				F + pet at	1	
NATIONAL Assessment Centre	Services.	[wel   Jan'05] .	MNA II	9119134		
Date In: 9/9/19 12:12	Jeb description	n	Date &Time			ne by
Keftho MAI LPC19015896144.	SAS c-Illing					
California	E-mail (within	n Shis, AIC 2hrs)				
YN 99007	I-Motor Cla					
	I-Motor W/G	O (Within: OD 2hr	s. TP 4brs)			
OD - 1P / Reputting Only	i-Photo Uplo		1		*	
		urvey Report			-	-
'H' Insurez			o Owner/Wksi	1	production of the second	
Professed Wksp / INC Assign Wksp / QW: (	Manuel marion	No.	Tol:	KINE MANIATION	ax:	Commence of the Commence of th
TP Particulars:   Veh No: 0-	destrian	INC(	)/Non-IN	C()		
Owner / Driver: (	destrian	•	Tel:		)	
Policy No: ( ) Perio	od: (	)	Cover Type:	(	)	
Confirmed by : (		Dates	Tin	16:	)	
Insured/Driver Liability: ( %) [No	ote-Est. Status (	WO): N: 0-2	0%; P: 21-79	%. P: 80-1	00%]	
Year of Registration: ( ) W	arranty: YES (	)/NO(	)			
Excess: (\$ ) Loading: \$1,000	0()/\$2,000	)( )				
cuccat Reinarkton & Prosent and West	MARTINE DESIGNATION OF THE PARTY OF THE PART	<b>拉格里马拉哈斯</b>	APSOMALIAN.	Sx11. 6 7 2 3	1312 12	
the state of the s	war war than 10 th and 10	البنا مشموط الراج المستعدمة المشعب المستقلال			2,40,1 -11,1	· · · · ·
	lation strictly Co	minoemiai a Su	ichy NO laidt	ni tehaner		
) Walk-In Customer's Customer's Inform			N			
( ) Total Loss Case : to e-mall Insurer	URGENTLY.			.)		
	URGENTLY.		owing Co: (	. 1		)
) Total Loss Case : to e-mall Insurer Drive-In ( ) / Towed-In ( ); Invoice:	URGENTLY. YES( )/1		owing Co: (		W. W. Don	) Siby
) Total Loss Case : to e-mail Insurer Drive-In ( ) / Towed-In ( ); Invoice: Connectes; (INC) hounds 6798 (616)	URGENTLY. YES( )/1		owing Co. (	Olipie MAR	J. Principles	s by
) Total Loss Case : to e-mail Insurer Drive-In ( ) / Towad-In ( ); Invoice:  Comarks: (INCANOTINE 6788 6616) Sec. ) Apply for Transport Allowance ( ) / Com	URGENTLY. YES ( ) / I	NO( );T	owing Co. (		The William	) oʻby
Total Loss Case : to e-mall Insurer  Drive-In ( ) / Towed-In ( ); Invoice:  (emarks: (INC) (others crub) (of 6)  ) Apply for Transport Allowance ( ) / Cor  ) QC Check / Post Repair Inspection	URGENTLY, YES ( ) / I	NO( );T	owing Co. (	ongle sare	Marinon	) 8]by -
Total Loss Case : to e-mall Insurer  Drive-In ( ) / Towed-In ( ); Invoice:  (emarks: (INC) (others crub) (of 6)  ) Apply for Transport Allowance ( ) / Cor  ) QC Check / Post Repair Inspection	URGENTLY, YES ( ) / I	NO( );T	owing Co. (		William William	) e,by
Total Loss Case : to e-mail Insurer  Drive-In ( ) / Towed-In ( ); Invoice:  Converte: (INC, nothing, 67,03 for 6) S.  Apply for Transport Allowance ( ) / Con  O QC Check / Post Repair Inspection  Upload Resurvey Photo [Repair Cost > \$300]	URGENTLY, YES ( ) / I	NO( );T	owing Co. (	on the same	Alpon	) 8.by
) Total Loss Case : to e-mall Insurer Drive-In ( ) / Towed-In ( ); Invoice:  Centuries: (ING hothing 6:09 6:6) ) Apply for Transfort Allowance ( ) / Con D QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$300 Infury:	URGENTLY, YES ( ) / I	NO( );T	owing Co. (		Taylon Nilson	aby
Drive-In ( ) / Towed-In ( ); Invoice:  Kennarks: **** (INC. nothine 16.49) 16.16(N)  Apply for Transport Allowance ( ) / Con  O QC Check / Post Repair Inspection  Upload Resurvey Photo [Repair Cost > \$300]  Injury:	URGENTLY, YES ( ) / I	NO( );T	Ditession as		Tan Cara	9,67
) Total Loss Case : to e-mall Insurer Drive-In ( ) / Towed-In ( ); Invoice:  Centuries: (ING hothing 6:09 6:6) ) Apply for Transfort Allowance ( ) / Con D QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$300 Infury:	URGENTLY, YES ( ) / I	NO( );T	owing Co. (		A STATE OF STATE	s by
) Total Loss Case : to e-mall Insurer Drive-In ( ) / Towed-In ( ); Invoice:  Centuries: (ING hothing 6:09 6:6) ) Apply for Transfort Allowance ( ) / Con D QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$300 Infury:	URGENTLY, YES ( ) / I	NO( );T	Dite signis		The Control of the Co	9,by
) Total Loss Case : to e-mail Insurer Drive-In ( ) / Towed-In ( ); Invoice:  Converte: (ING hothing 6:09:0616) ) Apply for Transfort Allowance ( ) / Con ) QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$300 Infury:	URGENTLY, YES ( ) / I	NO( );T	Dite signis		Tea Constant	s by
) Total Loss Case : to e-mail Insurer Drive-In ( ) / Towed-In ( ); Invoice:  Converte: (ING hothing 6:09:0616) ) Apply for Transfort Allowance ( ) / Con ) QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$300 Infury:	URGENTLY, YES ( ) / I	NO( );T	Dite signis		Tage Costs	s.by
) Total Loss Case : to e-mail Insurer Drive-In ( ) / Towed-In ( ); Invoice:  Cemarks: (ING hothing Cross Color)  Apply for Transfort Allowance ( ) / Con  QC Check / Post Repair Inspection  ) Upload Resurvey Photo [Repair Cost > \$300  Injury:	URGENTLY, YES ( ) / I	NO( );T	Dite significant			
) Total Loss Case : to e-mail Insurer Drive-In ( ) / Towed-In ( ); Invoice:  Cemarks: (ING hothing Cross Color)  Apply for Transfort Allowance ( ) / Con  QC Check / Post Repair Inspection  ) Upload Resurvey Photo [Repair Cost > \$300  Injury:	URGENTLY, YES ( ) / I	NO( );T	Dite significant			
) Total Loss Case : to e-mail Insurer Drive-In ( ) / Towed-In ( ); Invoice:  connects: 2006(INC) northic 2008 6016).  ) Apply for Transport Allowance ( ) / Con ) QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$300 Injury:  arty Times of Actions	URGENTLY, YES ( ) / I	NO( ); T	in ation Girca Reporting (330);			
) Total Loss Case : to e-mail Insurer Drive-In ( ) / Towed-In ( ); Invoice: Connects: 200 (INC) northic 6798 6616).  ) Apply for Transport Allowance ( ) / Con ) QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$300 Injury :  art/Fines / Actions  (innuity Particulars 1: 2)	URGENTLY, YES ( ) / I	NO(); T	minitoti Siring (330); Reporting (330); Assessment (5100		TELEMATOR	
) Total Loss Case : to e-mail Insurer Drive-In ( ) / Towed-In ( ); Invoice: Connects: 200 (INC) northic 6798 6616).  ) Apply for Transport Allowance ( ) / Con ) QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$300 Injury :  art/Fines / Actions  (innuity Particulars 1: 2)	URGENTLY, YES ( ) / I	NO(); T	Reporting (330): Assessment (5100)  orough Survey	11/10 (550 540)	0) 7545 1120	
) Total Loss Case : to e-mail Insurer Drive-In ( ) / Towed-In ( ); Invoice:  Connects; 2 (IN) Canoning 6 (98) 6 (6)  ) Apply for Transport Allowance ( ) / Con ) QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$300 Injury :  and Times (Actions 2)  ver/Owner:	URGENTLY, YES ( ) / I	NO(); T	Reporting (530); Assessment (5100); rough Survey (Res	1NC (350 \$40) \$400	0) 7545 1120 530	
) Total Loss Case : to e-mall Insurer Drive-In ( ) / Towed-In ( ); Invoice:  (canacles; ** ** ** ** ** ** ** ** ** ** ** ** **	URGENTLY, YES ( ) / I	NO(); T	In prilon Gir. Reporting (330); Assessment (5100) rough Survey rough Survey (Res	10 Jan 2003)	0) 545 1120 530	
) Total Loss Case : to e-mall Insurer Drive-In ( ) / Towed-In ( ); Invoice:  (canacles; ** ** ** ** ** ** ** ** ** ** ** ** **	URGENTLY, YES ( ) / I	) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )	Reporting (330); Assessment (5100)  rough Survey rough Survey (Res	10 Jan 2003)	0) 7545 1120 530	
) Total Loss Case : to e-mall Insurer Drive-In ( ) / Towed-In ( ); Invoice:  (canacles; ** ** ** ** ** ** ** ** ** ** ** ** **	URGENTLY, YES ( ) / I	InvolgeRip)  Invol	Reporting (330); Assessment (5100)  rough Survey rough Survey (Res	10 Jan 2003)	0) 545 1120 530	
Total Loss Case : to e-mall Insurer Drive-In ( ) / Towed-In ( ); Invoice:  Contacts: (IN) Canoding: 6:08 (6:6)  Apply for Transport Allowance ( ) / Contacts: (In) QC Check / Post Repair Inspection  Upload Resurvey Photo [Repair Cost > \$300 Injury :  after Times (Actions and Actions	URGENTLY, YES ( ) / I	NO(); T	Reporting (\$30); Assessment (\$100); rough Survey (Resident) NC Only (without SMRT Survey and Services:	() INC (350 \$400 \$112 Jan 2003)	0) 545 1120 530 575 160	
) Total Loss Case : to e-mail Insurer Drive-In ( ) / Towed-In ( ); Invoice: Contacts: (IN) Catoline : 6:08 (6:6) ) Apply for Transport Allowance ( ) / Contacts: (In) QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$300 (Injury :  after times of Actions (In) (In) (In) (In) (In) (In) (In) (In)	URGENTLY, YES ( ) / I	NO(); T	Reporting (530); Assessment (5100); rough Survey (Resains UNC Only (witten SMRT Survey and Services:	(1) 10 (350) (340)	275 (45) (15) (15) (15) (15) (15) (15) (15) (1	
Drive-In ( ) / Towed-In ( ); Invoice:  Centucks: (INCalcothins 6:08 6616)  Deploy for Transfort Allowance ( ) / Cont.  O QC Check / Post Repair Inspection  O Upload Resurvey Photo [Repair Cost > \$300 Infury :  are/Times CActions ( ) / Cont.  Output ( ) / Cont.  Outp	URGENTLY, YES ( ) / I	Involucification  Involucifica	In a floring (330);  Assessment (5100)  Fough Survey (Research Could be a factor of the floring	(1) 10 (350) (340)	0) 545 1120 530 575 160	
Drive-In ( ) / Towed-In ( ); Invoice:  Contacts: (INCatedines 6703 6616) and Apply for Transport Allowance ( ) / Contacts: (INCatedines 6703 6616) and (Incated Post Repair Inspection () Upload Resurvey Photo [Repair Cost > \$300 Injury :  after times of Actions: (Actions: () () () () () () () () () () () () ()	URGENTLY, YES ( ) / I	NO(); T	In a floring (330); Assessment (5100)  rough Survey (Research Survey (Rese	(1) 10 (350) (1) 10 (350) (2) 10 (350) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3)	375 1160 35 35 310 375 310 375 310 375 310 375	
( ) Total Loss Case : to e-mall Insurer Drive-In ( ) / Towed-In ( ); Invoice:  Centuries: (In/Galethiae 6/08/6/6/8)  (In/Galethiae 6/08/6/6/8)  (In/Galethiae 6/08/6/6/8)  (In/Galethiae 6/08/6/6/8)  (In/Galethiae 6/08/6/6/8)  (Information Cost > \$300  (	URGENTLY, YES ( ) / I	NO(); T	In a flot Gir. Garage G	(1) 10 (350) (1) 10 (350) (2) 10 (350) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3)	375 1160 35 35 35 35 35 35	

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**Driving Experience** 

Mobile Number

Fax Number Contact Number **EMail Address** 

Gender

- 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
- 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 PART OF THE PARTY OF THE PARTY.	ACCIDENT STATEMENT
Date Of Report	09/09/2019 12:12
Date Of Accident	06/09/2019 13:30
Exact Location Of Accident	WOODLANDS DR 17
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YN9900Z
Insured/Policyholder	
Name Of Registered Owner	YONG HUP SENG MESH CO PTE LTD
Co Reg No	:-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62873366
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER
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	Z18VC05000972
Cover Note Number	•
Driver	
Name of Driver	LIM GEOK BOON
NRIC No	S1298033G
Date Of Birth	06/08/1958
Occupation	OUTDOOR
Date Of Driving Pass	25/07/1979

MALE

NOEMAIL

40 YEARS AND 1 MONTH

(LOCAL) +65-81881152

Address BLK 786E WOODLANDS DR 60 #08-19

Postcode 735786

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 COLLIDED INTO PEDESTRIAN

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? YES

Was any injured conveyed to hospital by YES ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

NO

YES

YES

NO

1

ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-8529999 - FAX NO: 68522299

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20190906/2197

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

Vehicle Make/Model/Colour PEDESTRIAN

**Details Of Properties** 

Vehicle Category NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

## **DETAILS OF INJURED PERSON 1**

Name

PEDESTRIAN

Approximate Age

Injuries Sustain

UNKNOWN

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

### SKETCH PLAN

## IMPORTANT NOTICE

- 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.
- 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)

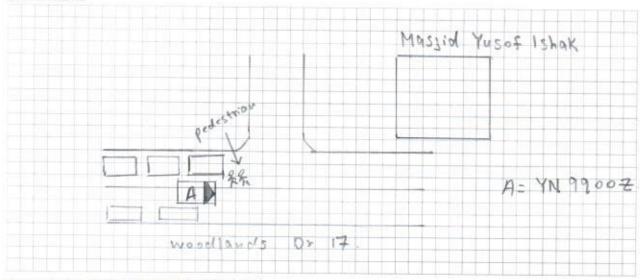
I understand, acknowledge, agree and consent that:

- (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: S.

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

NRIC/FIN No .:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	to	Police	Report	7/2019090612197
			=======================================	
			1	

## DECLARATION

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

Policyholder's Signature Date & Time:

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

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

ACCIDENT STATEMENT ACCIDENT DATE: 6 / 9 / 19 (DD/MM/YYYY), TIME: ( #2 . 20. )(HH:MM) woodlands or LOCATION: 1. DETAILS OF VEHICLE a) VEHICLE NUMBER: DINSURANCE COMPANY: C)POLICY NUMBER: DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e)MAKE & MODEL:\_ f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME:\_ working I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER AJNAME: Youghup Seng mesh co \_(MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: 6257 1366 CIADDRESS: \* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER THE of passanger DRIVER (Including driver) a)NAME: (MALE / FEMALE) b)NRIC/FIN/PASSPORT:\_\_ CONTACT: 8188 1152 C)ADDRESS: "d) DATE OF BIRTH: ( J(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE:\_ 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:\_ 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS. b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION; 8. THIRD PARTY VEHICLE At the of personner pedestrian. a) VEHICLE NUMBER: MODEL: b) DRIVER'S NAME:\_ c) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: This of philanger e) DRIVER'S NAME: Industry driver) 1) NRIC/FIN/PASSPORT: main@ yonghupseng.com.sq email = Lim geokboon 4487 @ gmail. com,

VIDEO = NO





1 of 3

Report No. T/20190906/2197

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

REPORT OF A TRAFFIC ACCIDENT

06/09/2	Date/Time Report Made: 06/09/2019 23:56		Vide Report No.: L/20190906/0078	Station Diary No.:
Informa	nt's Partic	ulars		315
Name o	f Informant DK BOON		Address: APT BLK 786E WOODLAND 735786	OS DRIVE 60 #08-19 SINGAPORE
ID Type / ID No.: NRIC NO / S1298033G Nationality: SINGAPORE CITIZEN		33G	Contact No.:	
			Home/Office: Email:	Mobile: 81881152
Sex: Male	Age: 61	Date of Birth: 06/08/1958	Type of Informant:	
Race: Chinese Occupation: Lorry driver			Language: English	Institution / School Name:
			Driving Licence Information: Class: 3,4	Date of Expiry:

Type of	Injury	Drink		
Accident:	Attended by Police	Drive:	Date/Time of Accident: 06/09/2019 13:25	Type of Location Straight Road
Along Road 1 WOODLANDS WOODLANDS & Mong Woodland Weather: Clear	DRIVE 17 AVENUE 1 ds Dr 17 towards Wood	lands Ave 1 Road Surface: Dry		Road Speed Limit:
raffic Flow: wo Way		Traffic Control: Not Controlled		Traffic Volume:
ype of Collision	n: Against - Pedestrian		Heavy Anyone conveyed by	

Vehicle No.	Type	Make				
YN9900Z	Lorry	IVIANE	Model	Color	Condition	No of Passenge
	Lony				No	0
					Damage	٥

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Podestria O
	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20190906/2197

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

#### CONTINUATION OF REPORT

Driver					
Name	LIM GEOK BOON		ID No		S1298033G
Related Vehicle	YN9900Z (Lorry)		Conta	ct No.	81881152
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Davs gran	ted Medical Leave NIL	Degree of	Injury	NIL	

#### Brief Details.

On 06/09/2019 at about 1328hrs, I was driving my company lorry 'YN9900Z' along Woodlands Dr 17 towards Woodlands Avenue 1 and the traffic was very heavy. Then while I was moving slow forwards suddenly my left side mirror hit onto 1 of the pedestrian which was walking on the road. After which, I stopped my lorry and went down to check on the pedestrian. The pedestrian then informed that was been hit onto the neck and want to take down my particulars. However, I had forgotten to bring my NRIC and driving licence out today. I then try to explain to the pedestrian but the pedestrian was unhappy and called for the police.

After which, Traffic police and ambulance came to scene. The pedestrian was then being send to KTPH by ambulance.





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 3 of 3 Report No. T/20190906/2197

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: L / Sgt 2 TOH WEE KEAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/09/2019 23:56
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206	Classification Of Case:
Authentication Stamp	theel



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.: F0-8005635-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.: Z18VC05000972

Type of Cover : COMPREHENSIVE

Index Mark and Vehicle Registration Number

MITSUBISH CANTER FEB21ER4SDEB (CBU)

2. Name of Policy Holder

YONG HUP SENGMESH COPTELTD

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

05/11/2018

Date of Expiry of the Insurance

04/11/2019

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.

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\$ 700,00 (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)

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

\* Limitalions 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: HONG LEONG FINANCE LIMITED

nele

CHIEF EXECUTIVE (Singapore Branch)

User ID: ONGYEELENG Date Issued: 17/10/2018