

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 10/01/2022 16:38 (SGT)
Date of Accident 09/01/2022 14:50 (SGT)
Exact Location of Accident Petir Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKJ2770P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Koh Siam Soon Philip
NRIC No S1238736I
Email Address philipkoh@gmail.com
Mobile Phone No (Phone) +65-96330123
Alternative Phone No +65-96330123

VEHICLE PARTICULARS

Manufacturer Lexus
Model Gs350
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? No - Reporting only
Vehicle Category Private car
Transmission Auto
CC 3500

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z21VP05028674
Cover Note Number -

DRIVER

Name of Driver Koh Jiajin, Joel
NRIC No S9137061A

Date Of Birth	09/10/1991
Occupation	Indoor
Date Of Driving Pass	17/10/2011
Driving experience	10 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91903210
Alt. Phone Number	-
Email Address	hokleoj@gmail.com
Address	18 Jalan Istimewa
Address complement	-
Postcode	278402
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 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

Please refer to the 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	SMC2938L
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	Edwin Bor
Contact Number	(Phone) +65-88284319
Address	-
Address complement	-

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

SKETCH PLAN

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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 JOEL KOH <i>Joel Koh</i> 10 JAN 22 16 25 HRS _____	Witnessed by Reporting Centre Personnel _____ Jenny Lim
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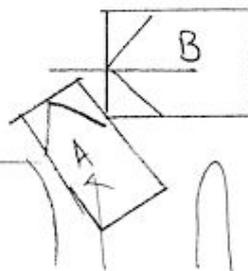
Sketch Plan

PETIR ROAD

LANE 2

LANE 1

A SKJ 2770P
 B SMC 2938J



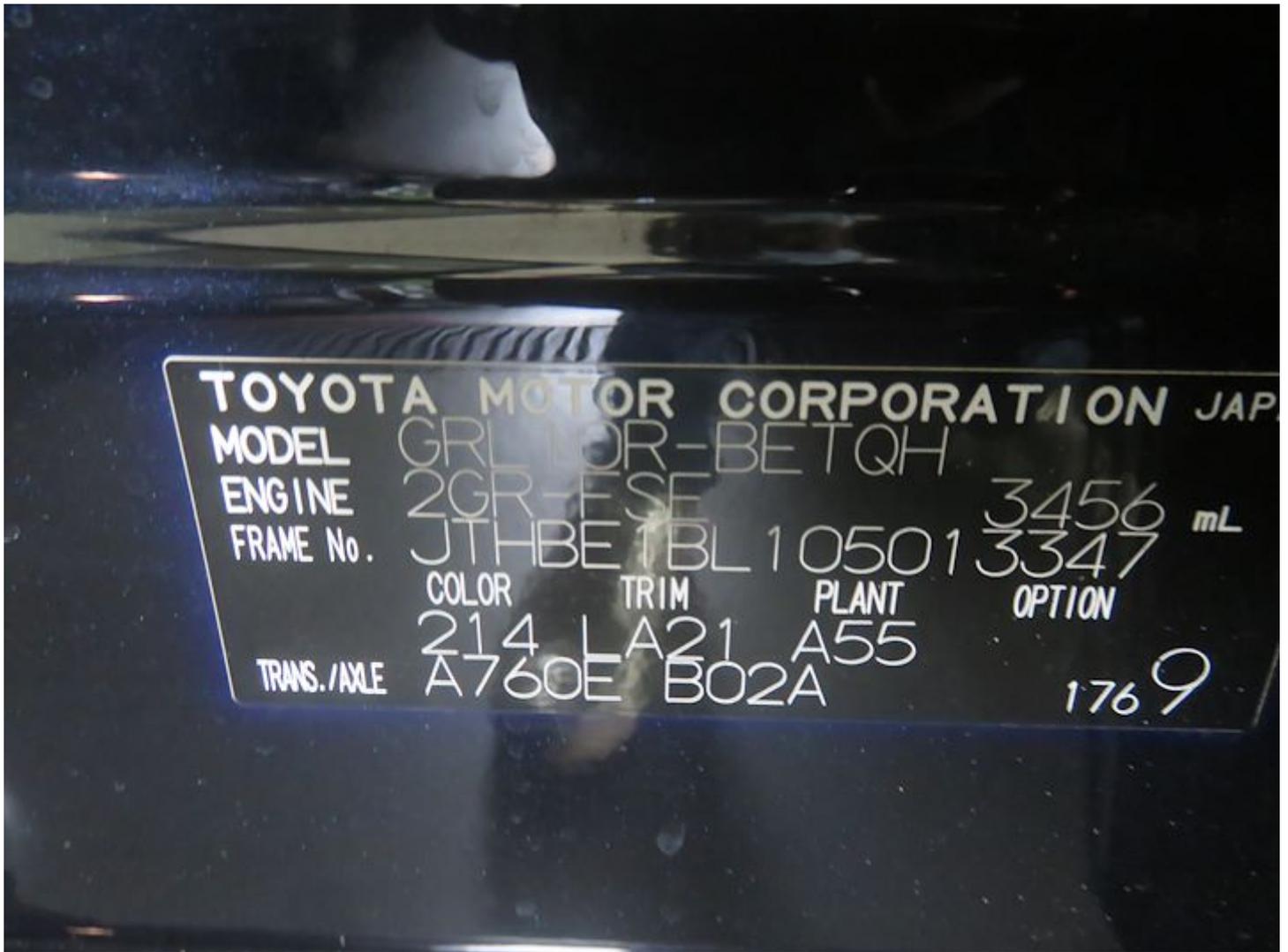
09 JAN 2022
 14 50 HRS



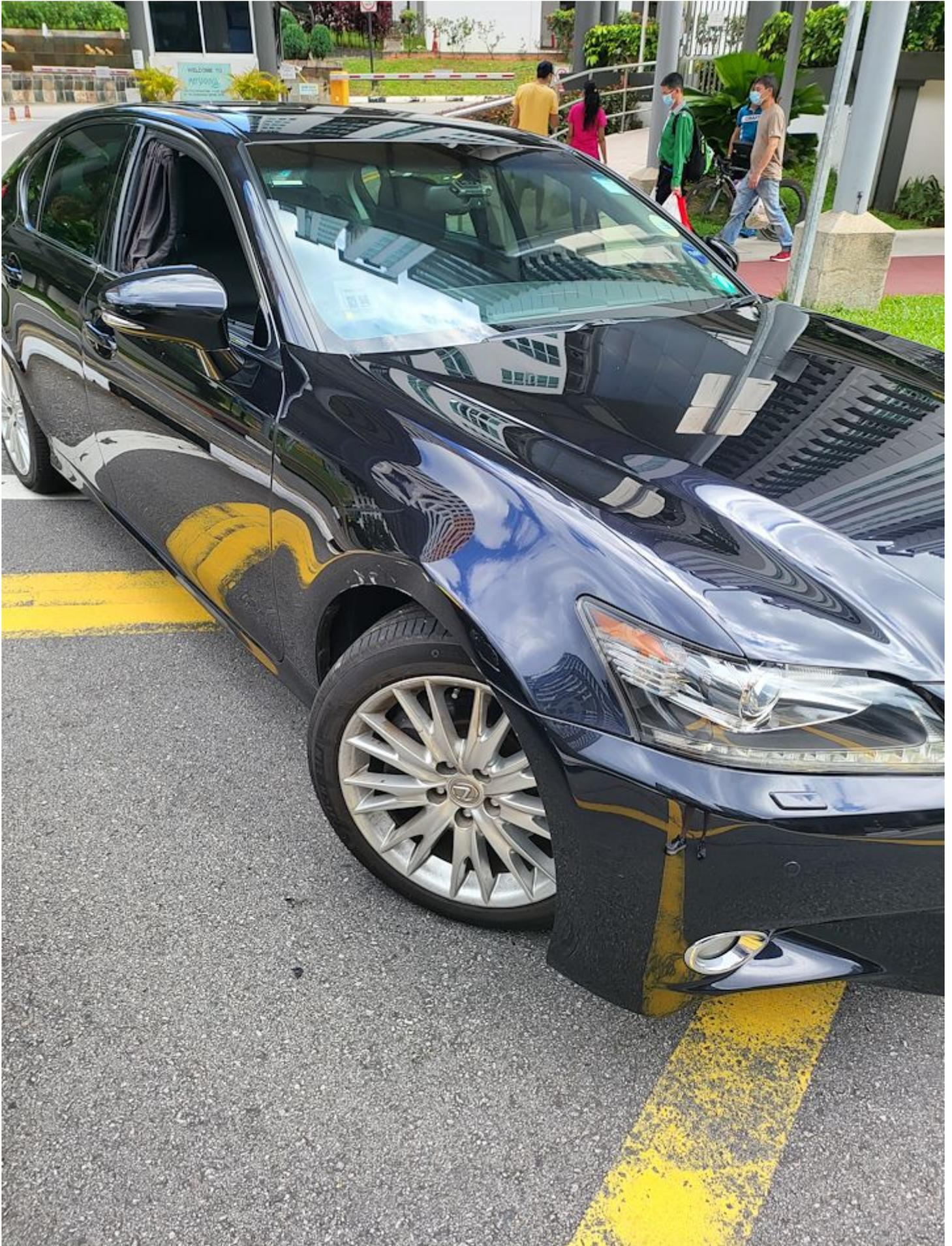


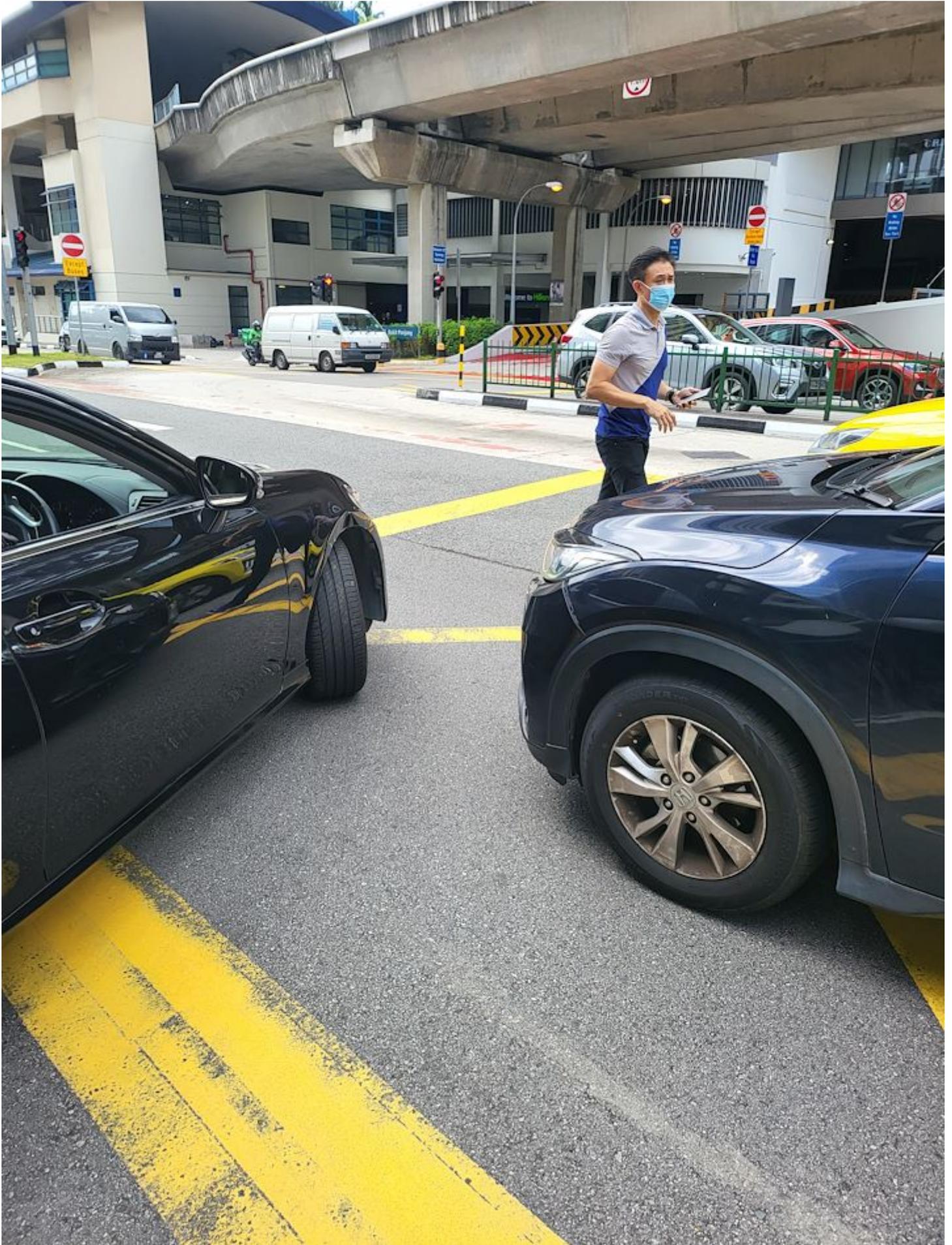




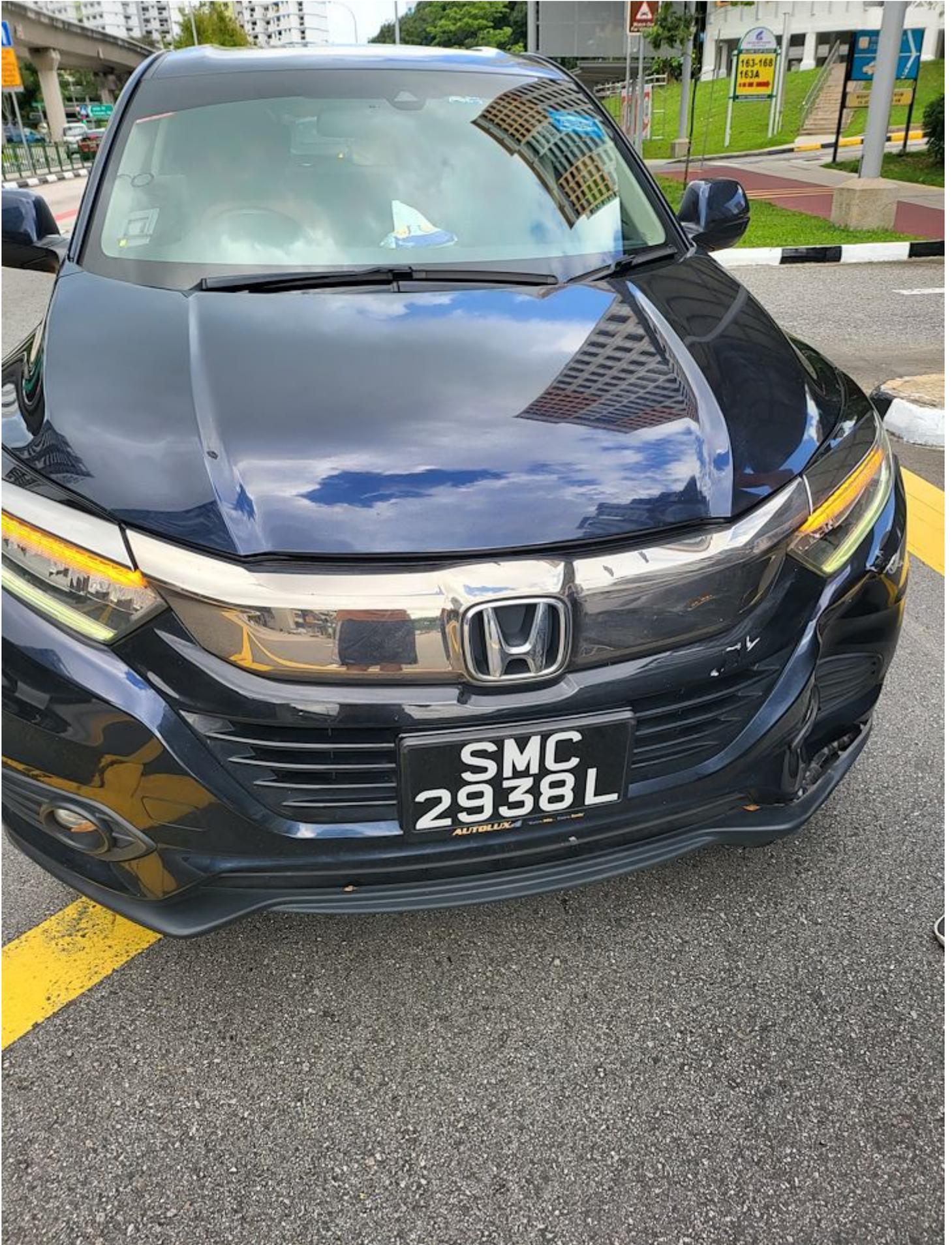













LONPAC INSURANCE BHD (S98FC5635C)

(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

THE SCHEDULE

Class of Policy	: MOTOR CAREPLUS	Policy No.	: Z21VP05028674
Insured	: KÖH SIAM SÖÖN PHILIP	Type of Cover	: COMPREHENSIVE
Address	: 18 JALAN ISTIMEWA SINGAPORE 278402	Replacing CN/Policy No.	: Z20VP05026184
Business or Profession	: DOCTOR / MEDICAL LABORATORY	Account No	: Z50805

Period of Insurance

(a) From 12/03/2021 To 11/03/2022 (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			
	Premium Component	%	Amount (\$\$)	Total (\$\$)
Vehicle/Trailer Regn. No : SKJ2770P	Basic Premium			2,434.25
Make & Model of Vehicle : LEXUS GS350 3.5	NCD	-50.00%	-1,217.12	
Type of Body : SALOON - 4 DR	OFD	-5.00%	-60.86	
Engine No : 2GR8769533	Workshop Discount	-25.00%	-289.07	
Chassis No : JTH8E1BL105013347	Premium After Discount			867.20
Year of Registration : 2012	Gross Premium			867.20
c.c./Tonnage : 3,456	Actual Gross Premium			867.20
Seating Capacity : 5	GST	7.00%	60.70	
Sum Insured : MARKET VALUE	Premium Payable			927.90

Excess

: S\$ 0.00 (SECTION 1) INSURED / NAMED DRIVERS
S\$ 0.00 (SECTION 1) UNNAMED DRIVERS
S\$ 3,000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS
S\$ 0.00 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