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TP Particulars: Veh No: 51	MG 55481	M. INC()/Non-INC (),	
Owner / Driver: (10/ 5516 /		Tel:)
Policy No; () Period	d: ()	Cover Type: ()
Confirmed by : (Dater	Time:)
Insured/Driver Liability: (%) [No	te-Est. Status (V	70): N: 0-20	%; P: 21-79%.	P: 80-100)%[]
Year of Registration; () Wa	rranty: YES ()/NO()			
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Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 16/09/2019 10:25

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 <u>truthful and accurate</u> 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.

archiving and that copies of this report will, for a fee, be made ava 7. By the lodgement of this report to the insurers, you hereby consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
NO DESCRIPTION OF THE WAY TO THE	ACCIDENT STATEMENT
Date Of Report	13/09/2019 13:28
Date Of Accident	10/07/2019 09:30
Exact Location Of Accident	ECP TWDS CITY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP5477U
Insured/Policyholder	
Name Of Registered Owner	CAPRIOXY TRADING SERVICES PTE LTD
Co Reg No	107s
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63625305
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	Z19VC05001750
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD FAZLEE BIN MOHAMAD EFFENDY
NRIC No	S9827691B
Date Of Birth	24/08/1998
Occupation	OUTDOOR
Date Of Driving Pass	21/03/2017

2 YEARS AND 3 MONTHS

(LOCAL) +65-83228682

MALE

NOEMAIL

Address BLK 114 EDGEFIELD PLAINS #03-368

Postcode 820114

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 - HEAD TO REAR

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

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes,against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG ECP TWDS CITY ON THE THIRD LANE, AFTER I FILTER INTO SECOND LANE, VEH B INFRONT OF ME SUDDENLY JAMMED BRAKE, I MANAGE TO STOP BUT STILL LIGHTLY TOUCH ONTO VEH B REAR 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 SMG5548M

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:

SE

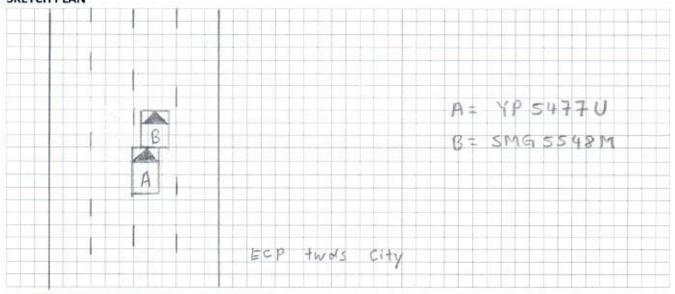
Driver's Signature (If driver is not the policyholder) Date & Time:

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	to	statement	
		7		
		-		

DECLARATION

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

Policyholder's Signature Date & Time:

Reg. No: 201104652E

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

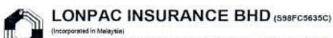
6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

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

ADDENDUM

	70	DENDON				
PARTICULARS OF PERS	ONMAKINGTHEAMEN	IDMENTS:				
Original Report No :_	MNA 119121512	Vel	hicle Registrati	on No:	YP 5477 U	7
Name(as shownin NRIC) :	aprioxy trading	services NR	e Lt./ IC/FIN/Passpo	rt No :		
Address :_					_Singapore(
Contact (Tel) :_		Mo	bile No. :	6363	25305.	
Email Address :_						
Date of Accident :_	10/9/19	Tim	ne of Accident :	09:	30.	
Place of Accident :	ECP +wus	c.44				
Insurance Company :	Lonpac.	ľ				
ADDITIONALINFORMA	TION / AMENDMENTS	e.				
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Policyholder / Driver's Si Date:	gnature	1	Name: NRIC/FIN No.:	re Personi	nel's Signature	
	Original Report No: Name(as shownin NRIC): (*Vehicle Driver / Vehicle Address : Contact (Tel) : Email Address : Date of Accident : Place of Accident : Insurance Company: ADDITIONALINFORMA I have made a report on make the following ame Amend I o / 9 / 1/9.	Original Report No: MMA 119121512 Name(as shownin NRIC): Captioxy trading (*Vehicle Driver / Vehicle Owner) (*) Please de Address Contact (Tel): Email Address: Date of Accident: 10 / 9/10 Place of Accident: Ecthology Insurance Company: Longac. ADDITIONALINFORMATION / AMENDMENTS I have made a report on the above mentioned a make the following amendments: Amend Accident da 10 / 9/19.	Name(as shownin NRIC): Cap roxy trading services NR (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate to the late of the l	Original Report No: MMA 119121512 Vehicle Registration Free Letal Name(as shown in NRIC): Cap Moxy trading services NRIC/FIN/Passpo (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: Contact (Tel): Mobile No.: Email Address: Date of Accident: 10/9/10 Time of Accident: Place of Accident: ECP + ws Cry Insurance Company: Lonpac. ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to incomake the following amendments: Awend Accident date to 10/7/1/9 10/9/19. Policyholder / Driver's Signature Date: Reporting Cent Name: NRIC/FINNo.:	Original Report No: MNA 119121512 Vehicle Registration No: Fre Ltd Name(asshownin NRIC): Cap Proxy trading Services NRIC/FIN/Passport No: (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: Contact (Tel): Mobile No.: 4363 Email Address: Date of Accident: 10/9/10 Time of Accident: 09: Place of Accident: ECP Hods Crty Insurance Company: Longac. ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include addit make the following amendments: Amend Accident date to 10/7/1/9 instelled.	Original Report No: MMA 11912 1512 Vehicle Registration No: YP 5477 UNA Mame (as shownin NRIC): Cap hoxy truding senated NRIC/Fin/Passport No: (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address : Singapore(Contact (Tel) : Mobile No.: 6362 5305. Email Address : Date of Accident : 10/9/16 Time of Accident: 29:30. Place of Accident : ECP 1005 Coty Insurance Company: Longac. ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional informationate the following amendments: Amena Accident date to 10/9/19 instead of 10/9/19. Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature Name: NRIC/FINNo.:



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

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.: Z19VC05001750

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MITSUBISHI CANTER - YP5477U

2. Name of Policy Holder

CAPRIOXY TRADING SERVICES PTE LTD

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

15/02/2019

Date of Expiry of the Insurance

14/02/2020

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.

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\$ 2,000.00 (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.

CHEF EXECUTIVE (Singapore Branch)

User ID: XLCHEN Date Issued: 13/02/2019