# **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 10/10/2024 15:12 (SGT) Reported by **Actual Driver** Date of Accident 10/10/2024 10:10 (SGT) Exact Location of Accident Singapore Additional Location Information ANG MO KIO IND PARK 2 Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number YN9420S

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner MOSCAN BUILDINGS MATERIALS SUPPLIER PTE LTD Company Reg No 198304128C Email Address moscan@singnet.com.sg Mobile Phone No (Phone) +65-64812011 Alternative Phone No

Isuzu

#### VEHICLE PARTICULARS

Manufacturer

Model Nhr85aue4a 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 Goods vehicle Transmission Auto CC 2999 Vehicle Fuel First Regisration Date

# INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z24VC05026442

Effective Date/Time of Ownership

DRIVER

Chassis no

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number	YEO CHUN BOON S7929411Z 19/09/1979 Outdoor 18/08/2005 3 Valid 19 YEARS AND 2 MONTHS Male (Phone) +65-93448779
Email Address	moscan@singnet.com.sg
Address Address complement	BLK 403 ANG MO KIO AVENUE 10 #02-631
Postcode	560403
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	DRIZZLING
Road Surface	Wet
OTHER INFORMATION	
CITIENTIAL CHARACTERS AND A CONTROL OF THE CONTROL	
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	
PLEASE REFER TO ACCIDENT 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 Vehicle Manufacturer	SBS6568R -

Name of Driver Contact Number Address -	Bus
Name of Driver Contact Number Address -	Bus
Contact Number - Address	
Address -	
Address samplement	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage -	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

#### SKETCH PLAN

VEH A: YN 9Ψ3 S VEH B: SBS 656RR

VEH C

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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.

Policyholdar's Signature / Data & Tie

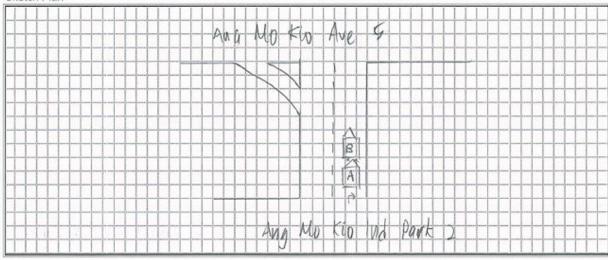
Policyholder's Signature / Date & Time

yeo 10-10-2024 13.57pm

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

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

## Sketch Plan



1

escribe Circumst	tance of the Acc	ident						
DATE OF AC	CCIDENT:	10/10/5	Ķ		Т	IME OF	ACCIDEN	NT: 10=10 am
VEH A: YN	94205	\	EHB: SBS	6568	'R		VEH C:	
I	was de	LIVING 1	+ ANG M	10 K10	INd	park	2,1	want to
tur	u right	the ve	h b also	want	to t	ukh Ri	sht, and	Ac bus
driva	slowly,	I NO	notice	and	hit	the ba	s from	behind.
1611								

Declaration

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

& Time

Policyholder's Signature / Date & Time

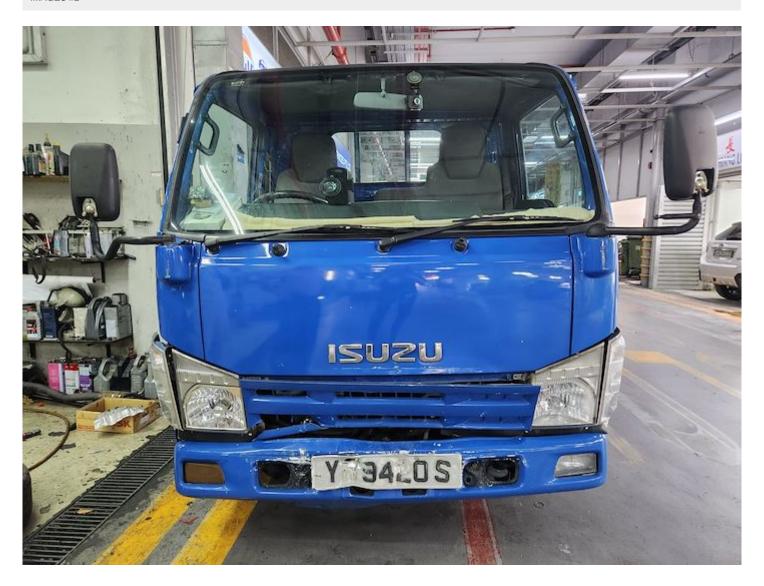
Driver's Signature (if driver is not the policyholder) / Date



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

2















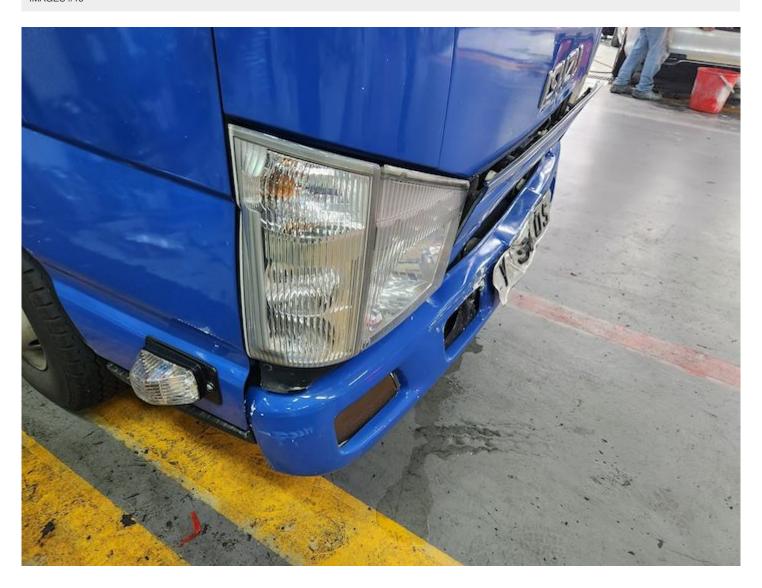


















Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

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.: Z24VC05026442

GST Reg No.: F0-0005635-C

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

ISUZU NHR85AUE4AR1 - YN9420S

MOSCAN BUILDINGS MATERIALS SUPPLIER PTE LTD

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

4. Date of Expiry of the Insurance

2. Name of Policy Holder

27/09/2025

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 TOVING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

: \$\$ 700.00 (SECTION 1)

S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 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.

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CHIEF EXECUTIVE (Singapore Branch)

User ID: TI1002 Date Issued: 29/08/2024

Certificate of Insurance - Page 1 of 1