#### 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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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

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	ACCIDENT STATEMENT
Date Of Report	27/04/2018 15:22
Date Of Accident	25/04/2018 14:00
Exact Location Of Accident	NO.2 PIONEER CRESCENT SHOWA DENKO HD S(628553)
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE4204C
Insured/Policyholder	
Name Of Registered Owner	YUN WEI F&B MANAGEMENT PTE LTD
Co Reg No	200718464K
Email Address	NOEMAIL

OFFICE-86863889

Alternative Phone No Vehicle Particulars

Mobile Phone No

Manufacturer NISSAN

Model NV350 PANEL VAN 2.5 5AT 5DR EURO V

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

If No, Please state action to be taken REPORTING ONLY
Vehicle Category COMMERCIAL VEHICLE

**Insurance Company** 

Name of Insurance Company LONPAC INSURANCE BHD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number Z/17/VC00/100976

Cover Note Number

Driver

Name of Driver HUANG WENZHONG

 NRIC No
 \$6963735C

 Date Of Birth
 25/01/1969

 Occupation
 INDOOR

 Date Of Driving Pass
 11/11/1999

Driving Experience 18 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86863889

Fax Number

**Contact Number** 

EMail Address NOEMAIL

Address BLK 438, CHOA CHU KANG AVE 4, #05-481

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident SIDE SWIPE Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO ATTACHED SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SKX1964E

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number 81239016

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### **SKETCH PLAN**

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- 7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature

Date & Time:

WEI FO

17/4/18

Driver's Signature (If driver is not the policyholder) Date & Time: Yak T

Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 

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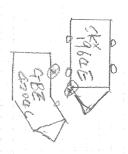
( ) Claim TP

(/) Reporting Only

( ) Claim OD/TP at other workshop

Workshop Name:

#### SKETCH PLAN



#### **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

在18年4月25日下午2:00、左停厂并在辖出来时不小心到到 SKX1964区为前下街。
SKX1964层左前下角。

DECLARATION

I/We declare we long egoing particulars are true in every respect.

Policyholder & ig Mature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

MZ300



#### LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555. Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg GST Reg No.: F0-0005635-C

#### **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). MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z/17/VC00/100976 Type of Cover : COMPREHENSIVE

NISSAN NV350 2.5 5AT 5DR EURO V Index Mark and Vehicle Registration Number

- GBE 4204C

YUN WEI F&B MANAGEMENT PTE LTD 2. Name of Policy Holder

30/11/2017 Effective date of the Commencement of Insurance 3.

for the purpose of the Act.

29/11/2018 4. Date of Expiry of the Insurance

Persons or Classes of Persons entitled to drive. 5.

> (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 TRIAL OR SPEED TESTING. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

: S\$750.00 (SECTION 1) ALL EMPLOYEES Excess

S\$1500.00 (SECTION 1) NON EMPLOYEES

S\$1000.00 (EACH FOR SECTION 1 & 2) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG &/OR INEXPERIENCED DRIVERS

S\$100.00 WINDSCREEN EXCESS

Condition

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS OR DISTRIBUTOR OWNED MOTOR WORKSHOP

\* 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

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.

H.P. Owner

: ETHOZ CAPITAL LTD

CHIEF EXECUTIVE (Singapore Branch)

User ID eslinyeo / nfwong Date Issued : 15-11-2017

7/VC00/Feb v-5.7.0

