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.
- 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

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	ACCIDENT STATEMENT	
Date Of Report	26/11/2018 09:39	
Date Of Accident	22/11/2018 13:00	
Exact Location Of Accident	ALONG PIE TO BKE	
Country/State of Loss	SINGAPORE	
D	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GZ4773G	
Insured/Policyholder		
Name Of Registered Owner	JIN DIING FOODSTUFF SUPPLIER PTE. LTD.	
Co Reg No	201311782N	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-62566388	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	HIACE MANUAL	
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
If No, Please state action to be taken	THIRD PARTY	
Vehicle Category	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	LONPAC INSURANCE BHD	
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT	
Fleet Policy	NO	
Policy Number	Z/18/VC00/102415	
Cover Note Number		
Driver		
Name of Driver	CHAN YI LUEN (CHEN YILUN)	

NRIC No S7629414C Date Of Birth 20/09/1976 Occupation **OUTDOOR Date Of Driving Pass** 14/03/1996

Driving Experience 22 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96662829

Fax Number

Contact Number

EMail Address NOEMAIL Address NIL

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 COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface WET

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 1

NO

NO

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER 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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBE7685C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver MOHAMMAD JOHAN BIN MOHAMMAD

NRIC/Passport Number S8638418C Contact Number 88084205

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

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- 5. Any false reporting may be referred to the Police for investigation.
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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:

- 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)
 - (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
- 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
- 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.
- 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.
- 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.

JIN DIING FOODSTUFF

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN			
			ر او حد اسان مصاد اسان اسان او
			n-C2-43336
· · · · · · · · · · · · · · · · · · ·			A- GBE 7685C
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, B			
	2		
DESCRIBE CIRCUMSTANCES OF TH	IE ACCIDENT		
Accident Date & Time: 2>/n	2018 1300		
Accident Location: PIE			
	***		···
l was driving	ng in my own le	me along the	e memoned
location. Sudder	•	-	
\ noted that v	ehicle 8 had	coulded on	to my vehicle.
No body was it	goved at scone	due to duis	aceid for
J 10 1			·
		_	· ''-
			-
			,
	· ·		· · ·
☐ Reporting (Only Own Damag	e 🔲 Third Party	Claim at other workshop (OD/TP)
DECLARATION I/We declare the foregoing particulars a JIN DIING FOODSTUFF	are true in every respect.	IMPORTANT NOTE: fou had been advised by the workshop here is a EQUIRTEEN (14) days clau occurrence.	that in the event that you wish to claim against your own policy (Own Darnage Claim) se whereby the claim must be made within the stipulated timeframe from the day of
SUPPLIER PTE. LTD.			1 Jarleon
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyho Date & Time:	older)	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

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LONPAC INSURANCE BHD (S98FC5635C)

MZ300

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).

Certificate No.

: z/18/vc00/102415

Type of Cover

; THIRD PARTY FIRE

AND THEFT

1. Index Mark and Vehicle Registration Number TOYOTA HIACE MANUAL

- GZ 4773G

2. Name of Policy Holder JIN DIING FOODSTUFF SUPPLIER PTE

LTD

Effective date of the Commencement of Insurance 3.

for the purpose of the Act.

14/09/2018

4. Date of Expiry of the Insurance 13/09/2019

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/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

: NOT APPLICABLE

* 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.

CHIEF EXECUTIVE (Singapore Branch)

陳保險經紀私營有限公司 TAN INSURANCE BROKERS PTE LTD 3A/5A Aliwal Street, Chenn Leonn Building Singapore 199896 www.tib.com.sg Tel: (65) 6742 6766 Fax: (65) 6742 6669

User ID

: ambika / bazechen

Date Issued

11-09-2018

DRIVER PASSPORT Pg. 1



THIS PASSPORT IS VALID FOR ALL COUNTRIES EXCEPT THE FOLLOWING:







PASSPORT REPUBLIC OF SINGAPORE

Type Country Code Passport No PA SGP K0790184P PA SGP Name

CHAN YI LUEN



Sex
M
Date of birth
-20 SEP 1976
Date of issue
14 0CT 2018
Date of expiry
07 FEB 2024
- Modifications
SEE PAGE 2
- National ID No National ID No \$76294140

Nationality
SINGAPORE CITIZEN
Place of birth
SINGAPORE Authority
MINISTRY OF HOME AFFAIRS

904



PASGPCHAN<<YI<LUEN<<<<<<<< K0790184P4SGP7609206M2402077S7629414C<<<<<94

DRIVER DL Pg. 1

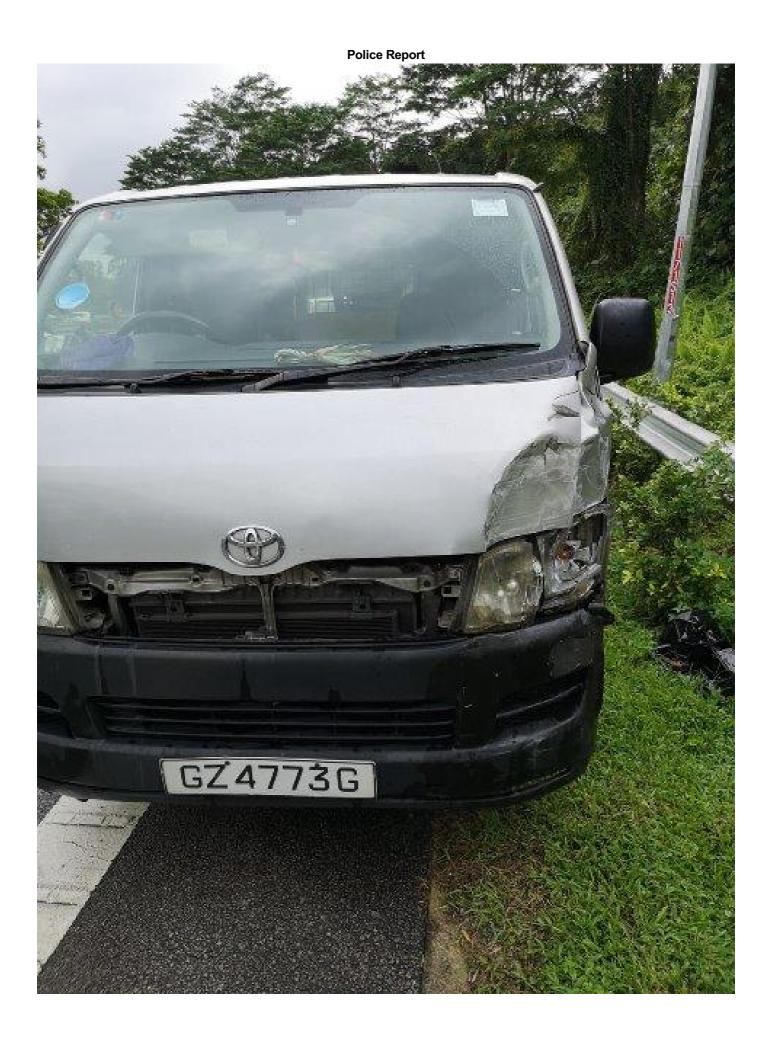


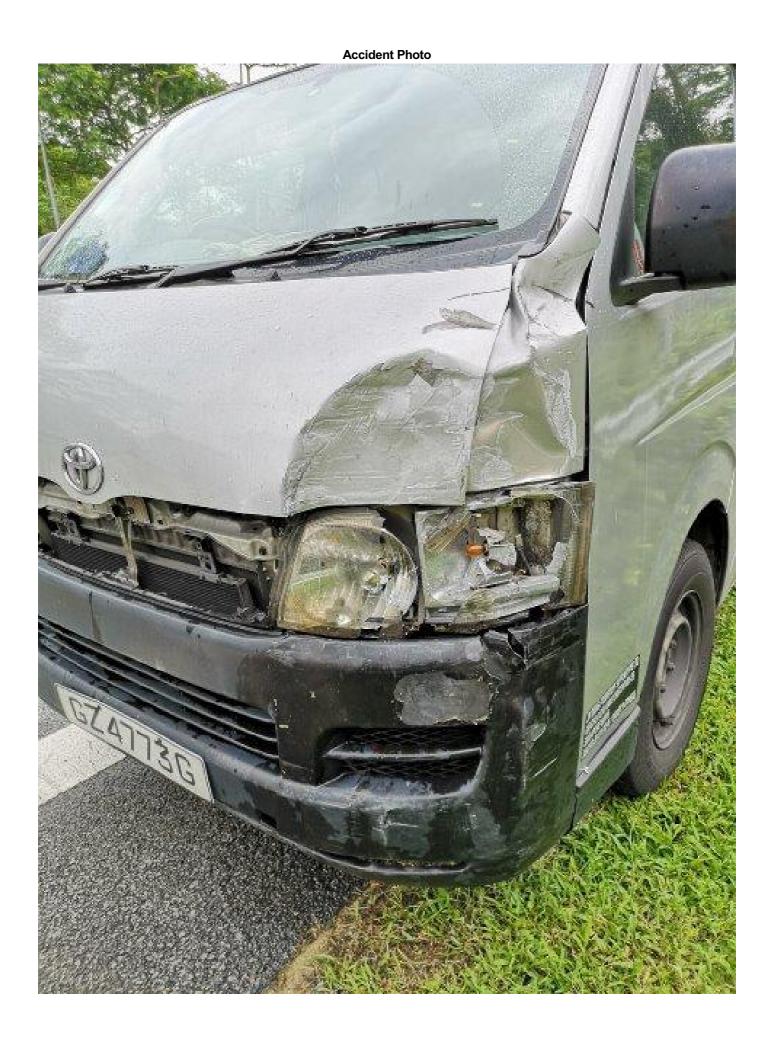
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

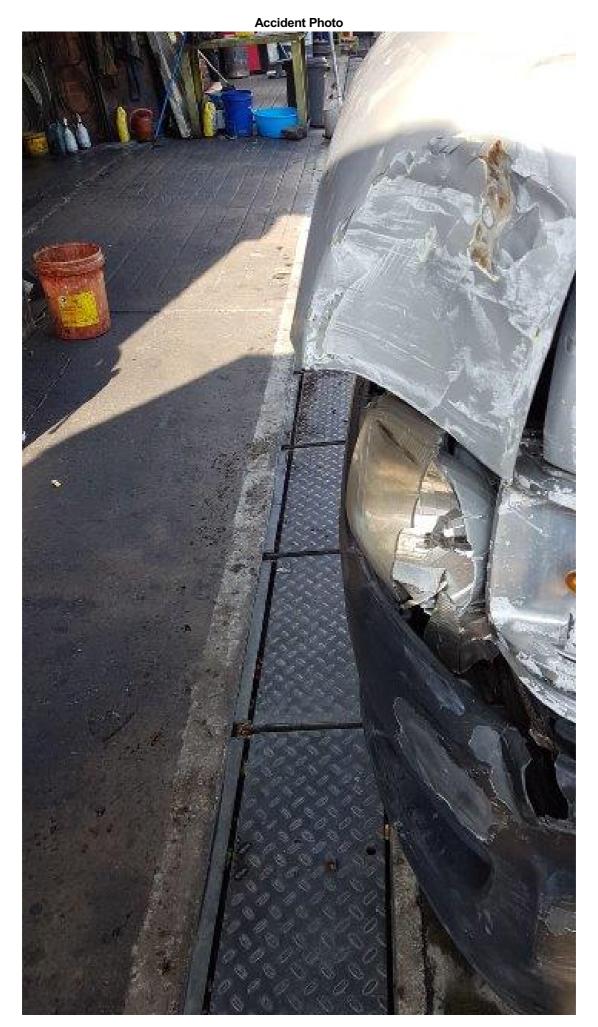
EFFECTIVE DATE

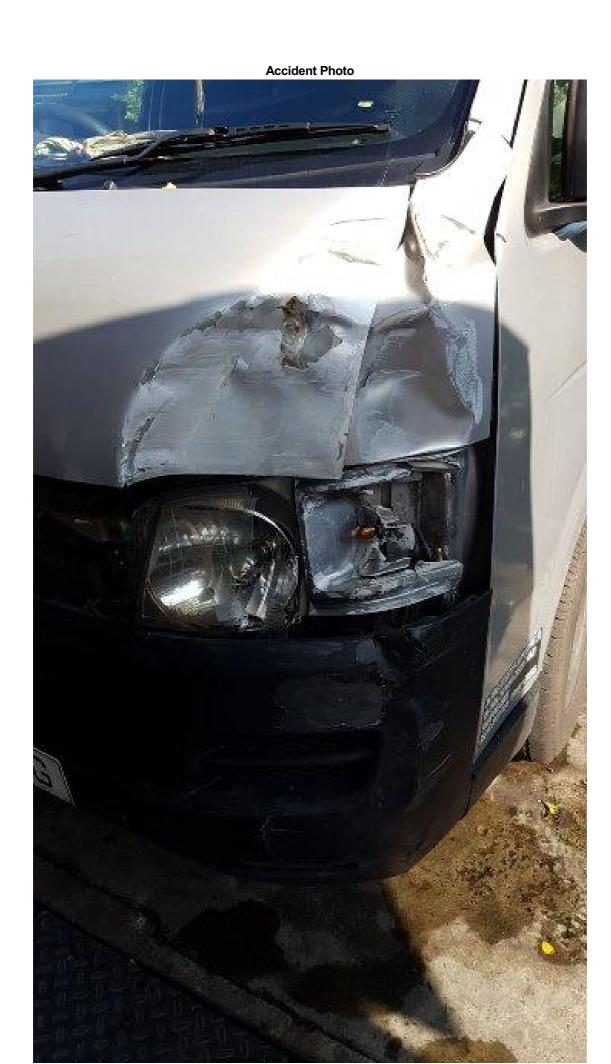
Class 2B Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 14 May 2018 14 Mar 1996 14 Mar 1996 14 Mar 1996 14 Mar 1996

NP 428A









Accident Photo



TP VEHICLE





