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 08/07/2024 13:49 (SGT) Reported by **Actual Driver** Date of Accident 06/07/2024 11:35 (SGT) Exact Location of Accident Singapore Additional Location Information Breddell Road Turing Left Towards Toa Payoh Lor 6 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mazda

Vehicle Registration Number SKW3289M

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Longdeal Precision Engineering Company Reg No 37082100M Email Address williaming9963@yahoo.com.sg Mobile Phone No (Phone) +65-92977023 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model MAZDA3 4-DOOR SEDAN 1.5L 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5119530367-03

DRIVER

Name of Driver Ng Hun Tuang NRIC No S1729963H Date Of Birth 10/12/1965 Occupation Indoor

Driving Pass Date 16/11/1999 Driving experience 24 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-92977023 Alt. Phone Number Email Address williaming9963@yahoo.com.sg Address 319B Anchorvale Drive #10 - 88 S542319 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 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 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) 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to attached ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident File with owner **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	FBT9915Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-



Contact Number	-
Address	_
Address complement	
Postcode	-
nsurance Company Name	_
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

- 1, Please report correctly the details of the accident to speed up the claims process,
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- 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.
- 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' law yers/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 malling of correspondence, statements, involves, 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
- (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 adoldent 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 the party service providers or agents (including the party service providers or agents (including the party service providers or agents).

Policyholder's Signature / Date &

Driver's Signature (# driv

Witnessed by Reporting Centre Personnel

Sketch Plan

B FBT99157

Describe Circumstances of the Accident		
I WAS DRIVING ALONG	BRADDELL	RD TOWARD
TOA PAJOH LOR 6 (SLUD RD).	INBS
	USUE WHITE	LINES TO
CHIETK THE TRAFFIC	on my R	GHT.
Supplement BEHIND 1	MOTURB NOE	NO.
- I - WANTED TO THE TOTAL OF TH	FEMR.	
· · · · · · · · · · · · · · · · · · ·		
	*	

Declaration

WVe declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Drivar's Signature (# diversis not the policyholder) / Date

Witnessed by Paperting Centre Personnel









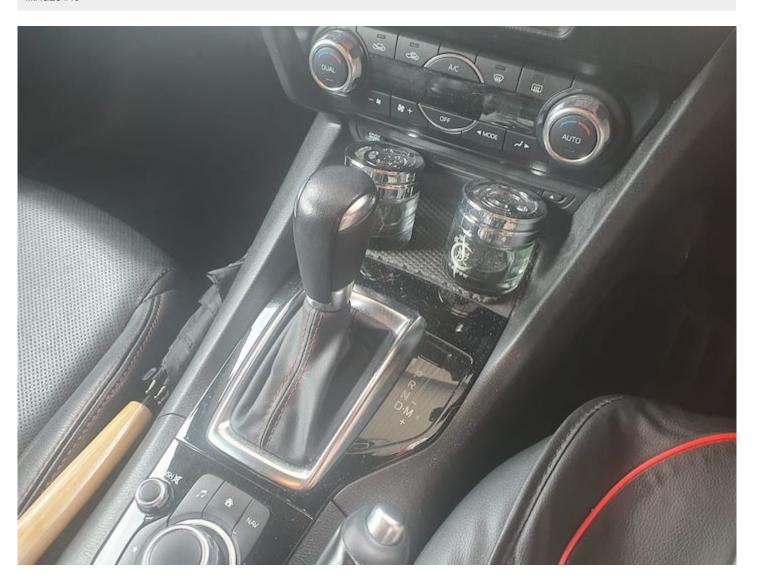


















Certificate of Insurance

Cover : drivo CLASSIC

: LONGDEAL PRECISION ENGINEERING

: JM6BM42A8G0318993

: SKW3289M

: 26 Oct 2023 : 25 Oct 2024

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5119530367-03

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder 3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her 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.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

: 5\$600 EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : YES INSURE WITH COE : YES (FREE) NCD PROTECTION ROADSIDE ASSISTANCE AND WELLNESS COVER : NO : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NG HUN TUANG

PRIMARY DRIVER : N/A NAMED DRIVER (1) NAMED DRIVER (2) : N/A

: N/A HIRE PURCHASE COMPANY

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: THAM ZHU MING (00000801191) : 12 Oct 2023 14:34 hrs Date of Issue

For INCOME INSURANCE LIMITED

Chief Executive