

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	16/01/2023 16:37 (SGT)
Reported by	Driver
Date of Accident	29/12/2022 16:10 (SGT)
Exact Location of Accident	6 Jalan Bukit Merah, Singapore 150006
Additional Location Information	ABC TRAFFIC LIGHT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND919M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	AMOS TAN KIEN ONN (CHEN JIAN'AN)
NRIC No	SXXXX758A
Email Address	rahmat.hashim@simedarby.com.sg
Mobile Phone No	(Phone) +65-91160311
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	420i
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

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

DRIVER

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

Date Of Driving Pass	27/12/2021
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-87762921
Alt. Phone Number	-
Email Address	rahmat.hashim@simedarby.com.sg
Address	NO. 3241 JLN SRI PUTRI
Address complement	10/10 TAMAN PUTRI KULAI JAYA JOHOR
Postcode	81000
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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
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	SMR9379A
Vehicle Manufacturer	Volkswagen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WONG SHI TING
NRIC No	SXXXX130B

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

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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

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

Sketch Plan

6 Jan 2023

Sketch Plan

Describe Circumstance of the Accident

VEHICLE NO: SN0919M

ACCIDENT DATE & TIME: 29/12/2023 1610

CONTACT NUMBER: 87762921

E-MAIL: nobhitakumar7863@gmail.com

LOCATION: 6 Jalan Bukit Merah S(150006)

While stopped at traffic light, 6 Jalan Bukit Merah in a stationary position. After that traffic light changed to green suddenly heard a sound from behind and hit by another vehicle was behind me. The vehicle number is SMR 9379A

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 POLICY FOR MORE INFORMATION.

PLEASE STATE: ☐ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☒ CLAIM OUT/AT OTHER WORKSHOP ☐ REPORTING ONLY

Declaration

I/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)

INSURED DETAILS	
1. Name of Policy Holder Frin car valet services Pte Ltd	2. Policy Number Z/22/LL00/017885
3. Address of Policy Holder 5 Tampines Central 6 Telepark Building #03-38 Singapore 529482	
4. Contact No. (H) - (Hp) 92311282 (Fax) - (Email) info@frincarvalet.com	
5. Name of Interested parties (Hire Purchase/ Lease etc)	
6. Are there any other Insurances in force which would cover this in whole or in part? (if "YES" please advise) Insurer: Policy Number:	

DETAILS OF LOSS DAMAGE OR OCCURRENCE
7. Date of Loss/Damage/Occurrence 29th December 2022
8. Place and/or Premises of occurrence 6 Jalan Bukit merah Singapore 150006
9. Please state in full particulars how loss, damage or accident occurred: was in a stationary position at traffic light. Before moving off, when the traffic light turn green, vehicle from behind had hit me from the back.
10. Please describe nature of damage or injury: Dent and scratches to rear bumper
11. Please give particulars of person(s) responsible for the loss/damage/injury NORHITO KUMAR SHAMA CHAND
12. Was a police report made? If "YES" please provide a copy NO

LIABILITY CLAIM (Section to be completed if claim is made against you)

13. Please give us details of the loss/damage/injury to third parties

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 letters from third parties should be forwarded to us immediately upon receipt.

17. Claim Details

Description of Item	Details of Damage/Loss	Amount Claimed (S\$)

DATA PRIVACY STATEMENT

In accordance with the Personal Data Protection Act 2012, I/We consent to the collection, use, disclosure of and/or process my/our personal data (whether contained in the Claim Form or otherwise obtained) by Lonpac Insurance Bhd ("Lonpac"), its affiliates and service providers (within or outside Singapore), for the purpose relating to the evaluation of the claim and to provide advice and information relating to the claim to me/us by Short Message Service (SMS), Multimedia Messaging Service (MMS) and fax messages (notwithstanding the registration of my/our telephone number(s) in the Singapore's Do Not Call Registry). For more information on our Privacy Policy, please visit our website http://www.lonpac.com.sg/web/sg/privacy_policy.

I/we have read and agreed to the above Data Privacy Statement.

Signature of Claimant

Name:

NRIC / Passport No:

NADRYA KARAT

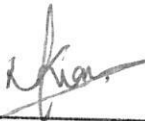
S9.209942C

Lonpac Insurance Bhd

300 Beach Road #17-04/07 The Concourse Singapore 199555 | 6250 7388 (o) | 6296 2706 (f)

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)

From: Rahmat Hashim <rahmat.hashim@sime-darby.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 3rd 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

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Sime Darby Motors

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ACCIDENT STATEMENT

ACCIDENT DATE: 29/12/2022 (DD/MM/YYYY), TIME: 16:10 (HH:MM)

LOCATION: 6 Jalan BUKIT Merah, ABC Traffic Light's

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SND919M
 b) INSURANCE COMPANY: LAM PAC INSURANCE sampo
 c) POLICY NUMBER: 2/22/L1006017885
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 420I Auto / MANUAL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Working
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: AMOS TAN KIEN ONN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7726758A CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: Nobhitra Kumar (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G2148990K CONTACT: 87762921
 c) ADDRESS: No. 3241 Jln Sri Putri 10/10 Taman Putri
Kulai 81000 Kulaijaya Johor

* d) DATE OF BIRTH: 16/08/1994 (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 27/2/2021

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

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

a) VEHICLE NUMBER: SMR 9379A MODEL: Wolkswagen
 b) DRIVER'S NAME: Wong Shi Ting
 c) NRIC/FIN/PASSPORT: S8408130B CONTACT: 90490316

THIRD PARTY VEHICLE

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

4. No. of passengers
 (including driver)
(1)

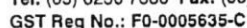
4. No. of passengers
 (including driver)
(1)

4. No. of passengers
 (including driver)
(1)

WhatsApp = nobhitrakumar7863@gmail.com

Line = amosop7@yahoo.com

VIDEO =



Insured's Copy

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