

## 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 withholding 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 Report	14/01/2019 11:56
Date Of Accident	14/01/2019 08:30
Exact Location Of Accident	CARPARK COMPOUND AT 38 KIAN TECK DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3958L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ENTRACO MARINE ENGINEERING PTE LTD
Co Reg No	200410995K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62657800

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	BUS

### Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/18/VC30/101989
Cover Note Number	

### Driver

Name of Driver	NG AH SOI
NRIC No	S0988607I
Date Of Birth	26/06/1947
Occupation	OUTDOOR
Date Of Driving Pass	09/06/1969
Driving Experience	49 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	+65-82258161
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 673C JURONG SEST STREET 65 #03-46
Postcode	643673
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 (including own vehicle) involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	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

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	SLV1746S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

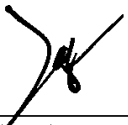
**SKETCH PLAN**

**IMPORTANT NOTICE**

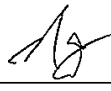
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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:

14 JAN 2019

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

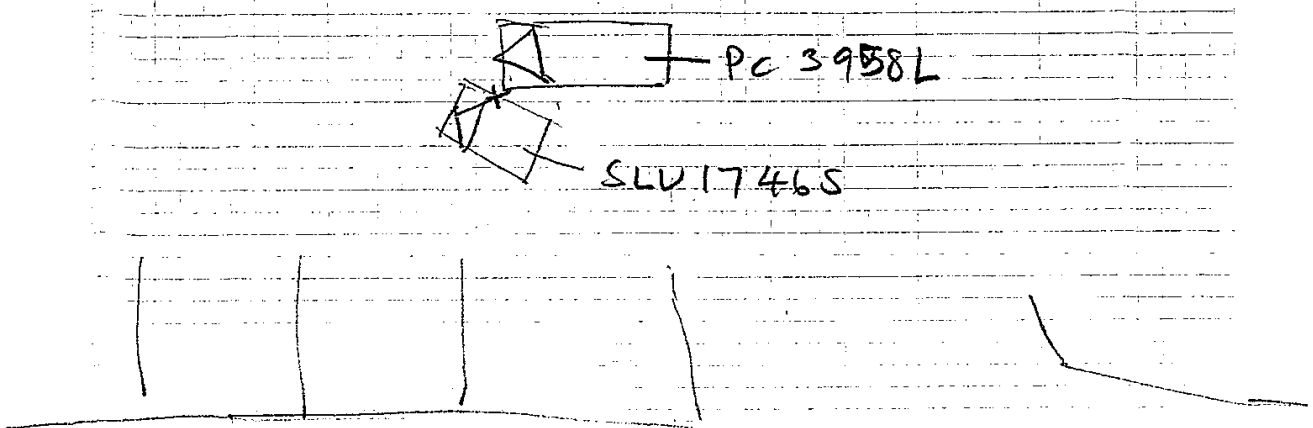
14 JAN 2019

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: Poh Kwee Choo  
S6840583A

SKETCH PLAN

Car Park

Company: 38 Kian Teck Drive.



Kian Teck Drive

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The incident happened on 14/1/2019 about 8:30am.  
 I was driving my company vehicle PC 3958L stationary  
 about to move forward <sup>after my colleague alerted</sup>. Suddenly, the vehicle SLV 17465  
 came to knock onto my front left side damaged.

The vehicle SLV 17465 damaged on right side door  
 area.

No one was injured. The weather was clear.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date &amp; Time: 14 JAN 2019

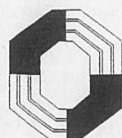
Driver's Signature

(If driver is not the policyholder)

Date &amp; Time: 14 JAN 2019

Reporting Centre Personnel's Signature

Name: Poh Kwee Choo  
NRIC/FIN No.: S6840583A



# LONPAC INSURANCE BHD

(S98FC5635C)

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

MZ600

Policy No. **Z/18/VC30/101989** CI No. **18107747**

Excess : **AS STATED IN POLICY SCHEDULE.**

1. Index Mark and Registration **TOYOTA HIACE MINIBUS**  
Number of Vehicle / Chassis **PC 3958L / JTFJT02P400001729**
2. Name of Policy Holder **ENTRACO MARINE ENGINEERING PTE LTD**
3. Period of Insurance **02/07/2018 To 01/07/2019 (Midnight)**
4. Persons or Classes of Persons entitled to drive\*  
**ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH 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 and provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

5. Limitations as to use\*  
USE ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.  
THE POLICY DOES NOT COVER:-  
(1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.  
(2) USE WHILST DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Geographical Area: Within the Republic of Singapore only.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

HP Co. : UNITED OVERSEAS BANK LIMITED (COVER: COMPREHENSIVE)

LONPAC INSURANCE BHD




Authorised Signatory

PENSLEY ALLIANCE PTE LTD/ALYC  
TEL: 65326722

Serial No: **201229**

# DRIVER'S NRIC + DRIVING LICENCE Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S0988607I**



Name  
**NG AH SOI**

Race  
**CHINESE**

Date of birth  
**26-06-1947**

Sex  
**M**

Country/Place of birth  
**SINGAPORE**

**S0988607I**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S0988607I**


Name  
**NG AH SOI**

Birth Date: **26 Jun 1947**


Issue Date: **12 Apr 2003**

**000378730K**

5874957



NRIC No **S0988607I**



Date of issue  
**20-02-2018**

Address  
**APT BLK 673C JURONG WEST STREET 65  
#03-46  
SINGAPORE 643673**

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

	PASS DATE
Class 2B Motorcycles <= 200 CC	21 Jun 1968
Class 2A Motorcycles between 201 CC and 400 CC	21 Jun 1968
Class 2 Motorcycles > 400 CC	21 Jun 1968
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	09 Jun 1969

S0988607I S / No. 9000165969

NP 428A

Licence No: **S0988607I**

Accident Photo



Accident Photo





Accident Photo



CHASSIS NUMBER

CHASSIS NO. : JTFJT02P400001729

U.W. : 2000 KG

M.L.W. : 2950 KG

TYRE SIZE : F. 195RX15C 8PLY

R. 195RX15C 8PLY(S)

PASS. CAP. : F. 1 DRIVER 1 OTHER

R. 10 PASSENGERS

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MLHM190005745 Vehicle Registration No: PC3958L  
Name (as shown in NRIC) : ENTRACO MARINE ENGINEERING PTE LTD NRIC/FIN/Passport No : 200410995K  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : 62657800 Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 14/01/2019 Time of Accident : 08:30 Hours  
Place of Accident : carpark compound at 38 Kim Teck Drive  
Insurance Company: LONPAC INSURANCE BHD

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND THE SKETCH PLAN TO INCLUDE THE COMPANY STAMP.

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\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Poh Kwee Choo  
NRIC/FIN No.: S6840583A  
Date: 21/01/2019