCAT Date Issued: 23/08/2021