

# 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 ..... 18/06/2022 14:02 (SGT)  
Date of Accident ..... 11/06/2022 14:45 (SGT)  
Exact Location of Accident ..... 26 Taman Siglap, Singapore 455684  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SCN3535U

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHEN GAN PIN  
NRIC No ..... S0096829C  
Email Address ..... mikechen@stei.edu.sg  
Mobile Phone No ..... (Phone) +65-93867100  
Alternative Phone No ..... +65-93867100

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... E200  
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 ..... 2000

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... Z21VP05029871  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... JALLEH HENRIETTA GERTRUDE  
NRIC No ..... S0078208D

|  |                        |
|--|------------------------|
| Date Of Birth .....  | 27/11/1949             |
| Occupation .....   | Indoor                 |
| Date Of Driving Pass .....   | 16/08/1974             |
| Driving experience .....   | 47 YEARS AND 10 MONTHS |
| Gender .....   | Female                 |
| Mobile Number .....  | (Phone) +65-96984480   |
| Alt. Phone Number .....  | -                      |
| Email Address .....  | mikechen@stei.edu.sg   |
| Address .....  | 26 TAMAN SIGLAP        |
| Address complement .....   | -                      |
| Postcode .....   | 455684                 |
| Is the driver the policyholder? .....                              | No                     |
| If No, Relationship of the Driver with the Insured .....           | Spouse                 |
| 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 - Head to Rear |
| 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

ON 11/06/2022 AT ABOUT 2.45PM, I WAS REVERSING (SCN3535U) FROM THE HOUSE 26 TAMAN SIGLAP. A SMRT TAXI (SHB5081C) SPED PASSED SUDDENLY. AS THE VIEW WAS BLOCKED BY PARKED VEHICLES ALOGN THE ROAD. I WAS NOT ABOE TO STOP IN TIME. AS A RESULT, THERE WAS A MINOR IMPACT BETWEEN THE TWO CARS. (SHB5081C) HAD MINOR SCRATCHES ON THE RIGHT FRONT ABOVE THE WHEEL WHILE (SCN3535U) SUSTAINED SOME DENTS ON THE REAR OF THE CAR. (REVERSING OF VEHICLE)

#### 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


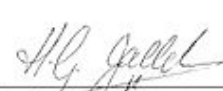
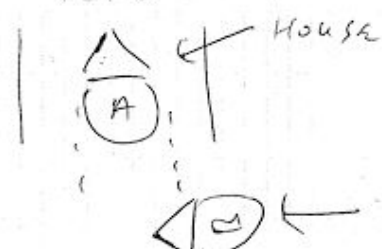
|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SHB5081C |
| Vehicle Manufacturer .....        | -        |
| Vehicle Model .....               | -        |
| Vehicle Variant .....             | -        |
| Vehicle Colour .....              | -        |
| Vehicle Category .....            | Taxi     |
| Name of Driver .....              | MR NG    |

|   |           |
|---|-----------|
| Contact Number .....                          | -         |
| Address .....                                 | -         |
| Address complement .....                      | -         |
| Postcode .....                                | -         |
| Insurance Company Name .....                  | -         |
| Nature Of Damage .....                        | -         |
| Details of property damaged in accident ..... | VEHICLE B |
| No. Of Passenger (Including Driver) .....     | -         |

# SKETCH PLAN

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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 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' 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.

|  |   |   |
|--|---|---|
| <br>Policyholder's Signature / Date & Time<br>18/6/2022 | <br>Driver's Signature (if driver is not the policyholder) / Date & Time<br>18/6/2022<br>1010 am | Witnessed by Reporting Centre Personnel<br><br> |
| Sketch Plan<br>1010 am   |   |   |
|    |   |   |

## Describe Circumstances of the Accident

On 11 Jun 2022 at about 2:45 pm  
 MS JALLEH was reversing SCN 3535 U from  
 the House 26 TAMAN SIKEMP, S 455684.  
 A ~~FA~~ SHORT TAXI SHB 5081C sped  
 passed suddenly. As the view was  
 blocked by parked vehicles along the  
 road, MS JALLEH was not able to stop  
 in time. As a result, there was  
 a minor impact between the 2 cars.  
 SHB 5081C had minor scratches  
 on the right front above the offset wheel  
 as while SCN 3535 U sustained some dents  
 on the left rear of the car.  
 Photographs are attached.

## Declaration

I/We declare the foregoing particulars are true in every respect.

*Chapman*

Policyholder's Signature / Date &  
 Time

18/6/22  
 1005

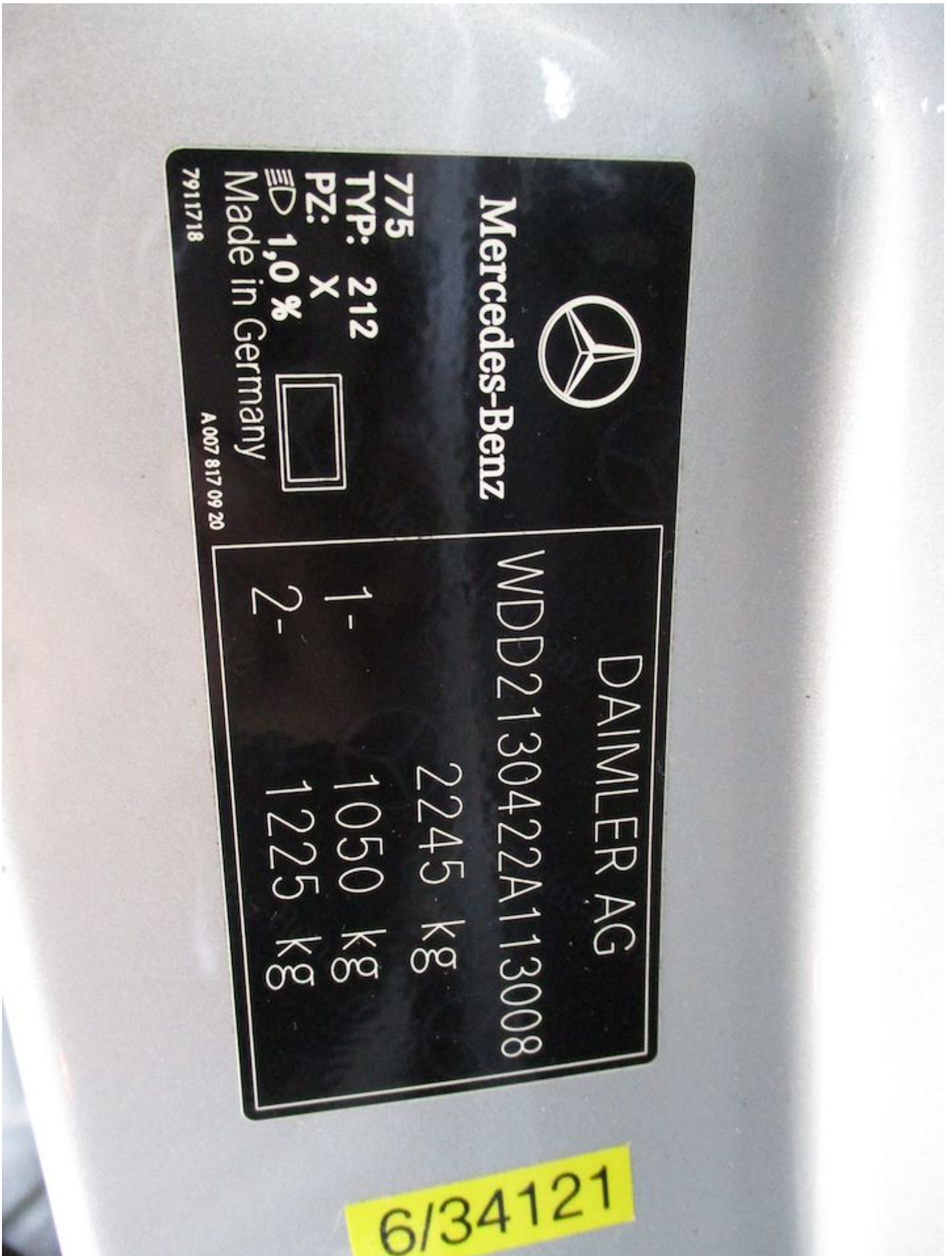
*H. Jalleh*

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

18/6/22  
 1005

Witnessed by Reporting Centre  
 Personnel


























**LONPAC INSURANCE BHD** [S88FC5635C]

Incorporated in Malaysia

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 189555

Tel: (65) 6256 7388 Fax: (65) 6256 2767 Website: www.lonpac.com.sg

GST Reg No.: F8-0005635-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.: Z21VP05029871

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

 MERCEDES-BENZ E200 AVANTGARDE 2.0  
 - SCN3535U

2. Name of Policy Holder

CHEN GAN PIN

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

22/09/2021

4. Date of Expiry of the Insurance

21/09/2022

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\$ 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\$ 100.00 WINDSCREEN EXCESS

LONPAC'S AUTHORISED WORKSHOPS

AN ADDITIONAL EXCESS OF \$500 FOR 2ND &amp; 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: BIZFOLIO  
 Date Issued: 01/09/2021

Certificate of Insurance - Page 1 of 1