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Owner / Driver: (		Tel:		1
Policy No: ( ) Period: (	. · )	Cover Type: (		>
Confirmed by ( '(	Dates	Times		)
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SN09231C0002 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 16/01/2023 16:37 (SGT)

SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (16/01/2023 16:37 (SGT))



# 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 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.

- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability of 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 16/01/2023 16:37 (SGT) Driver Reported by 29/12/2022 16:10 (SGT) Date of Accident 6 Jalan Bukit Merah, Singapore 150006 **Exact Location of Accident** ABC TRAFFIC LIGHT Additional Location Information Singapore Country/State of Loss

# **DETAILS OF OWN VEHICLE**

Employment

Private car

No - Claiming third party

**SND919M** Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? AMOS TAN KIEN ONN (CHEN JIAN'AN) Name Of Registered Owner NRIC No SXXXX758A rahmat.hashim@simedarby.com.sg **Email Address** (Phone) +65-91160311 Mobile Phone No

Alternative Phone No

#### VEHICLE PARTICULARS

**BMW** Manufacturer 420i 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 vour vehicle?

Vehicle Category Transmission

Auto CC 1998

INSURANCE COMPANY

Lonpac Insurance Bhd Name of Insurance Company Policy Number / Cover Note Number Z/22/LL00/017885

DRIVER

NOBHITRO KUMAR SHAMA CHANO Name of Driver GXXXX990K Passport No/FIN 16/08/1994 Date Of Birth Outdoor Occupation

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured	27/12/2021 1 YEAR Male (Phone) +65-87762921 - rahmat.hashim@simedarby.com.sg NO. 3241 JLN SRI PUTRI 10/10 TAMAN PUTRI KULAI JAYA JOHOR 81000 No Employee
Does Driver Own Other Vehicles?  Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	
DETAILS OF OTH	ER VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver NRIC No	Volkswagen Private car

SXXXX130B

NRIC No

Contact Number	(Phone) +65-90490316
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 Actual Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 (Name as in NRIC/ID card)

Sketch Plan b Javan Burn MAIN

CONTACT NUMBER: 87762921  - E-MAIL: NOSINITE RUMANT 7863 DQ MANI/COM  LOCATION: 6 Jalan Bukit Merah S(150006)  While Stopped 9t traffic light 6 Jalan Bukit  Merah in 9 Stationary position. After that traffic  light Changed to given Suddenly heard 9 Sound  from behind and hitted by another vehicle was behind me. The vihicle number is SMR 93794  NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN  OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR DOLLY FOR MORE INFORMATION.  PLEASE STATE: () CLAIM OWN POLICY () CLAIM THIRD PARTY MEANING OFF AN OTHER WORKSHOP () REPORTING OMLY  DOCISIONED	Describe Circumstance of the Accident	
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	( ) CDAIM THIRD PAR	CLAIM OD/TP AT OTHER WORKSHOP () REPORTING ONLY
	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

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

2

INSURED DETA	ILS	
1. Name of Policy Holder	2. Policy Number	
Frincar valet services Pte Ltd	Z/22/LL00/017889	2
3. Address of Policy Holder 5. Tampines central 6 Telepark Building	#03-38 singapore 5294	182
4. Contact No.		
(H) - (Hp) 92311282 (Fax) -	(Email) intolofrincarvalet-Ci	om
5. Name of Interested parties (Hire Purchase/ Lease etc)		
6. Are there any other Insurances in force which would cover this in whole or Insurer: Policy Number:	in part? (if "YES" please advise)	
DETAILS OF LOSS DAMAGE O	PR OCCURRENCE	
7. Date of Loss/Damage/Occurrence		
29th December 2022		
8. Place and/or Premises of occurrence		
6 Jalan Bukit Merah Singapore	150006	
Please state in full particulars how loss, damage or accident occurred:		
was in a stationary position at training	c light.	
Before moving off, when the traffic liqu	ht tun organ vehicle t	num
benind had hit me from the back.	1.60.7	
0. Please describe nature of damage or injury:		
Dent and scratches to rear bumper		
1. Please give particulars of person(s) responsible for the loss/damage/injury	1	
Nobhitmo Wumar shama chano		
2. Was a police report made? If "YES" please provide a copy		
ND		

NOTE: No payment, offer or promise of any payment of admission of any liability should be made. All letters from third and to be forwarded to us immediately upon receipt.	14. If injury is involved, please furnish full particulars of the injured person(s)  No  15. Details of the injuries sustained  No  16. Has a claim been made against you? If "YES", please furnish details  NOTE: No payment, offer or promise of any payment of admission of any liability should be made. All letter for the forwarded to us immediately upon receipt.  17. Claim Details  Description of Item  Details of Damage/Loss  Amou	
15. Details of the injuries sustained  No  16. Has a claim been made against you? If "YES", please furnish details  NOTE: No payment, offer or promise of any payment of admission of any liability should be made. All letters from third parties she forwarded to us immediately upon receipt.  7. Claim Details  Description of Item  Details of Damage/Loss  Amount Claimed (SS)  DATA PRIVACY STATEMENT  accordance with the Personal Data Protection Act 2012, I/We consent to the collection, use, disclosure of and/or process my/croprotection and the claim form or otherwise obtained) by Longac Insurance Bhd ("Longac"), its affiliates a primation relating to the claim to me/us by Short Message Service (SMS), Multimedia Messaging Service (MMS) and fax messag more information on our Privacy Policy, Desse visit our website http://www.longac.com.sg/web/sg/privacy_policy.	15. Details of the injuries sustained  No  16. Has a claim been made against you? If "YES", please furnish details  NOTE: No payment, offer or promise of any payment of admission of any liability should be made. All letter be forwarded to us immediately upon receipt.  7. Claim Details  Description of Item  Details of Damage/Loss  Amou	
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In the secondance with the Personal Data Protection Act 2012, I/We consent to the collection, use, disclosure of and/or process my/collective contained in the Claim Form or otherwise obtained) by Longac Insurance Brd ("Longac"), its affiliates a withstanding the registration of my/our telephone number(s) in the Singapore's Do Not Call Registry).  **Reversed and agreed to the above Data Privacy Statement.**	In the second and the second part of the second par	
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6 2 - 6	C / Passport No: \$9.2099 U)C	

# **DECLARATION**

I/We hereby declared the foregoing answers to be true and correct in every respect to the best of knowledge and no information or particulars have been suppressed.

Signature of Insured (with company stamp)

10 /01/ 2023 Date (dd/mm/yyyy)

# rsbn

From:

Rahmat Hashim <rahmat.hashim@simedarby.com.sg>

Sent:

Monday, 16 January, 2023 4:00 PM

Subject:

Letter of Authorization - SND919M

Attachments:

LONPAC INS BHD\_Public Liability (Feb 2022 - Jan 2023) - Client's Copy.pdf

Importance:

High

Dear Rosli,

As spoken, on behalf of our customer - Amos Tan Kien Onn (owner of SND919M), we authorized to do the insurance claim via LONPAC INSURANCE BHD, policy number: Z/22/LL00/017885. Attached copy for your reference.

For your information, owner car (SND919M) was in our workshop for mechanical repair. The car met with an accident on 19 Dec 2022, at the traffic junction of Jalan Bukit Merah while on the way back to customer place to return his car. The car was hit from behind while it was at stationary position at traffic light, was driven by FRIN staff, Nobhitro Kumar during the incident. Hence, we are claiming damage from the 3<sup>rd</sup> party insurance.

Please take note that we are not claiming the repair under customer own insurance as not to affect his NCD.

For further clarifications, please contact me at my Handphone: 9825 8008.

Thank you.

Rahmat Hashim Service Manager Aftersales Service Department

**BMW** 

Performance Motors Limited Performance Munich Autos

DDI: +65 6319 0147 FAX: +65 6475 9706

Address: 303 Alexandra Road, Singapore 159941

Email: rahmat.hashim@simedarby.com.sg

### www.bmw.com.sg

# Sime Darby Motors

A member of the Sime Darby Group

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Please consider the environment before printing this e-mail.

# ACCIDENT STATEMENT

LOCATION ( TOTAL BURNEY 16 10 (HH:MM)	
LOCATION: 6 Jalan BUKT Merah, ABC Traffic Light !	
STIGHT OURT TEIGH, ABC Traffic Light	_
- THE OF VEHICLE	)
a) VEHICLE NUMBER: SND919M	
DINSURANCE COMPANY LATINA	
CIPOLICY NUMBER: 2/22/LLOGIO17885	
dipolicy Type: (COMBREHEIS)	
DIMAKE & MODEL: BMW 4201	
FITYPE: (SALGON / COURS / MONUTE)	
GITYPE: (SALCON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)	
h)PURPOSE OF USING ATTACK COMMERCIAL / MOTORCYCLE)	
YOKE TOO CLAIMING UNDER YOUR OWNERS AND THE	
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER	
2. INSURED / POLICY HOLDER	
AJNAME: AMOS TAN KTEN ONN IMALE / FEMALE!	
C) ADDRESS:	
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
O V V	
(Including duver) allame: Nobhitra Kumgr (MALEY FEMALE)	
() SINRIC/FIN/PASSPORT: G2148990K CONTACT: 87762921	
Kulai elan sil otti 10/10 Jaman Potri	
*dIDATE OF BIRTH: (16/08/1994)(DD/MM/YYYY)	
e)OCCUPATION: (INDOOR / OUTDOOR)	
DIEARD OF DRIVING EVEDERICAE 71 10 10 - 91	
T. WAS DRIVER AN EMPLOYEE OF THE INCURRE	
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: IM	
TO THE CONDITION IN THE PART PAINTING ACTIVES	
A THE STATE OF THE PARTY OF THE BO	
S. WAS ANYBOOY INJURED IYES (NO)	
7. GIREPURIED TO POLICE TYPS / NOT	
IF YES, PLEASE STATE WHICH POLICE STATION:	
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of Missouri and Shi 17119	
F THIRD P'ARTY VEHICLE	
CI VENICLE NUMBER.	
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ONTACT:	
Charles and the second	
email = nobhitrokumar78639)gmail.com	
VIDEO = amos op 77 Gryation Con	
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

# THE SCHEDULE

Insured's Copy

Class of Policy : PUBLIC LIABILITY

Policy No.

: Z/22/LL00/017885

Insured

: Refer Below

Replacing C/Note No. : NOT APPLICABLE

Replacing Policy No. : Z/21/LL00/017034

Address

: 5 TAMPINES CENTRAL 6

#03-38 TELEPARK BUILDING

SINGAPORE 529482

Account No.

: Z10093 Q / A

Insured (in full) : FRIN CAR VALET SERVICES PTE LTD &/OR DBS TRUSTEE LIMITED

(AS TRUSTEE OF SPH REIT) &/OR SPH RETAIL PROPERTY MANAGEMENT SERVICES PTE LTD AS ATTORNEY FOR DBS TRUSTEE LIMITED (IN ITS CAPACITY AS TRUSTEE OF SPH REIT) FOR THEIR RESPECTIVE RIGHTS

AND INTERESTS

**Business or** Profession

: CAR VALET SERVICES

PERIOD OF INSURANCE

: FROM

01-02-2022

TO

31-01-2023

(both dates inclusive)

Item No.

: 00001

**Territorial Limits** 

: AT THE ABOVE ADDRESS AND ANYWHERE WITHIN THE REPUBLIC OF SINGAPORE IN CONNECTION

WITH THE INSURED'S BUSINESS

Limit of Indemnity

Any One Accident

: s\$ 2,000,000.00

Any One Period

: UNLIMITED

Description of Risks :

INSURED'S LEGAL LIABILITY FOR DEATH OR ACCIDENTAL BODILY INJURY TO THIRD PARTY OR ACCIDENTAL LOSS OR DAMAGE TO THIRD PARTY'S PROPERTY ARISING OUT OF THE OWNERSHIP, MAINTENANCE OR USE OF THE INSURED TERRITORIAL LIMITS AND ALL OPERATIONS NECESSARY OR INCIDENTAL TO THE BUSINESS OF THE INSURED.

Fycess

: S\$1,000.00 EACH AND EVERY LOSS IN RESPECT OF ALL CLAIMS

Z10093 - AY1