

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 | 30/04/2019 09:27 |
| Date Of Accident | 24/04/2019 13:30 |
| Exact Location Of Accident | PIPIT ROAD (NEAR BLK 90) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | GBE2144E |
| Insured/Policyholder | |
| Name Of Registered Owner | HONG SHIN BUILDERS PTE LTD |
| Co Reg No | 199900724G |
| Email Address | SIEWLEE@HONGSHINBUILDERS.COM |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-63463689 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | NISSAN |
| Model | CABSTAR |
| 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 | Z19VC05002153 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LIU NYONG JAN |
| NRIC No | S2597560Z |
| Date Of Birth | 20/03/1957 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 20/12/1994 |
| Driving Experience | 24 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96686501 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 239 T BATOK EAST AVE 5 \$4-175 S650239 |
| 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 | DRY |

Other Information

| | |
|---|---|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) 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: : ZHANG JIA GEN 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

REFER TO THE ATTACHED.

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 | SJB3654P |
| Vehicle Make/Model/Colour | RED/ HONDA |
| Details Of Properties | NIL |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | NIL |
| NRIC/Passport Number | |
| Contact Number | NIL |
| Address | NIL NIL |
| Postcode | NIL |
| Insurance Company Name | |
| Nature Of Damage | NIL |

| | |
|-------------------------------------|---------------------|
| No. Of Passenger (Including Driver) | 3 |
| Passenger 1 | NAME: : UNKNOWN |
| | GENDER: : FEMALE |
| Passenger 2 | NAME: : UNKNOWN KID |
| | GENDER: : |

SKETCH PLAN

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6. 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.
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.

Please Chop Sign & Return

Policyholder's Signature
Date & Time:

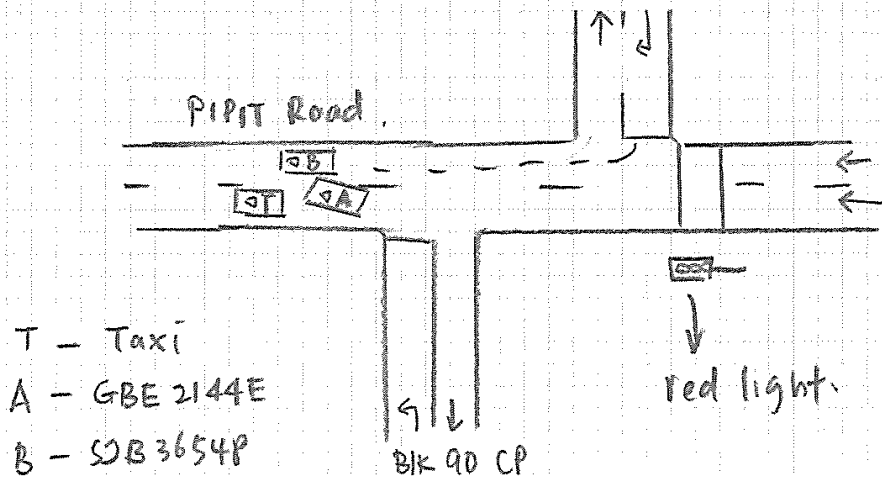
Driver's Signature
(If driver is not the policyholder)
Date & Time: 20/04/2019

9.50 am

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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE MENTIONED DATE & TIME, I WAS STATIONARY AT THE JUNCTION OF BLK 90 CARPARK EXIT & PIPIT ROAD. I HAVE CHECKED THAT THE TRAFFIC ON MY RIGHT WAS CLEAR AND ALL VEHICLES WERE STATIONARY DUE TO RED LIGHT TRAFFIC. I THEN PROCEEDED TO MAKE LEFT TURN INTO PIPIT ROAD. WHILE I WAS MAKING LEFT TURN, SUDDENLY I SAW A TAXI WAS STATIONARY INFRONT. I THEN SWERVE TO THE RIGHT TO AVOID COLLISION WITH THE SAID TAXI. HOWEVER, I DID NOT NOTICE A CAR SJB3654P CAME FROM OPPOSITE CARPARK EXIT AND AS A RESULT MY VEHICLE COLIDDED WITH THE SAID VEHICLE. AS THERE IS NO VISIBLE DAMAGES TO MY VEHICLE, I LODGE THIS REPORT FOR RECORD PURPOSE ONLY.

| | |
|--|-----------|
| Insurance Co. | Lumpac |
| Vehicle No. | GBE 2144E |
| Date of Accident | 24.4.2019 |
| <input checked="" type="checkbox"/> Reporting Only | |
| <input type="checkbox"/> Own Damage Claim | |
| <input type="checkbox"/> Third Party Claim | |
| <input type="checkbox"/> Other Workshop | |

DECLARATION

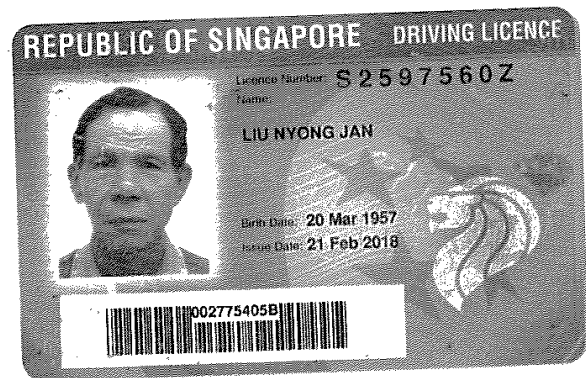
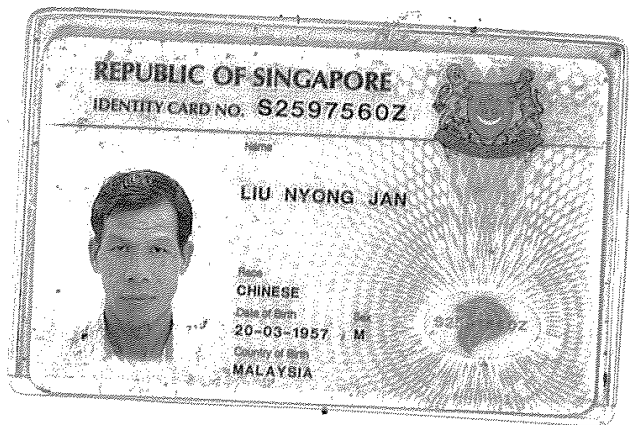
I/We declare the foregoing particulars are true in every respect.

Please Chop Sign & Return
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/04/2019
9.58am

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





8 2 7 1 9 7 3



82597560Z



NATIONALITY
MALAYSIAN


BLOOD GROUP: O+ DATE OF ISSUE: 02-02-1998

Address
ART BLK 239 BUKIT BATOK EAST AVENUE 5
#04-175
SINGAPORE 650239

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

| | EFFECTIVE DATE |
|--|----------------|
| Class 2B Motorcycles =< 200 cc | 27 May 1994 |
| Class 2A Motorcycles between 201 cc and 400 cc | 27 May 1994 |
| Class 2 Motorcycles > 400 cc | 27 May 1994 |
| Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg | 20 Dec 1994 |

Licence No: 82597560Z



NP 428A



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) 6295 3767 Website: www.lonpac.com.sg
GST Reg No : F0-0005635-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) RULES 1960 (REPUBLIC OF SINGAPORE).
ROAD TRANSPORT ACT 1987 (MALAYSIA).
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z19VC05002153

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

NISSAN CABSTAR
- GEE2144E

2. Name of Policy Holder

HONG SHIN BUILDERS PTE LTD

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

03/04/2019

4. Date of Expiry of the Insurance

02/04/2020

5. Person To Drive

(A) THE POLICYHOLDER

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/HER 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 TRIAL OR SPEED TESTING.

USE WHILE DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess

: S\$ 600.00 (SECTION 1)

S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON 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 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.

H.P. Owner : ETHOZ CAPITAL LTD

CHIEF EXECUTIVE
(Singapore Branch)

User ID: HENRYLING
Date Issued: 29/03/2019

Accident Photo



Accident Photo



Accident Photo



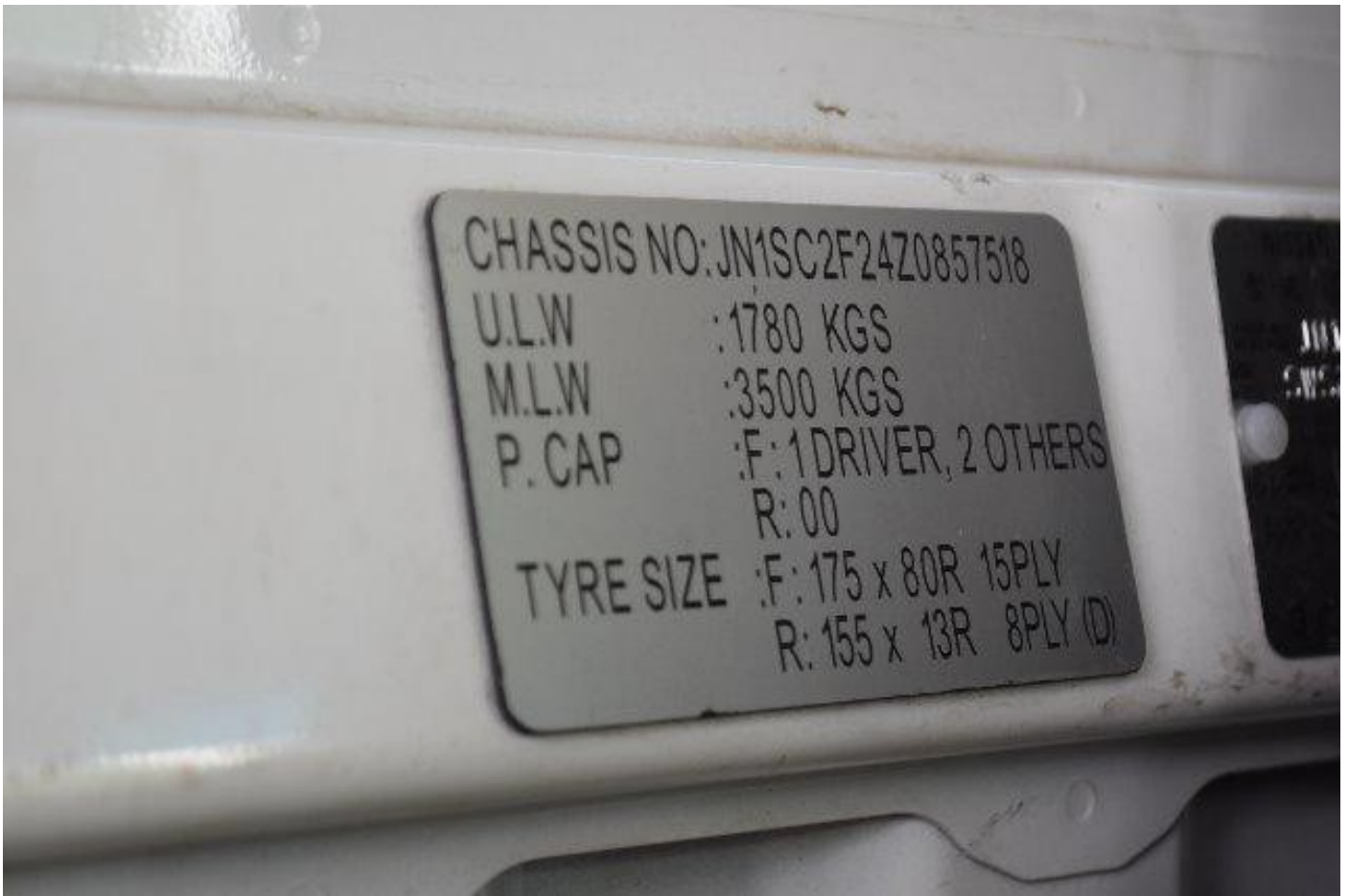
Accident Photo



Accident Photo



Accident Photo



Accident Photo

