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 03/08/2024 11:30 (SGT) Reported by **Actual Driver** Date of Accident 02/08/2024 07:00 (SGT) Exact Location of Accident Singapore Additional Location Information BLK 702 & 703 HOUGANG AVENUE 2 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Maxus

Vehicle Registration Number **GBG2231B**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner WYE Y SERVICES Company Reg No 52917375A Email Address wye.y.services@gmail.com Mobile Phone No (Phone) +65-90674024 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model G10 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 No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC 1850 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z24VC05024928

DRIVER

Name of Driver	AW CHOON PING
NRIC No	S7405183I
Date Of Birth	13/02/1974
Occupation	Outdoor
Driving Pass Date	24/01/1994
Driving License Pass Class	3
Driving License Validity Driving experience	Valid
Gender	30 YEARS AND 7 MONTHS
Mobile Number	Male (Phone) +65-90674024
Alt. Phone Number	(Filone) 103-30074024
Email Address	MICHEALAW@GMAIL.COM
Address	BLK 711 HOUGANG AVENUE 2 04-163 SINGAPORE 530711
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	-
modification company of calcif variation carried by Entrol	
GENERAL INFORMATION OF THE ACCIDENT	
Tune of Assident	0:1.0.:
Type of Accident Weather Conditions	Side Swipe
Road Surface	Clear
Nodu Guriace	Dry
OTHER INFORMATION	
Was any famina vahiala invalvad in the accident?	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2 No
Was any injured conveyed to hospital by ambulance?	INO
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?	-
OLDOUMOTANGES OF A COLDENIE	
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHED	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vahiola Pagistration Number	OL TOOOOD
Vehicle Registration Number Vehicle Manufacturer	SLT3883B -

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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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.

(3) (6) (8)

Policyholder's Signature / Date & Time

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

& Tim

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

Co. Reg. No. 22146800E

Sketch Plan

1

Describe Circumstance of the Accident
While reversed into companie lot af in
before ble 702 & 702 of Hougang Are 2
Eddery, Vehice SLT3885R come out from
hir lost which from opposite side without
cheeping and his one by vehicle front
left side portion.
Note: Please note that your insurer may have 14 days time frame for you to submit an own
damage claim under your own policy, please check your policy for more information.

Declaration

Medeplare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

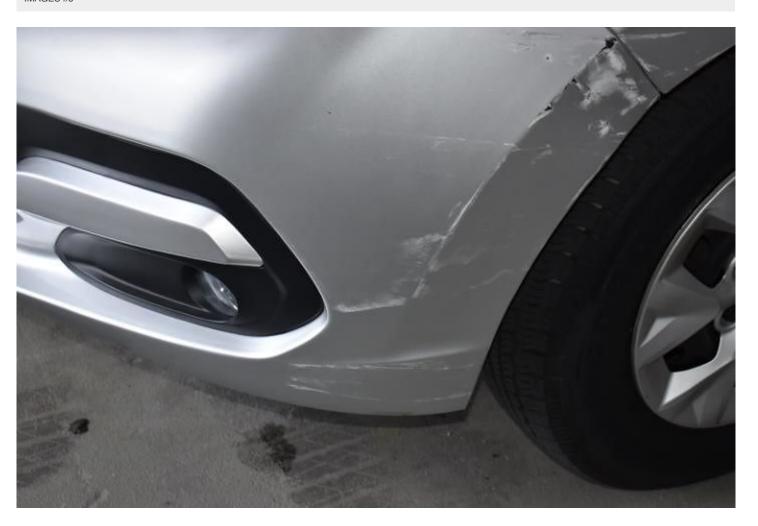
Driver's Signature (if driver is not the policyholder) / Date

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

2

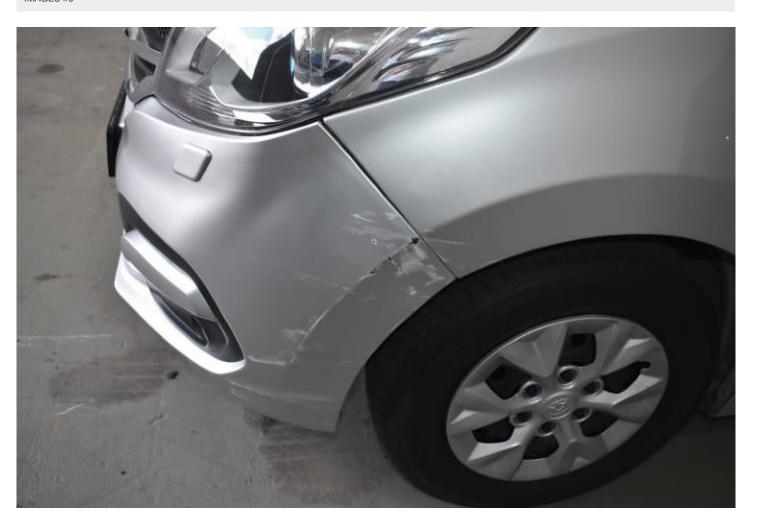












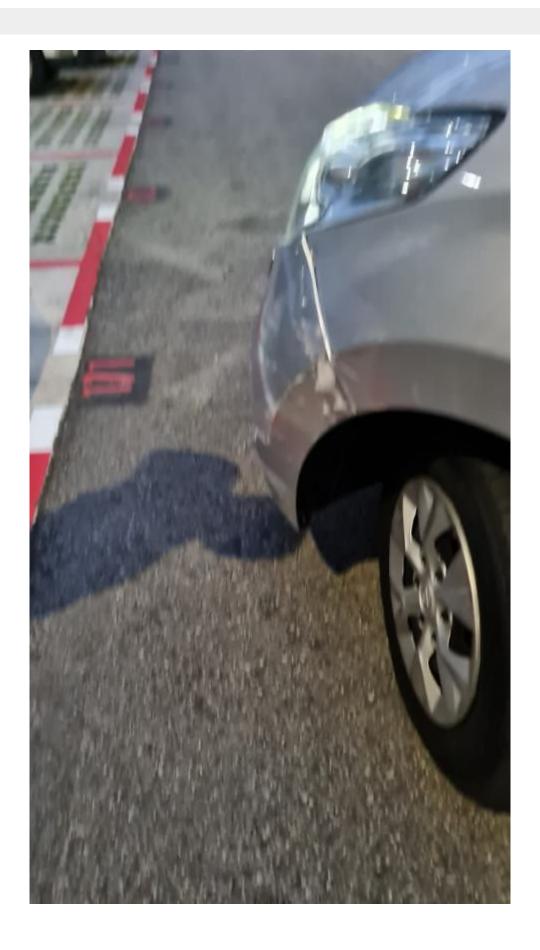














LONPAC INSURANCE BHD (595FC5635C)

incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04-05, The Consourse, Singapore 150555. Tel: (65)-6250 7365 Fax: (65)-6256 3767 Website: with langual comisg. GST Reg No.: F0-0055635-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) BULES 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.: Z24VC05024928

Type of Cover: THIRD PARTY

1. Index Mark and Vehicle Registration Number

MAXUS G10 VAN 6AT - GBG2231B

2. Name of Policy Holder

WYE Y SERVICES

3. Effective Date of the Commencement of Insurance

30/06/2024

for the purpose of the Act

4. Date of Expiry of the Insurance

29/06/2025

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.

6. 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.

* 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.

ance.

CHIEF EXECUTIVE (Singapore Branch)

User ID: XLCHEN Date Issued: 18/06/2024

Certificate of Insurance - Page 1 of 1