

SN0823/9000

Preferred Wksp / INC Assgn Wksp / QW: (		Tel: (	Fax: (
TP Particulars: (	Yeh No: SL29514X	INC ( ) / Non-INC ( )	
Owner / Driver: (		Tel: (	
Policy No: (	)	Period: (	) Cover Type: (
Confirmed by: (		Date: (	Time: (
Insured/Driver Liability: (	%) (Note: Est Status (WO): N: 0-20%, P: 21-79%, F: 80-100%)		
Year of Registration: (	)	Warranty: YES ( ) / NO ( )	
Excess: (\$	)	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks: \_\_\_\_\_  
 ( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repeller.  
 ( ) Total Loss Case: to e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks	INC Hotline: 6788.6616	Date/Time Completed	By/ Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			

Injury :

[illegible]

Invoice Preparation Charge		Invoice Date	Invoice No.
1) AR: Accident Reporting (\$300)			
2) DA: Damage Assessment (\$1000)	INC (\$50)		
3) TP: Towing Fee	\$40/\$40		
4) PT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Reserve)	\$50		
Excluding against INC Daily (up to 10 days)			
6) TR: Re-inspection	\$75		
7) NI: New DA + SMART Survey	\$140		
8) NIUC: Additional Technician			
GR:			
*NI: Courtesy Car / Trip Allowance	\$5		
*NI: Repair Coordination	\$10		
*NI: Post Repair Inspection	\$25		
*NI: DY / Collect Excess Coordination	\$5		
*TP (NI): TP (New INC) against INC	\$70		
NI: New Mobile			
Invoice dated	Fee Charged		
Invoice No.	Due Amount		

## 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 Actual 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	09/01/2023 13:16 (SGT)
Reported by	Driver
Date of Accident	08/01/2023 14:20 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS MOULMEIN ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJF3505R

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	THONG MAY LING @ TAN BEE KIAW
NRIC No	SXXXX482Z
Email Address	aklam@live.com.au
Mobile Phone No	(Phone) +65-98362333
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Swift
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1586

#### INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	Z22vp05031227

#### DRIVER

Name of Driver	LAM AIK KIANG
NRIC No	SXXXX193Z
Date Of Birth	24/11/1959
Occupation	Indoor

Date Of Driving Pass .....	23/04/1991
Driving experience .....	31 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98362333
Alt. Phone Number .....	-
Email Address .....	aklam@live.com.au
Address .....	BLK 915 HOUGANG STREET 95 #09-02
Address complement .....	-
Postcode .....	530915
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 .....	Side Swipe
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
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? .....	No
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 .....	SLZ9514X
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	C180
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TNG HUA CHAI
NRIC No .....	-1

Contact Number .....	(Phone) +65-92252259
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

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2. This Form must be completed by the Policyholder and/or the Actual 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 Traffic Police Department for investigation.**
6. 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.
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

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

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

Sketch Plan

CE C7E TOWARDS MOULMEIA ROAD

A) SFF 3505R  
B) SLZ 9514Y

Describe Circumstance of the Accident

ON 09/01/2023 AT ABOUT 14:30HRS I WAS TRAVELLING  
ALONG C1E ON THE 2ND LANE & WANTED TO CHANGE  
TO FIRST. SUDDENLY I FELT A IMPACT ON MY LEFT  
A CAR SLIGHTLY WAS ON MY BLIND SPOT & I  
WASN'T NOTICE WE STOP AT THE ROAD SIDE  
& EXCHANGE PARTICULARS.

Declaration

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

Policyholder's Signature / Date & Time

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

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



# ACCIDENT STATEMENT

ACCIDENT DATE: 8/1/23 (DD/MM/YYYY), TIME: 2:30 (HH:MM)

LOCATION: LT2 Molemen

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR-3505 E  
 b) INSURANCE COMPANY: LONPAZ  
 c) POLICY NUMBER: 322 VPO 503.222  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: SUZUKI  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: CRASH TO OFFICE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: THONG KIAN LIN (MALE / FEMALE) MALE  
 b) NRIC/FIN/PASSPORT: S1539482  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

No of passengers  
(including driver)

(1)

- DRIVER LAM AIK KIAN (MALE / FEMALE) MALE  
 a) NAME: LAM AIK KIAN  
 b) NRIC/FIN/PASSPORT: 13031952  
 c) ADDRESS: 915 #04-02 HOUWANG SIG

- d) DATE OF BIRTH: 24/11/1959 (DD/MM/YYYY)  
 e) OCCUPATION: INDOOR / OUTDOOR  
 f) DATE OF DRIVING PASS: 1991 23/04/1991

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) SPURK  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)  
 6. WAS ANYBODY INJURED (YES / NO)  
 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

No of passengers  
(including driver)

( )

- a) VEHICLE NUMBER: ELZ 9514X MODEL: MARLBORZ C180  
 b) DRIVER'S NAME: TRAY HUALIAT  
 c) NRIC/FIN/PASSPORT: 52155108P CONTACT: 92252259

## 9. THIRD PARTY VEHICLE

No of passengers  
(including driver)

( )

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_

Email: AKIAM@LIFE.COM.MY  
 VIDEO

**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

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. : Z22VP05031227

Type of Cover : THIRD PARTY FIRE &amp; THEFT

1. Index Mark and Vehicle Registration Number

SUZUKI SWIFT SPORT 1.6  
- SJF3505R

2. Name of Policy Holder

THONG MAY LING @ TAN BEE KIAW

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

29/05/2022

4. Date of Expiry of the Insurance

28/05/2023

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.

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.

\* 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: ELLATAN

Date Issued: 20/04/2022