SW0E24930006 / WAH HONG MOTORS & CREDIT PTE LTD ENTRY DATE & TIME: 03/09/2024 17:42 (SGT) SUBMITTED BY: Ng-Tan Lye Kee Doreen VERSION: 1 (03/09/2024 17:42 (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 is form by instrained 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 03/09/2024 17:42 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 31/08/2024 14:45 (SGT) Exact Location of Accident Near 16 Ang Mo Kio Ave 2, Singapore 567699 Additional Location Information ALONG ANG MO KIO AVE 2 TOWARDS AMK ST. 13 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number **GBL3518S**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner AAREEYES PTE LTD Company Reg No 201213247N Email Address MAHI@RENGG.SG Mobile Phone No (Phone) +65-87108359 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Nv200 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 Commercial vehicle Transmission Auto CC 1598 Vehicle Fuel First Regisration Date

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z24VC05024550

DRIVER

Chassis no

Name of Driver Work Permit No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	BALU GOPAL G8603255X 07/10/1983 Outdoor 07/10/2022 3 VALID TO 09/09/2024 1 YEAR AND 10 MONTHS Male (Phone) +65-83587739 - MAHI@RENGG.SG 51 BUKIT BATOK CRES #06-30 / 31 658077 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Raining Wet
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	-
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
REFER TO SUMMARY & SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	014/00050

SMK9885S

Honda

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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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- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
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- 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:

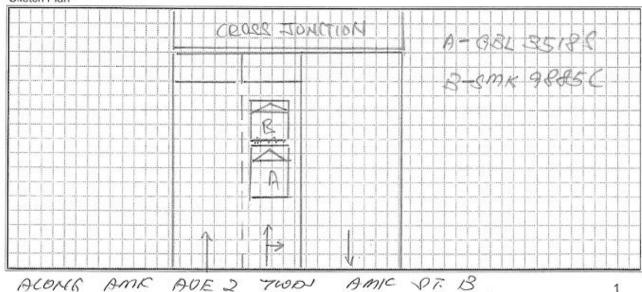
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

Sketch Plan



Describe Circumstance of the Accident			
ON 31/08/2024 @14:45 (GBL3518S) ALONG AN KIO STREET 13. WHILL IT WAS GREEN LIG (SMK9885S) STOP AND AND MY VEHICLE A (CONTROLE BOTH AND AND EXCHAN REPORT PURPOSE.	IG MO KIO AVE E REACHING THE GHT BUT SUE I AM NOT ABL GBL3518S) FROM (SMK9885S).	2 TOWARDS ANG MO HE CROSS JUNCTION, DDENLY VEHICLE B E TO REACT ON TIME NT COLLIDED TO THE WE STOP AND TAKE	

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)























LONPAC INSURANCE BHD (508FC5635C)

Singapore Office: 300, Beach Road #17-0x106. The Concourse, Singapore 199556. Tel: (65) 6250 7383 | Fax: (65) 6296 3767 | Websits: movilonge, coin.sg

MZ305

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 (AMENDMENT) ACT 2019 (MALAYSIA), THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: 224VC05024550

1. Index Mark and Vehicle Registration Number

Type of Cover: COMPREHENSIVE

NISSAN NV200 1.6 (A) PETROL - GBL3518S

2. Name of Policy Holder

Effective Date of the Commencement of Insurance

AAREEYES PTELTO

for the purpose of the Act

11/06/2024

Date of Explry of the Insurance

10/05/2025

Person To Drive

(A) THE POLICYHOLDER.

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

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

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(B) ANY OTHER PERMISSION.

(C) ANY OTHER PERMISSION.

(E) ANY OTHER P

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.

: \$\$ 500.00 (SECTION 1) \$\$ 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 Boad 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 (Melaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P., Owner: MERCEDES-BENZ FIMANCIAL SERVICES SINGAPORE LTD

Duck.

CHIEF EXECUTIVE (Singapore Branch)

User ID: EMOTORPAM Date Issued: 29/05/2024

Certificate of Insurance - Page 1 of 1