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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 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.
- 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

TO SHOULD AND A SECTION OF THE PROPERTY OF THE	ACCIDENT STATEMENT
- The second sec	07/12/2018 17:07
Date Of Report	07/12/2018 10:00
Date of Accident	TELOK BLANGAH GREEN CARPARK
Exact Location Of Accident	SINGAPORE
Country/State of Loss	ETAILS OF OWN VEHICLE
THE RESIDENCE OF THE PROPERTY	
Vehicle Registration Number	XE8080E
Insured/Policyholder	
Name Of Registered Owner	TROPIC PLANNERS AND LANDSCAPE PTE LTD
Co Reg No	*
Email Address	ADMIN@TROPICPLANNERS.COM.SG
Mobile Phone No	(LOCAL) +65-94273701
Alternative Phone No	OFFICE-94273701
Vehicle Particulars	
Manufacturer	ISUZU
Model	CYZ52R-15.7 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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
· ·	

Z/18/VC00/102393 Policy Number

Cover Note Number

Driver

ANG TIAN SEE Name of Driver S0213047E NRIC No 08/03/1951 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 30/08/1975

43 YEARS AND 3 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-94273701 Mobile Number

Fax Number

OTHERS-94273701 Contact Number

ADMIN@TROPICPLANNERS.COM.SG **EMail Address**

Address

BLK 217 MARSILING CRESCENT

#02-95

Postcode

730217

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: SUPERVISOR

GENDER:

: MALE

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJS3492A

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHAM KOK KIANG

NRIC/Passport Number

S7603563F

Contact Number

97867935

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 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:
 - 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:
 - 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No.:

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DECLARATION

gestare the foregoing particulars are true in every respect.

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name: Polar New

NRIC/FIN No .:

ACCIDENT STATEMENT

ACCIDENT DATE: 7 / 12 / 2618 (DD/MM/	YYY), TIME: (10 : 00) (HH:MM.
LOCATION: Telok Blangich H811 Park	<
1. DETAILS OF VEHICLE	31
a) VEHICLE NUMBER: XE 8080 E	8 FF H
b)INSURANCE COMPANY: Lonpac	
CIPOLICY NUMBER: 2/18 VCCO /102	393
d)POLICY TYPE: (COMPREHENSIVE / THIRD F	
O)MAKE & MODEL: LSUZU CYZ 52	R.
f)TYPE:(SALOON / COUPE / MPV /VAN / LO g) VEHICLE CATEGORY: (PRIVATE-/ COMMENT h) PURPOSE OF USING AT ACCIDENT TIME:	RCIAL / MOTORCYCLE) WOCKERS
i) ARE YOU CLAIMING UNDER YOUP OWN IN IF NO, PLEASE STATE (THIRD PARTY CLAIM /	ISURANCE (YES/ <u>NO)</u> REPORTING ONLY)
2. INSURED/POLICY HOLDER A)NAME: TROPPE Planners and Lar	
A 1 to 1 t	CONTACT:
c)ADDRESS:	CONTACT.
ojnobitest.	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
ANO OF DECEMBER DRIVER	HOLDER
Chald a giname: Ang gian See	(MALE / FEMALE)
	CONTACT: 94273701
(_) b)NRIC/FIN/PASSPORT: 5 0213047 E C)ADDRESS: BLK 217, MOXSILING CRESC	ent # 02-95
_ Postal code 730,217. 57	ngapoke
*d)DATE OF BIRTH: (88/ 03/ 1951)(DE	O/MM/YYYYI ·
e)OCCUPATION: (INDOOR / OUTDOOR)	G I
FIDATE OF DRIVING PASC 30/08	/1975
4. WAS DRIVER AN EMPLOYEE OF THE INSU	
IF NO, RELATIONSHIP OF THE DRIVER WI	ITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAINING	/ OTHERS
b)ROAD SURFACE: (DRY/ WET / OTHERS	W. 1681
6. WAS ANYBODY INJURED (YES / NO)	10 W W
 a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATIO 	N•
8 THIRD PARTY VEHICLE	
No of passenger a) VEHICLE NUMBER: \$38 3492 A	MODEL: Toyota
Including driver) b) DRIVER'S NAME: Cham Kok King	
c) NRIC/FIN/PASSPORT: \$ 1603563 F	CONTACT: 97867935
9. THIRD PARTY VEHICLE	
	MODEL:
LAND OF DELICATION	
Including driver) f) NRIC/FIN/PASSPORT:	CONTACT:
(_)	

email = admin@tapicplanners.com.sg

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0213047E



ANG TIAN SEE

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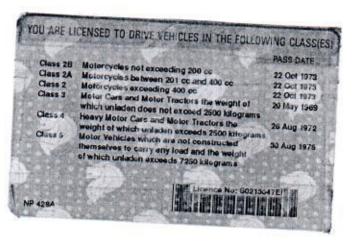
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08-03-1951 M
County of Seth

SINGAPORE











LONPAC INSURANCE BHD (S98FC5635C)

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

Insured's Copy

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).

2.

Certificate No. : Z/18/vc00/102393

Type of Cover : COMPREHENSIVE

Index Mark and Vehicle Registration Number

ISUZU CYZ52R - XF 8080F

TROPIC PLANNERS & LANDSCAPE PTE

LTD

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

08/09/2018

4. Date of Expiry of the Insurance

Name of Policy Holder

07/09/2019

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/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.

Excess

: 5\$1500.00 (SECTION 1)

S\$2500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG

AND/OR INEXPERIENCED DRIVERS

S\$200.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED

ON 2ND AND 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

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

: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

CHIEF EXECUTIVE

(Singapore Branch)

User ID

eslinyeo / hazechen

Date Issued

: 10-09-2018