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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.
 This Form must be <u>completed</u> by the <u>Policyholder and/or the Actual Driver</u>

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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

03/10/2022 12:35 (SGT)

30/09/2022 14:25 (SGT)

Ang Mo Kio South Flyover, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGK8118B

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

TEO THIAM CHUAN WILLIAM

SXXXX503J

cs8558cs@gmail.com (Phone) +65-96622993

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

CC

Toyota

Alphard

Private use

No - Claiming third party

Private car

Auto

2494

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Lonpac Insurance Bhd Z22VP05032041

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

TEO THIAM CHUAN WILLIAM

SXXXX503J

01/08/1969

Indoor

Accident report SN0822A30002

Page 1 of 14

 Date Of Driving Pass
 06/08/1987

 Driving experience
 35 YEARS AND 1 MONTH

 Gender
 Male

 Mobile Number
 (Phone) +65-96622993

 Alt. Phone Number

 Email Address
 cs8558cs@gmail.com

 Address
 BLK 54 KENT ROAD #23-02

 Address complement

 Postcode
 210054

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Poes Priver Own Other Vehicles?

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 Chain Collision
Weather Conditions Clear
Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

No
Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No

Translator's name

Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

SLB9294G

SLB9294G

Private car

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLE2B
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	-
Contact Number	
Address	
Address complement	193
Postcode	
Insurance Company Name	2011 III 2 5 4 0
Nature Of Damage	0#X
Details of property damaged in accident	355
No. Of Passenger (Including Driver)	0.000

INJURED PERSONS DETAILS

INJURED 1

The second of	
Name of injured person Gender Phone No	TEO THIAM CHUAN WILLIAM Male (Phone) +65-96622993
Address	- 5
Address Complement	- 3
Post Code	_ = =
Approximate Age Years Old	
Injuries Sustained	NECK AND BODY PAIN
Injured person in which vehicle?	SGK8118B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 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 Actual Driver.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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

Inessed by Reporting Contre Personnel (Name as in NRIC/ID card)

Sketch Plan

	7	A = SGK 811813
4	39	
B		B=SL1392946
	Scuth	C = SLE 213
	AMK	

Circumstance of the	ne Accident
7	the collection of the collecti
	was travelling cions CTE,
While	e Im at Hang Mo Kio Flyover. 1 Stop
Stat	lunury due to Stant car, suddenly a sew
imonent	- later vehicle B Collided onto the rear
of my	/ Car, I was involved in an 3 cor
Chain	Collision accident.

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

Wyssed by Reporting Centre Personnel Name as in NRIC/ID card)

(M

If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week. Date of Accident; 30,092022 (dd/mm/yv) Time of Accident; 14 : 25 (24-HR-FORMAT) Vehicle No. SEKSIIS B Vehicle Make & Model / Engine (cc) To 70 +4 AIP hold 2-5 Private Hire: (Y N) Exact location of Accident: Any Mc Kio South Fly CVET Policyholder's Name / ICNO. : TOO Thiam Chuan Villian | ROC/UEN (Company) Driver's Name / IC No. : 5612 65035 Driver's Contact No.: 96611943 Company Contact No./ Owner Contact No. Driver's Address: BIK 54 Kent Roud #23-02 SC210054 Insurance Company Long DAL Owner Email address : _____ Driver Email address: CS8558 CS @gmail @m Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Subling / Relative / Employee / Hirer or Others specify: What do you wish to claim? (Please TICK one only) Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose) Exact purpose for which the vehicle Occupation (nature of job) hadoor Outdoor Was being used at time of accident? Vrivate use / Work purpose *No. of Passengers (Including Driver): Gender: Male / Female xt) Passenger Name: Gender: Male / Female vi // Passenger Name: Weather condition & Road conditions? (On the day of accident) Delear & Dev / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Yes / No Remarks: Any Injuries: Ves/ No (If YES) Injured Person' Name: DVIVEL Injuries Sustain: Necre 2 130 d-/ Injured Person in Which Vehicle: SEK 8118 13 Police Report filed: Yes / You (If YES) Which Police Scales: The Other Party(s) Details: Vericle No. 5 LB 92946 1. Driver's Name / IC No:

Email: sm@idac.com.sg Tel no: 6555 6888



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

GST Reg No.: F0-0005635-C

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.: Z22VP05032041

Type of Cover : COMPREHENSIVE

Index Mark and Vehicle Registration Number

TOYOTA ALPHARD 2.5 2.5

- SGK8118B

2. Name of Policy Holder

TEO THIAM CHUAN WILLIAM

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

25/09/2022

4. Date of Expiry of the Insurance

24/09/2023

- 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.
- 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

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

S\$ 2,500.00 (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

AN ADDITIONAL EXCESS OF \$500 FOR 2ND & SUBSEQUENT CLAIM DURING THE POLICY PERIOD (FOR COMPREHENSIVE COVER ONLY).

: 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 Read Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore,

H.P. Owner: MAYBANK

CHIEF EXECUTIVE (Singapore Branch)

User ID: EMOTORPAM Date Issued: 07/09/2022