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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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.
- 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.

5. 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.
- 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.

arcresdig.	ACCIDENT CTATEMENT
	ACCIDENT STATEMENT
Date Of Report	02/10/2019 15:00
Date Of Accident	01/10/2019 08:50
Exact Location Of Accident	ALONG MARYMOUNT ROAD
Country/State of Loss	SINGAPORE
AND THE PERSON OF THE PERSON OF THE PERSON	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB5113R
Insured/Policyholder	
Name Of Registered Owner	BUDGET AIRCONDITIONING PTE LTD
Co Reg No	201624123Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93232444
Alternative Phone No	OFFICE-84599631
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 150 MANUAL 3SEATER-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z19VC05003528
Cover Note Number	
Driver	
Name of Driver	MURUGESAN MUTHARASAN
NRIC No	G2183952W
Date Of Birth	07/05/1993
Occupation	OUTDOOR
Date Of Driving Pass	10/09/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93232444
Fax Number	MHESS ISSN GARGORIANT GEV
Contact Number	OTHERS-84599631
	23/1/1/10/10/10/10/10/10/10/10/10/10/10/10

NOEMAIL

Address

18 ROBERT LANE

#03-01

Postcode

218297

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

2

Was any body Injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

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

GBG9066R

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

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.
- 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.
- 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.

Lote Westernam

Policyholder's Signatu Date & Time:

2016241232

Driver's Signature

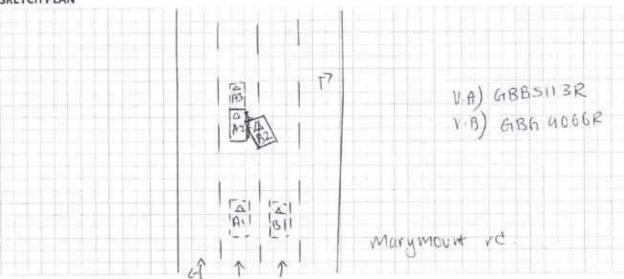
(If driver is not the policyholder)

Date & Time:

Reserving Centre Personnel Sign

NRIC/FIN No.:

SKETCH PLAN



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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## DECLARATION

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

2016241232

Marjasan

Policyholder's Signat peg Reg N Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel (1) Signature MATAS

Mame:
NRIC/FIN No.:

Email: sm@idac.com.sg Tel no: 6555 6888 Fax no: 6454 3279

# Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 01/10/2019 (dd/mm/yy) Time of Accident:08 .5	0 (24-HR-FORMAT)
Vehicle No. GBB 5113 R Vehicle Make & Model: TOYOTA DYNA	150 MANUAL 3SEATER
Exact location of Accident: MARYMOUNT ROAD	
Policyholder's Name / IC No.: BUDGET AIRCONDITIONING PTE	LTD 201624123Z
Driver's Name / IC No. : MURUGESAN MUTHARASAN G2183	952W (As Above)
Driver's Contact No.: 8459 9631 Company Contact No.: 9323	2444
40 Dalanta lana #02 04 Singaporo	
Insurance Company: LON PAC Email address (if any):	
Relationship between Owner & Driver: EMPLOYEE	r Others specify:
What do you wish to claim? (Please TICK one only)	
Own Insurance / 🗸 Other Vehicle (The one you want to claim against) / 🔲 R	Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?  Occupation (nature of job)	4.4
Private use / Work purpose No. of Passengers (Includin	g Driver): 01
1. Georgia Caracita C	ender:
Weather condition & Road conditions? (On the day of accident)	
Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling &	Wet / Others:
Was there any video captured by your Car Camera? Yes / V No	
Any Injuries: Yes / V No (If YES) Injured Person' Name:	
Injuries Sustain: Injured Person in W	/hich Vehicle:
Police Report filed: Yes / V No (If YES) Which Police Station:	
The Other Party(s) Details:	
1. Driver's Name / IC No:	Vehicle No: GBG 9066 R
Driver's Contact No:Insurance Company (If any)	
2. Driver's Name / IC No:	Vehicle No:
Driver's Contact No:Insurance Company (If any)	
*Independent Witness (If Any):	Contact No:
Preferred Workshop Name:C	Contact No:

<sup>\*</sup>If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



Tel: (65) 6250 7368 Fax: (65) 6296 3767 Website: www.tonpec.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). ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA). THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z19VC05003528

Type of Cover: THIRD PARTY FIRE & THEFT

1. Index Mark and Vehicle Registration Number

TOYOTA DYNA 150 MANUAL 3SEATER

- GBB5113R

2. Name of Policy Holder

BUDGET ENGINEERING SERVICES PTE. LTD.

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

21/09/2019

4. Date of Expiry of the Insurance

20/09/2020

5. 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 PLISINESS.

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.

\* 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: HITACHI CAPITAL ASIA PACIFIC PTE LTD

CHIEF EXECUTIVE (Singapore Branch)

User ID: SHINGYI Date Issued: 20/09/2019