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.

 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 First Submission 30/08/2024 16:58 (SGT) Reported by **Actual Driver** Date of Accident 29/08/2024 16:03 (SGT) Exact Location of Accident Singapore Additional Location Information 280 WOODLANDS INDUSTRIAL PARK E5 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP1982D

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner KIM SOON LEE PTE LTD Company Reg No 200304459N Email Address insurance@kimsoonlee.com Mobile Phone No (Phone) +65-67412222 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Hino Model GH8JRMA-QGS 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? Yes Vehicle Category Commercial vehicle Transmission Auto CC 7684 Vehicle Fuel Diesel First Regisration Date Chassis no GH8JRM10297 Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z24VC05022681

DRIVER

Name of Driver ZHAO HONGJIAN Passport No/FIN G6459046X Date Of Birth 04/06/1983 Occupation Outdoor Driving Pass Date 29/07/2013 Driving License Pass Class Driving License Validity Valid Driving experience 11 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-81368986 Alt. Phone Number Email Address insurance@kimsoonlee.com Address BLK undefined undefined undefined undefined undefined undefined Address complement Postcode 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 Fire, explosion or lightning 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? No 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? Nο 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 REFER WITH ATTACHED. ATTACHMENT(S)

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

SKETCH PLAN

IMPORTANT NOTICE

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- 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")

Policyholder's Signature / Date & Time

(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.

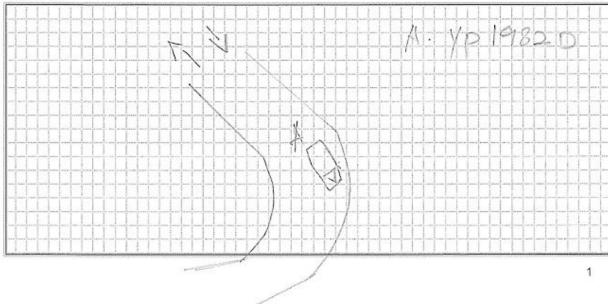
16:30

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

& Time

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

Sketch Plan



Describe Circumstance of the Accident ,	
	See report-attached.
	/
Marine Schoolseline	
ote: Pleas	se note that your insurer may have 14 days time frame for you to submit an own
	im under your own policy, please check your policy for more information.

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

S (c. 809 No) (c.

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

2



Co. & GST Regn. No. 198200457D

KIM SOON LEE PTE LTD

- Main Office: No. 200 Bedok South Ave 1, Singapore 469331 Tel: 6741 2222 (10 Lines) Fax: 6741 7692 (Operations), 6449 8426 (Accounts)
- Warehouse: 37 Tuas West Ave. Singapore 638428
- Heavy Vehicle Parking: T-SPACE, 1 Tampines North Dr 1 (Level 5), Singapore 528559

Email: enquiry@kimsoonlee.com / Website: www.kimsoonlee.com

1.4 Incident Notes

Driver do not smoke/do not carry any flammable items (e.g. Lighters).

Driver was not using any charging port to charge his devices before the incident.

Driver did not add any foreign device (Speaker/Fan/Charger/Adaptor) to the vehicle.

Fan found on the burnt vehicle belongs to the previous driver.

Driver item lost to the fire: Umbrella, Shoes, Phone stand, lashing belts, work uniform/vest/helmet, cashcard.

Driver only managed to save his bag and service chit before he escaped the vehicle.

Driver mentioned that he is feeling some pain in his left hand's ring finger. (Mentioned that driving in his current state wouldn't be a problem.) -30/08/24

Driver mentioned that he is feeling some pain in his left leg. (Possibly due to his escaping his vehicle in panic.) -30/08/24

Driver mentioned that his throat is feeling very irritated.

(Possibly due to smoke inhalation and from the shouting for assistance during the ordeal.) -30/08/24

I hereby confirm that the above statement I have given for the accident/incident is true. I undertake the responsibility to honour the statement without any reserved and not to work during my medical leave.

Signature / Date & Time NRIC

/ FIN NO.:



Co. & GST Regn. No. 198200457D

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1.5 Incident Description

Driver initially thought the smoke he was smelling in the cabin was due to the burning of joss sticks/incense paper for ghost festival prayers. However, as he felt something was amiss hence, he lowered his window to investigate the origins of the smell. Upon doing so, he realised that the smoke smell did not come from outside of his vehicle. It was then he realised that the smoke originated from inside his vehicle.

He immediately stopped his vehicle, turned on the hazard lights, applied handbrake and turned off the engine. It was then the smoke was replaced with fire. The driver immediately grabbed his bag and service chit and exited his vehicle to look for help.

As he was not able to converse in English, he was diverted multiple times when he dialled 995. It was then he managed to get assistance from a passerby to converse in English with SCDF over the phone. Within 3minutes from the phone call, SCDF arrived to extinguish the fire.

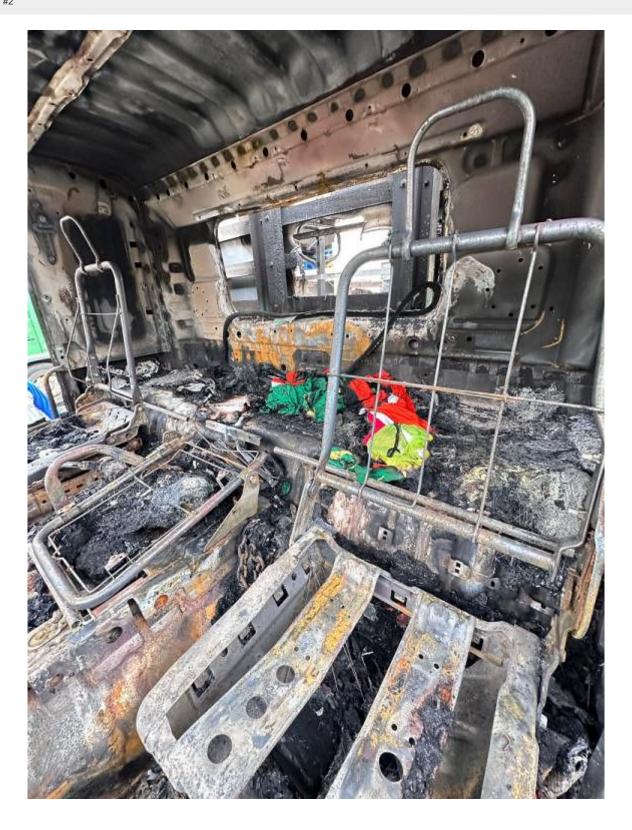
Driver mentioned that he did not notice anything wrong when he started the engine after loading the cargo.

I hereby confirm that the above statement I have given for the accident/incident is true. I undertake the responsibility to honour the statement without any reserved and not to work during my medical leave.

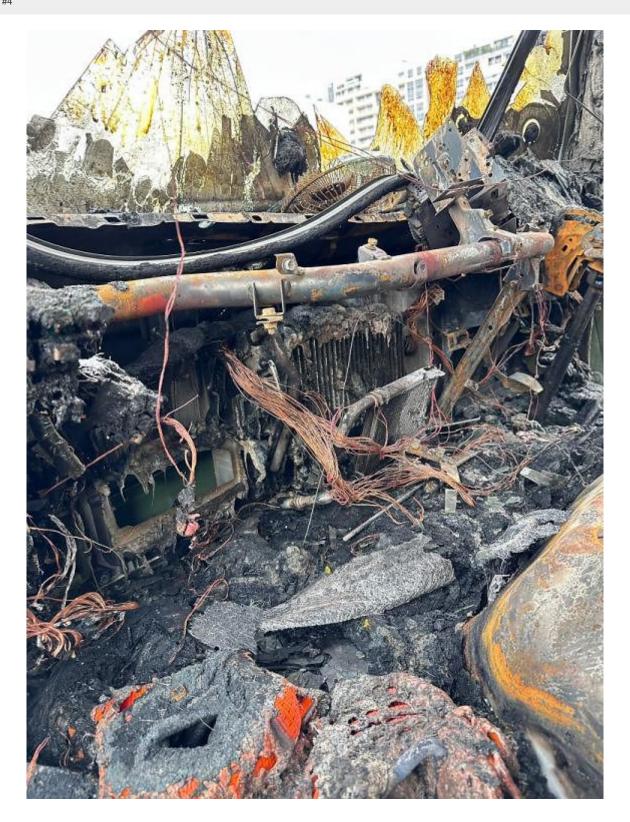
Signature / Date & Time NRIC

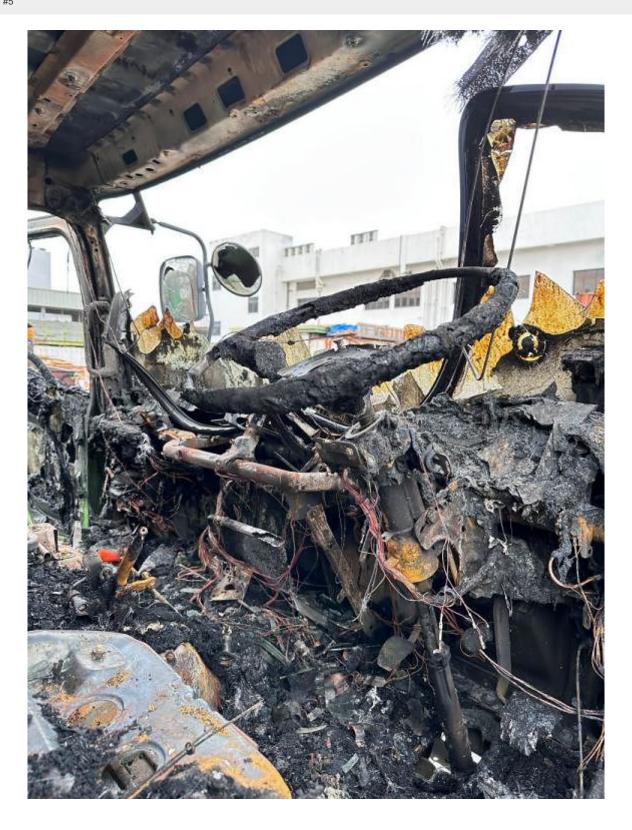
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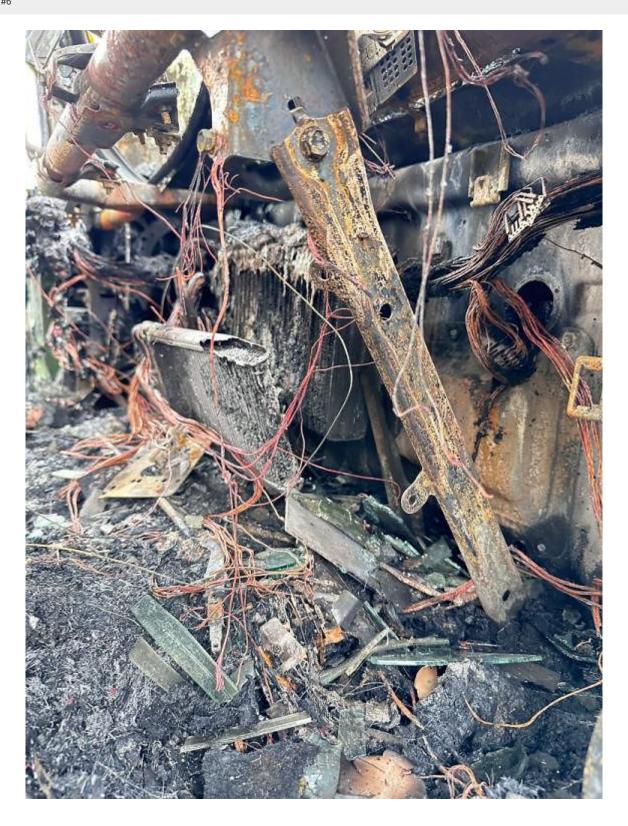


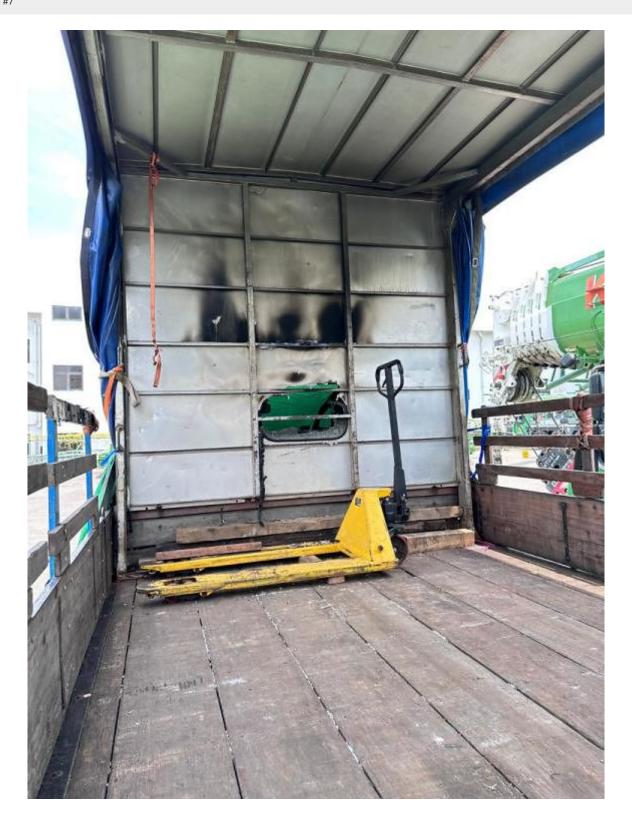




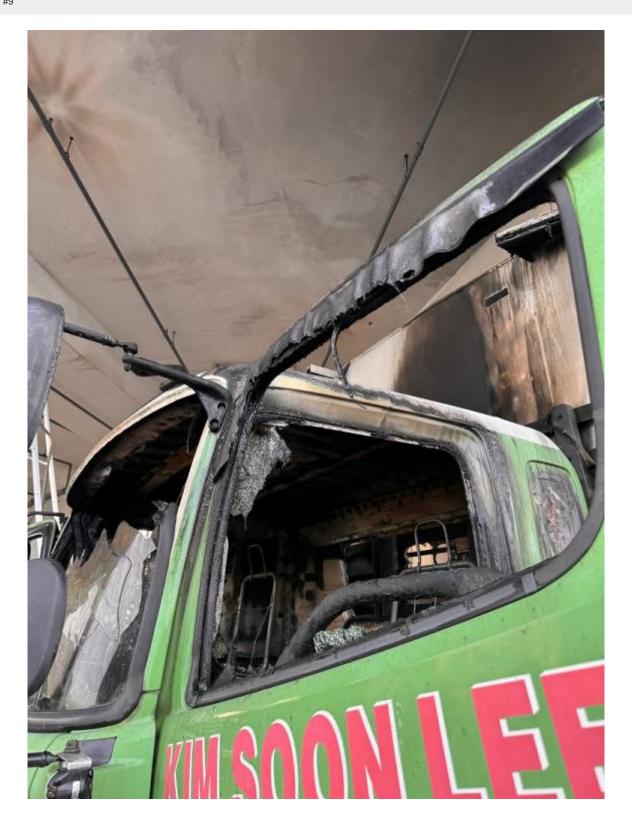


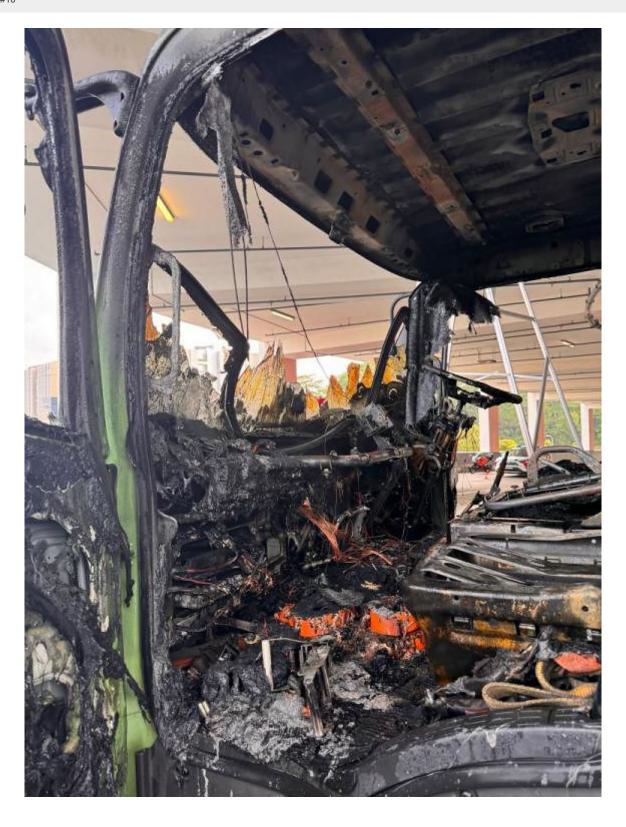


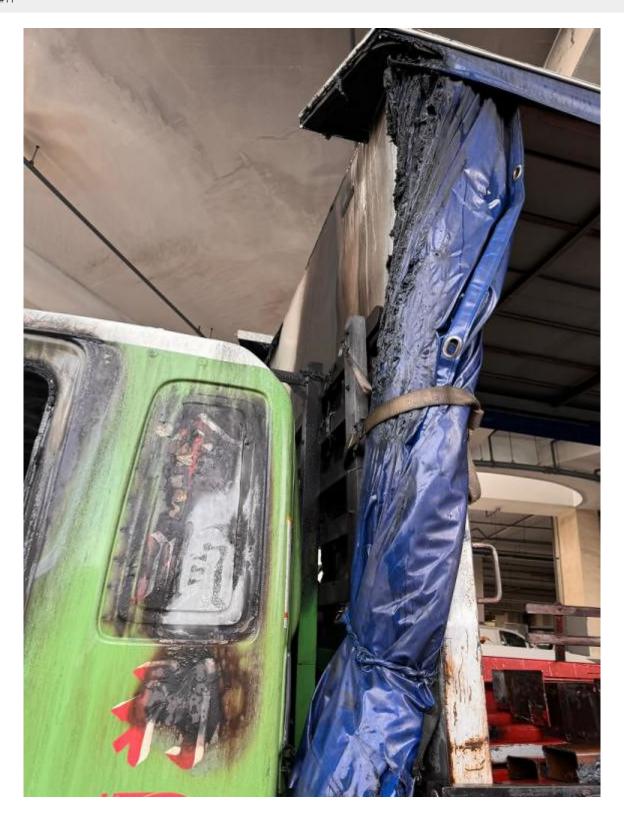


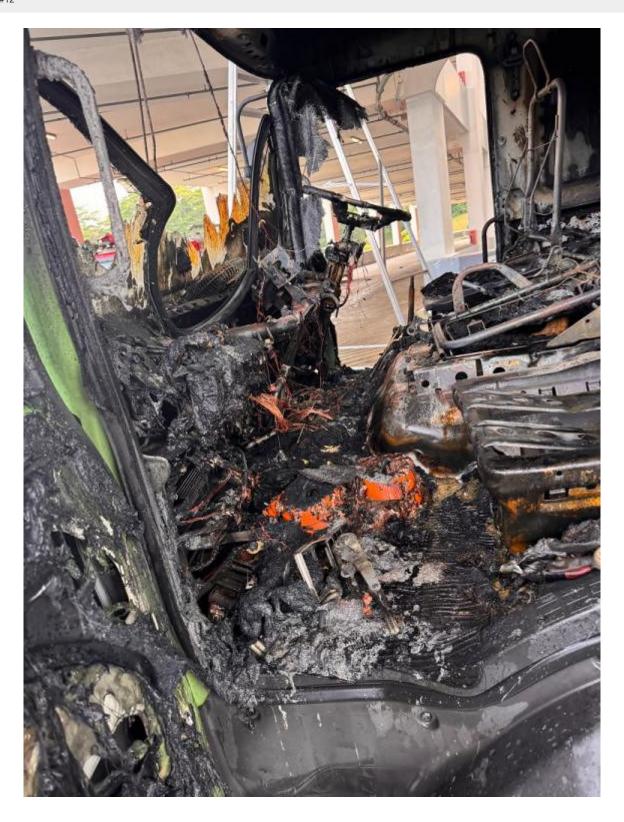


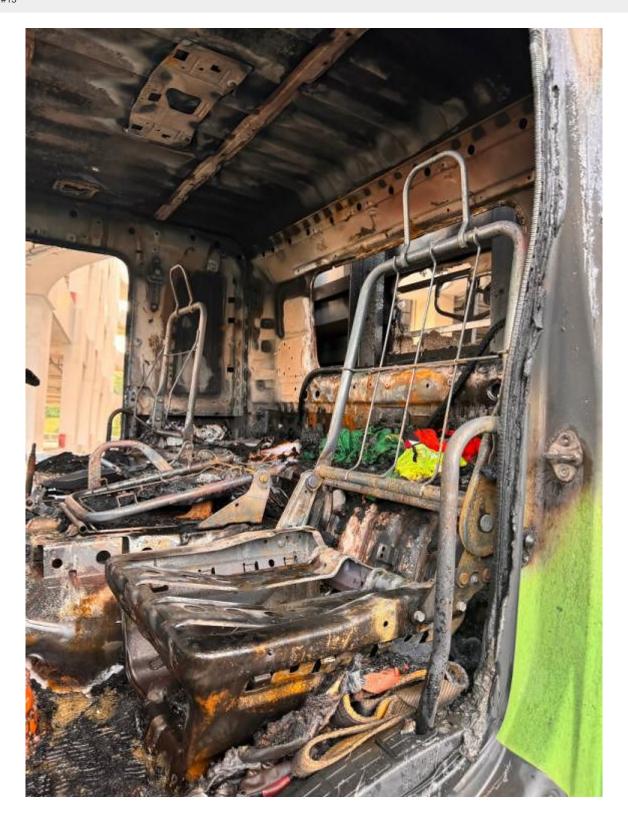


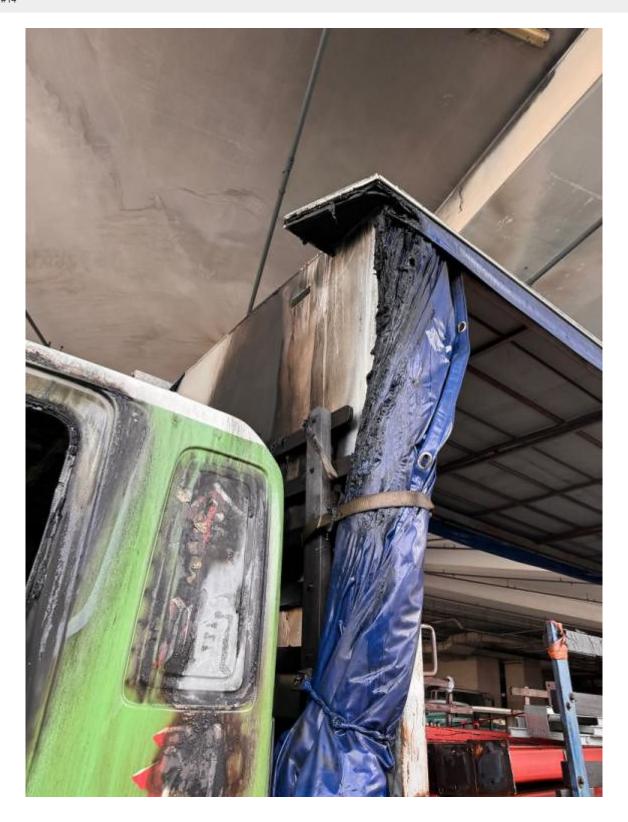


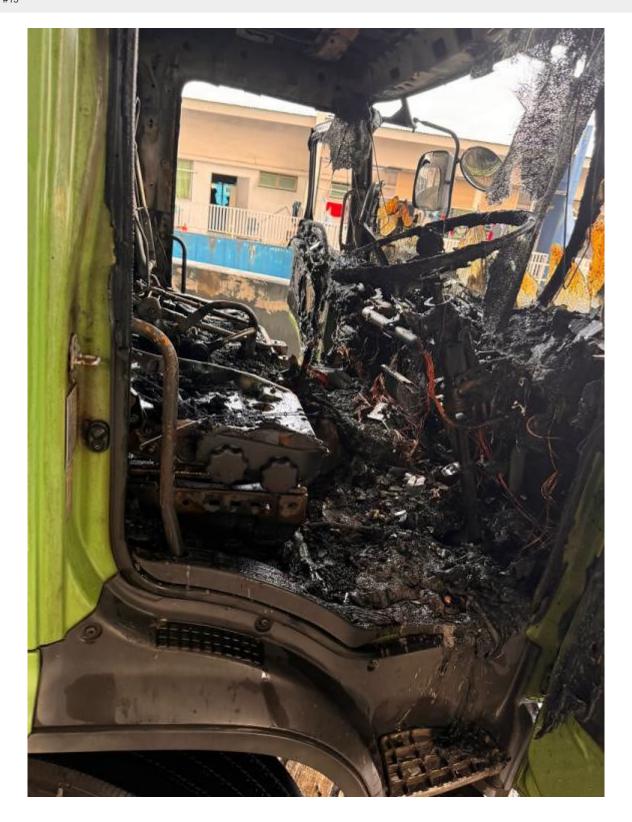


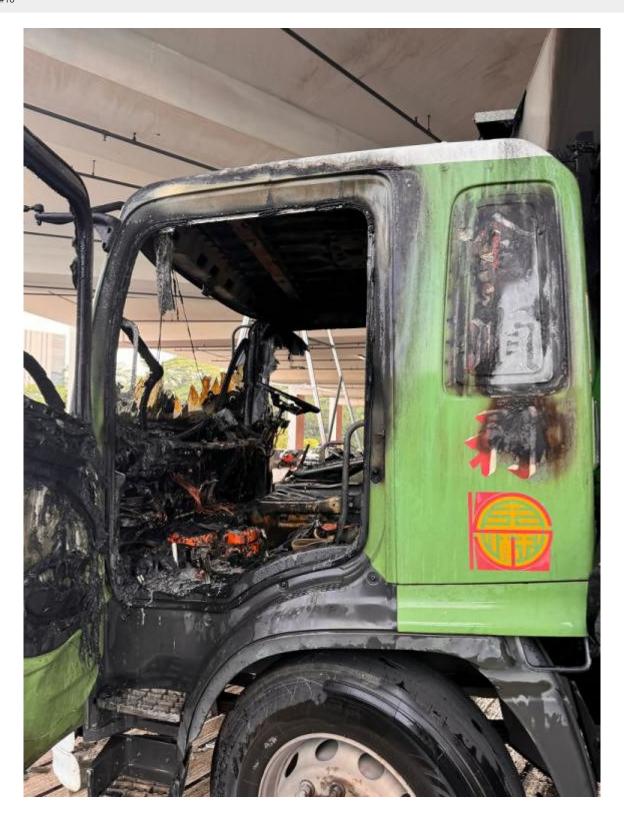


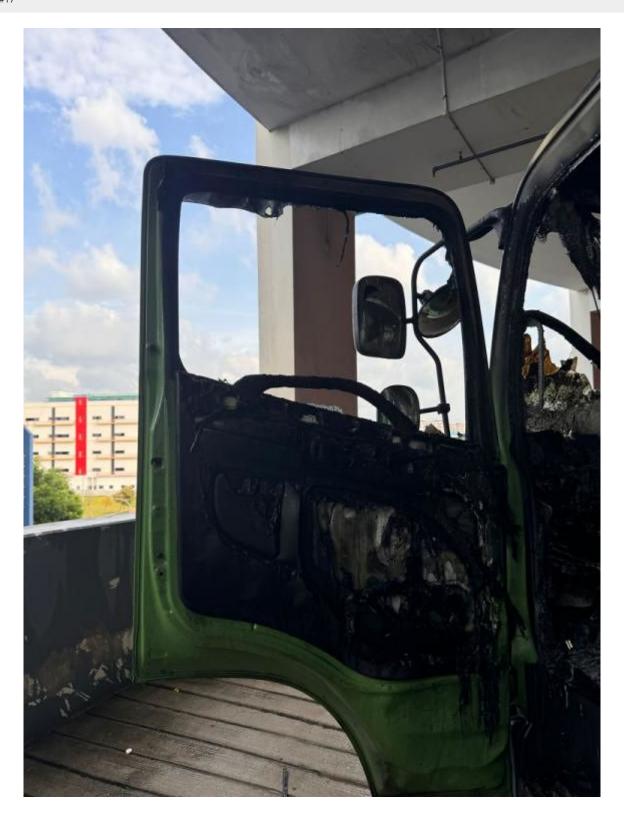






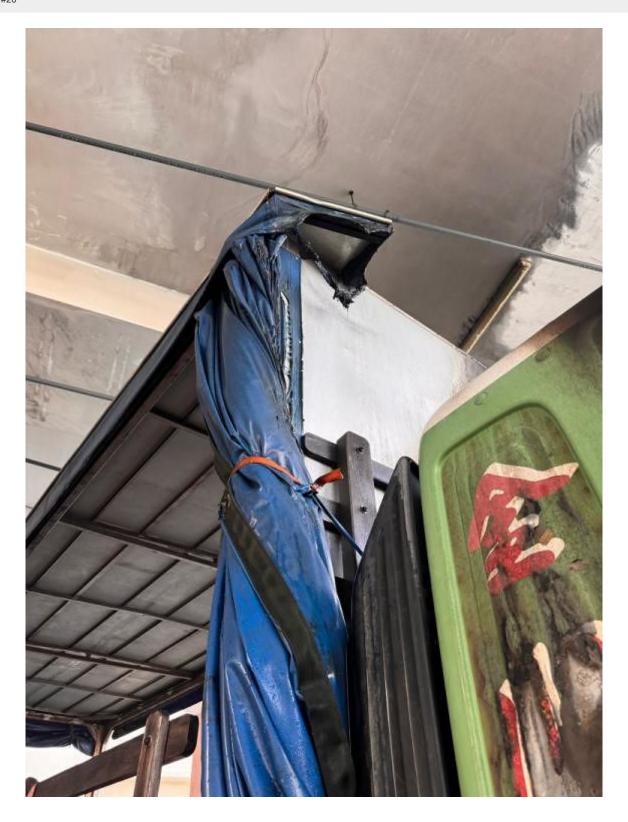












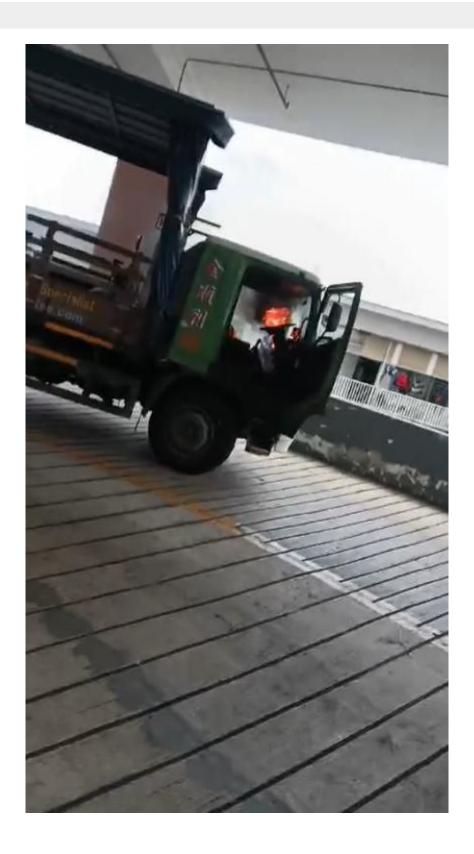


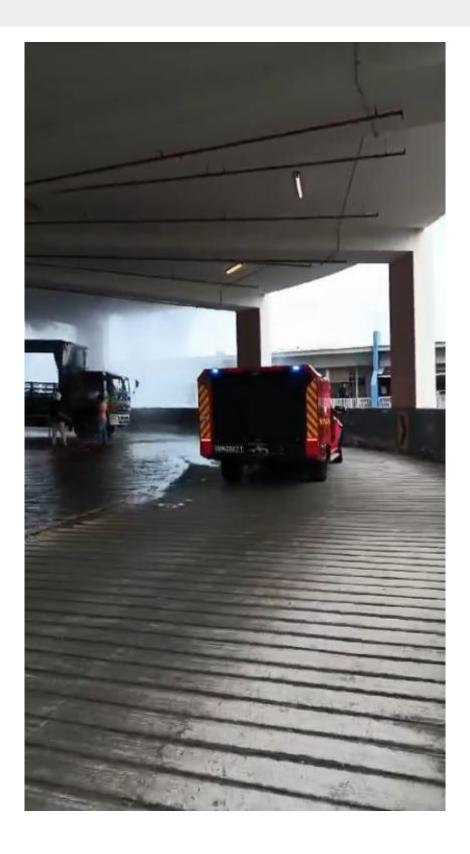


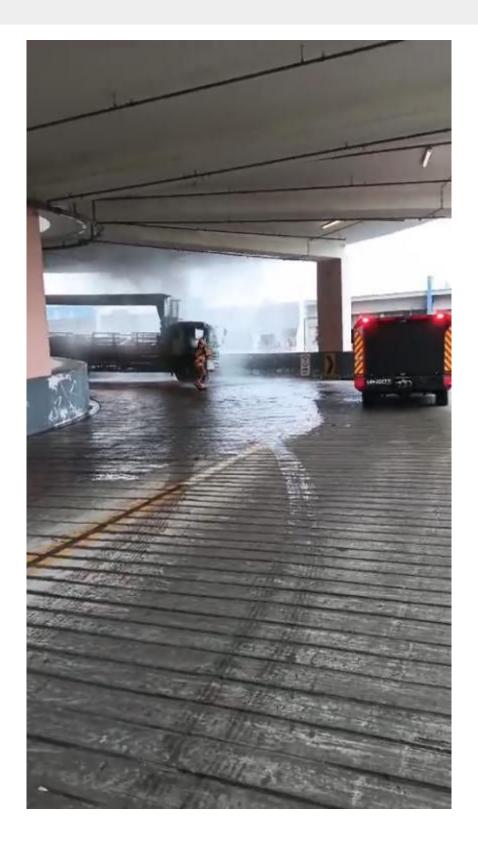


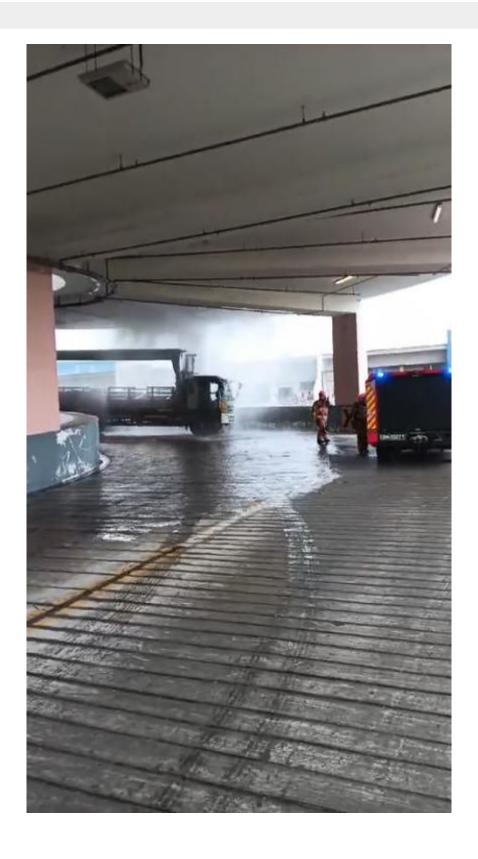


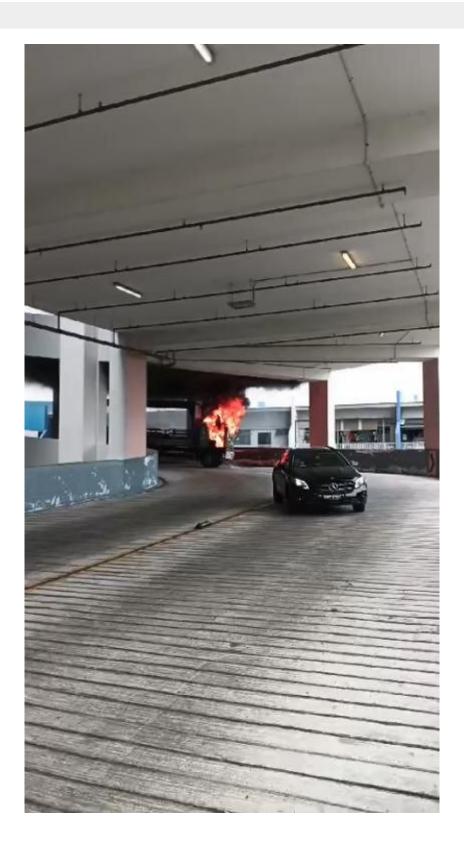














LONPAC INSURANCE BHD (S08FC5605C)

Singapore Cófice: 300, Beach Read #17-04/05. The Concourse, Singapore 199555. Tel: (65) 6250 7358 Fax: (65) 6296 3767 Website: www.lonpac.com.sg GST Reg No.: F0-0005635-C

MZ300

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.: Z24VC05022681 Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number HINO HINO GHBJRMA-QGS

2. Name of Policy Holder KIM SOON LEE PTE LTD

Effective Date of the Commencement of Insurance 01/04/2024

for the purpose of the Act

4. Date of Expiry of the Insurance 31/03/2025

5. Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/THEIR 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.

Limitations as to use
USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:
USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIALOR SPEED TESTING,

USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess : \$\$ 1,500,00 (SECTION 1)

S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS \$\$ 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)

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)

Quele.

User ID: ZHANGNAN Date Issued: 21/02/2024

Certificate of Insurance - Page 1 of 1