MHH120053443 / Hua Hong Pte Ltd - Sungei Kadut ENTRY DATE & TIME: 22/06/2020 17:33 SUBMITTED BY: Jerleen Tang Chu Ying

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 <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.
- 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

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	ACCIDENT STATEMENT
Date Of Report	22/06/2020 17:33
Date Of Accident	22/06/2020 12:30
Exact Location Of Accident	ALONG AYE NEAR EXIT 4
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE9884G
Insured/Policyholder	
Name Of Registered Owner	SEABIZ TRADING PTE LTD
Co Reg No	201231355D
Email Address	INFO@KAPASKITCHEN.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62666786
Vehicle Particulars	
Manufacturer	FIAT
Model	DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE
Exact Purpose for which vehicle was being used at time of accident	
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 Z20VC05005322

Cover Note Number

Driver

Name of Driver AALI ANWARDEEN ABDUL HAMEED

NRIC No S7067251J Date Of Birth 23/10/1970 Occupation **INDOOR Date Of Driving Pass** 30/05/2015

Driving Experience 5 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90854517

Fax Number

Contact Number

EMail Address AALIHAMEED70@GMAIL.COM Address APT BLK 467 SEGAR ROAD #11-184

Postcode 670467

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

2

NO

NO

1

NO

NO

YES

NO

NO

Weather Conditions RAINING
Road Surface WET

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?

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Vehicle Registration Number

SCM886G

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Make/Model/Colour TOYOTA / ESTIMA/ WHITE

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LEONG WOON LOONG

NRIC/Passport Number S1844087C

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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:
 - (i) 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:

SINGAPORE

Driver's Signature

(If driver is not the policyholder)

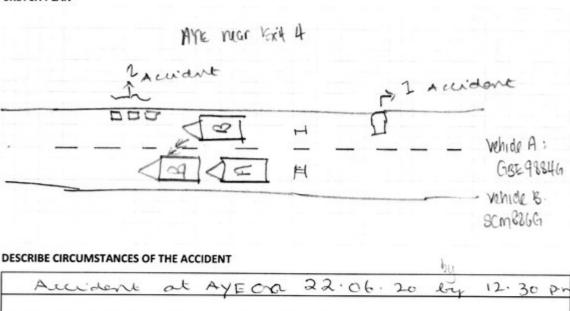
Date & Time:

22.06.20.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Accidente at AYEOR 22.06.20 by 12.30	9 0
I was driving owns AyE rear Exi	£
4 and 41/2. It was raining and	
roads were Very Seippery There were	٤
2 more Accidents, So the Car Infrant	
Changed have from I to II - since and	
Stopped Suddenly Infrant of my Vechicl	e.
Since the road was scippery and may be	
Some Oil Spillage in the sound I was tried	
by best to Stop my Veelide ent Couldn	it
I hit the Veelicle number Son 886 Co in to	~~
Three were NO Figury To erch the Paul	i.a
proceed.	-0

DECLARATION

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

Driver's Signature

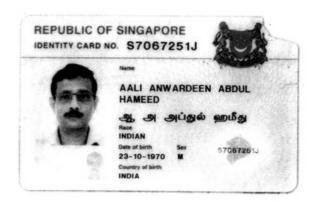
(If driver is not the policyholder) Date & Time: 22 06 20

Reporting Centre Personnel's Signature

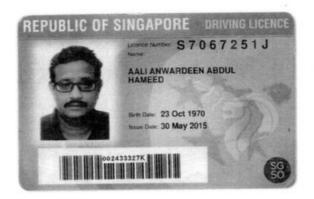
Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Class 3 Antorcycles =< 200 cc Antorcycles =< 3000kg with =<7 passengers, exclusive 30 May 2015 30 May 2015

NP 428A

Licence No:57067251J

Accident Photo









Accident Photo



