

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 27/10/2021 19:12 (SGT)
Date of Accident 26/10/2021 18:02 (SGT)
Exact Location of Accident Tanjong Rhu, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDD125E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KHOE HONG OAN
NRIC No S2183233B
Email Address KHOEHO@GMAIL.COM
Mobile Phone No (Phone) +65-98153466
Alternative Phone No +65-98153466

VEHICLE PARTICULARS

Manufacturer BMW
Model 730LI LED NAV HUD SR RCP
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 1998

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z21VP05029264
Cover Note Number -

DRIVER

Name of Driver KHOE HONG OAN
NRIC No S2183233B

Date Of Birth	25/12/1962
Occupation	Indoor
Date Of Driving Pass	23/04/1980
Driving experience	41 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98153466
Alt. Phone Number	+65-98153466
Email Address	KHOEHO@GMAIL.COM
Address	37 GREENFIELD DRIVE
Address complement	-
Postcode	457941
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	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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH324U
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 willful 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' 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

LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia)

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

Tel: (65) 6250 7368 Fax: (65) 6256 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

THE SCHEDULE

Class of Policy	: MOTOR CAREPLUS	Policy No.	: Z21VP05029264
Insured	: KHOO HONG OAN	Type of Cover	: COMPREHENSIVE
Address	: 37 GREENFIELD DRIVE SINGAPORE 457941	Replacing CN/Policy No.	: Z20VP05026917
Business or Profession	: OTHERS ..	Account No	: Z70482(D)

Period of Insurance

(a) From 25/06/2021 To 24/06/2022 (both dates inclusive)

(b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.

Description of Vehicle	The Policy's Premium
Vehicle/Trailer Regn. No	Premium Component
: SDD125E	% Amount (\$\$) Total (\$\$)
Make & Model of Vehicle	: Basic Premium
: BMW 730LI LEO NAV HUD SR 2.0	: 3,423.41
Type of Body	: NCD
: SALOON - 4 DR	: -50.00% -1,711.71
Engine No	: OFD
: 16035179B48B203	: -5.00% -85.59
Chassis No	: Premium After Discount
: WBA7E02070G245475	: 1,626.12
Year of Registration	: Gross Premium
: 2018	: 1,626.12
c.c./Tonnage	: Actual Gross Premium
: 1,998	: 1,626.12
Seating Capacity	: GST
: 5	: 7.00% 113.83
Sum Insured	: Premium Payable
: MARKET VALUE	: 1,739.95
Excess	
: S\$ 0.00 (SECTION 1) INSURED / NAMED DRIVERS	
: S\$ 1,000.00 (SECTION 1) UNNAMED DRIVERS	
: S\$ 3,000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS	
: S\$ 1,000.00 (SECTION 1) ADDITIONAL EXCESS FOR REPAIR AT DISTRIBUTOR OWNED WORKSHOP	
: S\$ 100.00 WINDSCREEN 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 OR DISTRIBUTOR-OWNED MOTOR WORKSHOP	

















