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Owner / Driver: (Tel:)
Policy No: () Peri	nd: () Cover Type		
Confirmed by : (Date		ne:)
Insured/Driver Liability: (%) [N	ote-Est. Status (WO):		P; 90-100	70]
Year of Registration: () W	/arranty: YES () / N	0()		
Excess: (\$) Loading: \$1,00			**************	- Harris
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1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection	()		, M	
Upload Resurvey Photo [Repair Cost > \$30]	0001 ()			
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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 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	04/02/2020 15:15
Date Of Accident	03/02/2020 18:10
Exact Location Of Accident	KALLANG BAHRU
Country/State of Loss	SINGAPORE
D. C.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XD6851R
Insured/Policyholder	
Name Of Registered Owner	K&C DESIGN CONSTRUCTION COM PTE LTD
Co Reg No	*
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96848988
Vehicle Particulars	
Manufacturer	ISUZU
Model	CYZ52K
Exact Purpose for which vehicle was being used at time of accident	WORK
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	Z19VC05001951
Cover Note Number	
Driver	
Name of Driver	PUGAZENTHI RAJAGURU
NRIC No	GXXXX718N

NRIC No GXXXX718N 24/06/1990 Date Of Birth OUTDOOR Occupation 01/10/2016 Date Of Driving Pass **Driving Experience** 3 YEARS AND 4 MONTHS MALE Gender (LOCAL) +65-91048988

Mobile Number

Fax Number Contact Number

NOEMAIL **EMail Address**

Address 1 JLN LEMBAH KALLANG

Postcode 339557

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

2

NO

1

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? 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.

Number of Passengers (Including Driver)

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 STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

- - -

Remarks/ Reasons:

WITH DRIVER

YES

YES

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SML2932E

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.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 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)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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			Kallang Bahru
	XD 6851R	A =	
	SML 2932E.		A -
L L Jin Lembah Kallang			

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	to	Statement	
		/	

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

I WAS DRIVING ALONG JLN LEMBAH KALLANG ON THE RIGHT LANE, WHILE APPROACHING JUNC WITH KALLANG BAHRU, AFTER CHECK THE MAIN ROAD TRAFFIC WAS CLEAR, I TURNING OUT TO THE MAIN ROAD(KALLANG BAHRU) TO THE CENTER LANE, SUDDENLY VEH B FROM THE LEFT LANE ALSO TURNING INTO THE MAIN ROAD AND HIS VEH WENT INTO MY LANE, AS THE RESULT, VEH B RIGHT FRONT HIT ONTO MY VEH LEFT HAND SIDE.

ACCIDENT STATEMENT

ACCIE	DENT DATE: 3 /2 / 20	_)(DD/MM/YYYY), TIME:(18	:_/o_)(HH:MM)
LOCA	TION: Kallang 17a	hry Bot.	
1.	DETAILS OF VEHICLE		
	a) VEHICLE -NUMBER:	XD GFSIR	
	DINSURANCE COMPANY:	1.00	
50	c)POLICY NUMBER:		
		ISIVE / THIRD PARTY / THIRD PA	ARTY FIRE &THEFT)
	e)MAKE & MODEL: ISu 2		
		PV /V AN / LORRY / MOTORCY	(CLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVA		
	h) PURPOSE OF USING AT ACC		5% Code 82
	i) ARE YOU CLAIMING UNDER	YOUR OWN INSURANCE (YES/	MO)
	IF NO, PLEASE STATE (THIRD P	ARTY CLAIM / REPORTING ON	ILY)
2.	INSURED / POLICY HOLDER	PH	le ltd.
	A) NAME: K&C De sign	construction com (M.	ALE / FEMALE)
	b)NRIC/FIN/PASSPORT:	CONTACT	: 96 54 89 88.
	c)ADDRESS:		
	* CONTINUE TO 3.d IF DRIVER A	USO BOLICY HOLDER	
	DRIVER	ALSO POLICY HOLDER	
1	a)NAME:	(0.4)	ALE / FEMALE)
TO CHUZDINA Zhanzaz	b)NRIC/FIN/PASSPORT:		91048988.
	CIADDRESS: 1 Jalan Les		
	*d)DATE OF BIRTH: (/	/)(DD/MM/YYYY)	
	e)OCCUPATION: (INDOOR / O	UTDOOR)	24 @
	f)YEARS OF DRIVING EXPRERIEÑ	하다는 사람들이 많아 아내가 하다면 하면 하는데 하는데 하는데 하는데 하다 하는데 하는데 하는데 하다 하다.	
	WAS DRIVER AN EMPLOYEE		
	IF NO, RELATIONSHIP OF TH	일하면 하는 그리고 있는 것이 되어 있는 것 같아 보고 있다면 하는 것이 있다고 그리고 없어 말이 되었다고 했다.	
	a) WEATHER CONDITION: (CLEA		
	D)ROAD SURFACE: (DRY / WET		
	WAS ANYBODY INJURED (YES / D)REPORTED TO POLICE (YES / I		
20.0	IF YES, PLEASE STATE WHICH P		¥
8 T	HIRD PARTY VEHICLE	OLICE STATION.	
le of passenger	a) VEHICLE NUMBER: 5ML	2932 € . MODEL:	
inducting driver)	b) DRIVER'S NAME:		
		CONTACT:	UT VICE TABLE TURNS
	HIRD PARTY VEHICLE		
	d) VEHICLE NUMBER:	MODEL:	
	e) DRIVER'S NAME:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ndusting driver) f) NRIC/FIN/PASSPORT:	CONTACT;	·
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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).

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Certificate No.: Z19VC05001951

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

ISUZU CYZ52K - XD6851R

2. Name of Policy Holder

K&C DESIGN CONSTRUCTION.COM PTE LTD

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

30/03/2019

4. Date of Expiry of the Insurance

29/03/2020

on the services

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\$ 2,500.00 (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.

H.P. Owner: HONG LEONG FINANCE LIMITED

CHEF EXECUTIVE (Singapore Branch)

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User ID: XLCHEN Date Issued: 08/03/2019