NATIONAL Assessment Centre	e Services	[wel Jan'03] .	MMA 120072	168	
Date In. 24 18 (20 13:39	Jeb description		Date & Time Com		Done by
Ref No WAI LPG 2000 8867164	SAS c-filling			-	
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TP bisurers			to Owner/Wksp		
Profurnd Wksp / INC Assign Wksp / QW: (nellouse-manuel e desid	-	Tol:	Fax;	
	A 73335.	. INC()/Non-INC(1)	
Owner / Driver: (7 13333.		Tel:)
Policy No: () Pci	riod: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [1	Note-Est. Status (V	VO): N: 0-2	0%; P: 21-79%.	P; 80-100%]	1
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (%) Loading: \$1,0	00()/\$2,000	()		A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN C	* *
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Drive-In ()/ Towad-In (); Invoice	YES()/N	The second second second	Towing Co: (· .	<i>V</i>	.)
			Libiteteranico)		(Darte by
1) Apply for Transport Allowance ()/C	OF THE RESIDENCE THE PROPERTY OF THE PARTY.)	مارت والماسانية بالماسانية الماك		
2) QC Check / Post Repair Inspection	.(.)	,			
1) Upload Resurvey Photo [Repair Cost > \$3	000] () : [
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Date Const CACOUNT SERVICES STATE SERVICES		aga istleptikasi:	SATUSTAMATAN SANATAN SAN	ETHORSESEN	CHENTY
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		1) AR 1 Applies	tReporting (530);	TO SHE THE SECTION	FF3/SUSA
lamentis thericidars (2017)		2) DA : Dameyo		INC (556)	
Driver/Owner:		4) FT : Follow-T	Through Survey	\$120 0 \$30	
Contact Mo:	€ .	For claiming	Through Survey (Resurve) against INC Only (wof 10	Jan 2095)	
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C Checked by (Bugr-In-Charge):	*	OD.	y Car / Tpt Allowance	\$3	
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at, 1:	A MANAGER CONTRACTOR	TP (N11) : T 9) N12: Idao M	P (Non INC) against INC	30	P
		hvolor dated	- Free	Charged N	MANA A
2.2.2.1.31		Invalce dated	Fac	Charged P	MAD WED WIR

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.
- 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 aforesaid.

aforesaid.	
AND A CONTRACT OF THE PROPERTY OF THE PARTY	ACCIDENT STATEMENT
Date Of Report	24/08/2020 13:39
Date Of Accident	24/08/2020 10:30
Exact Location Of Accident	UPP THOMSON RD TRAFFIC JUNCTION
Country/State of Loss	SINGAPORE
A Section of the Section Albert on Albert	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YM7273T
Insured/Policyholder	
Name Of Registered Owner	TONGDA CONSTRUCTION & ENGINEERING PTE LTD
Co Reg No	96
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67480378
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	1 000000000000000000000000000000000000
Exact Purpose for which vehicle was being use time of accident	ed at WORKING
Are you claiming under your own insurance po for repair to your vehicle?	NO 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	THIRD PARTY
Fleet Policy	NO
Policy Number	Z20VC05004423
Cover Note Number	
Driver	
Name of Driver	GU YUANHUA
NRIC No	SXXXX106A
Date Of Birth	03/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	24/09/2004
Driving Experience	15 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91523687
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 51C LENGKONG EMPAT #04-05 Postcode 417660 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) 2 involved in the accident 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) NO soliciting/offering accident claims assistance. 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 REFER TO STATEMENT. Attachment(s) Are accident photos available for attachment? YES YES Was there any video captured by Car Camera? Remarks/ Reasons: WITH DRIVER Was there any audio recorded? NO **DETAILS OF OTHER VEHICLE PROPERTY 1**

The state of the s	
Vehicle Registration Number	SFA7333S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALAN TAY
NRIC/Passport Number	
Contact Number	96201371
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 insurers) 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:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN		
		A = YM 12731
		B = 50A 7333
A.		
	Uyp Moungan Rel	
	777 11133 43 11 15 1	

SCRIBE	SE CIRCUMSTANCES OF THE ACCIDENT
I	was travelling along Upp thomson Rd while approaching
Q	truffec Two: Junction, the light from Green change
to	ember light, suddenly veh il Stopped before the
Jun	ction. I manage to Stap but connect Stap In time
As	the result, my Veh collider anto Veh & rear partion

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.:

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). ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA). THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z20VC05004423

Type of Cover: THIRD PARTY

1. Index Mark and Vehicle Registration Number

MITSUBISHI FE83BE6SRDEA

- YM7273T

2. Name of Policy Holder

TONGDA CONSTRUCTION & ENGINEERING PTE LTD

 Effective Date of the Commencement of Insurance for the purpose of the Act 21/02/2020

4. Date of Expiry of the Insurance

20/02/2021

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 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,

* 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: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

CHIEF EXECUTIVE (Singapore Branch)

User ID: ONGYEELENG Date Issued: 09/01/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 18	/_7020_)(DD/M	IM/YYYY), TIME:	(10:30)(HH:MM)
LOCATION: 40059	THON SOM		TRAFFIC LIGHT
1. DETAILS OF VEHICLE			
a) VEHICLE NUMBER:	V 04727	2 7	
b)INSURANCE COMPA			ANZE PUD
c)POLICY NUMBER:			ANGE BUILD
	PREHENSIVE / IH	IRD PARTY / THI	RD PARTY FIRE &THEFT)
e)MAKE & MODEL:			-
f)TYPE:(SALOON / COL	JPE / MPV /V AN	/LORRY/MOT	ORCYCLE / OTHERS)
g) VEHICLE CATEGORY	: (PRIVATE / CON	AMERCIAL / MC	TORCYCLE)
h)PURPOSE OF USING	AT ACCIDENT TIN	ME: WORK	ING TIME
I) ARE YOU CLAIMING I	JNDER YOUR OV	VN INSURANCE	(YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLA	AIM / REPORTING	G ONLY)
INSURED / POLICY HOL			
A)NAME: -TONGDA			(MALE / FEMALE)
b)NRIC/FIN/PASSPORT;		CON	TACT: 6748 0370
c)ADDRESS:			
* CONTINUE TO 3.d IF D	RIVER ALSO POL	LICY HOLDER	9
His of passang DRIVER			
(Including driver) a)NAME: 90 YOU	ANHUA		_(MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	5277010	6 + CONT	TACT: 91523687
c)ADDRESS: RIK	SIC LENG	GKON G	ENDPAT
1 04	- CT _ S - S	417660	
*d)DATE OF BIRTH: (U-10 19 61	_)(DD/MM/YYY	Y) -
e)OCCUPATION: (INDO	OR / OUTDOOR)	2 N P
f) YEARS OF DRIVING EX		25	+0
 WAS DRIVER AN EMPL 	OYEE OF THE I	NSURED'S CO	MPANY? (YES / NO)
IF NO, RELATIONSHIP	OF THE DRIVE	R WITH INSUR	ED:
a) WEATHER CONDITION	1: (CLEAR / RAIN	ING / OTHERS	CLEAR I
b)ROAD SURFACE: (DRY	//WET/OTHERS		DRY
WAS ANYBODY INJURED	(YES / NO)		,,,
a)REPORTED TO POLICE	(YES / NO)		
IF YES, PLEASE STATE W	HICH POLICE ST	ATION:	E
8. THIRD PARTY VEHICLE		800000000	
No of passonger of VEHICLE NUMBER:_	SFA /335	MODE	L. BNW
Inducting driver) D) DRIVER'S NAME:	ALAN	LAY	
c) NRIC/FIN/PASSPORT	:	CONT	ACT: 9620 137
9. THIRD PARTY VEHICLE			
No of procenger d) VEHICLE NUMBER:		MODE	L:
e) DRIVER'S NAME:			
Induding driver) F) NRIC/FIN/PASSPORT	•	CONT	ACT: -
()			
			"an g
			100

email = torigoasuccessa yahoo com

Pax =

VIDEO = Yes