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TP Particulars: Veh No: SG	7 5614B.	. INC()/Non-INC	C().		
Owner / Driver: (,, <u>c</u> 3011 B.		Tcl:)	
Policy No: () Peri	od: () (over Type:	()	
Confirmed by : (Date:	Tim	e:)	
Insured/Driver Liability: (%) [N	ote-Est. Status (WO): N: 0-20%	; P: 21-799	. P: 80-10	0%]	
Year of Registration: () W	arranty: YES (/NO()				
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.

- 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.

The transmission of the same o	ACCIDENT STATEMENT
Date Of Report	06/09/2019 13:41
Date Of Accident	06/09/2019 11:45
Exact Location Of Accident	PAYA LEBAR RD
Country/State of Loss	SINGAPORE
March 1997 Proposition (March 1997)	ETAILS OF OWN VEHICLE
Vehicle Registration Number	XE82C
Insured/Policyholder	
Name Of Registered Owner	BUILDMATE (S) PTE LTD
Co Reg No	*
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65895388
Vehicle Particulars	
Manufacturer	ISUZU
Model	
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	Z19VC05002256
Cover Note Number	
Driver	
Name of Driver	LIM LIAN HUAT
NRIC No	S1780782Z
Date Of Birth	23/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	14/10/1987
Driving Experience	31 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97602077
Fax Number	
Contact Number	
EMail Address	NOEMAIL
	700000000000000000000000000000000000000

Address

BLK 159 JLN TECK WHYE #13-141

Postcode

680159

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 - MAJOR/MINOR RD

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?

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

I WAS TRAVELLING ALONG PAYA LEBAR RD ON THE EXTREME LEFT LANE, SUDDENLY VEH B WHO WAS EXITING FROM THE PIE SLIP RD INTO PAYA LEBAR RD AND DASHED OUT TO MAIN ROAD, AS THE RESULT, I CANNOT STOP IN TIME AND HIT ONTO VEH B RIGHT FRONT PORTION.

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

SGZ5614B

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

- 1. Please report correctly 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.
- 5. 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)

Reporting Centre Personnel's Signature

NRIC/FIN No.:

ETCH PLAN						
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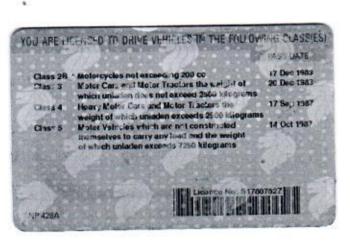
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:











Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555 Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.ionpac.com.sg GST Rey No.: F9-0005635-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.: Z19VC05002256

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

ISUZU CYH52T - XEB2C

2. Name of Policy Holder

BUILDMATE (S) PTELTD

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

13/06/2019

Date of Expiry of the Insurance

12/06/2020

Person 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.

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 TRIALOR SPEED TESTING.

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

Excess

: S\$ 2,800.00 (SECTION 1)

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

S\$ 200.00 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.

IWE 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.

Onele.

CHIEF EXECUTIVE (Singapore Branch)

User ID: ERNESTO Date Issued: 10/04/2019