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| OD : TP ! Reporting Only | I-Photo Uplo: | aded . | 1 | | <u>.</u> | | | |
| 200.4 | AssessmenuSu | rvey Report | | | | | | |
| TP Insurer: | Ass't Report b | y Pax/Handte | Owner/Wisz | | | | | |
| Proturred Wkep / INC Assign Wkep / QW: (| | • | Yolt | Fux: | | | | |
| TP Minifestings Veh Nos | 16 238. | , INC(| .)/Non-INC(). | | | | | |
| Owner/Driver: (. | 1 | - | Tel: | | | | | |
| Policy No: () Per | rlod: (|) | Cover Type: (| ·). | | | | |
| Confirmed by 1 (| | Dates, | Timer |) | | | | |
| | | VO): N: 0-20 | %; P: 21-79%. P: 80 | 0-100%] | | | | |
| Year of Registration: () V | Warranty: YES (|)/NO(| > | | | | | |
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| () Total Loss Case : to e-mall Insure | | , | | | | | | |
| Drive-In ()/ Towed-In (); Invoice | YES()/Y | T() OT | owing Co: (| - Address | / | | | |
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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 aforesaid.

| A CHECK THE RESERVE AND A SECOND OF | ACCIDENT STATEMENT | | | | | |
|--|---------------------------------------|--|--|--|--|--|
| Date Of Report | 26/08/2020 11:28 | | | | | |
| Date Of Accident | 25/08/2020 12:45 | | | | | |
| Exact Location Of Accident | JUNCTION OF SENJA LINK AND SENJA ROAD | | | | | |
| Country/State of Loss | SINGAPORE | | | | | |
| The state of the s | ETAILS OF OWN VEHICLE | | | | | |
| Vehicle Registration Number | SJQ6863D | | | | | |
| Insured/Policyholder | | | | | | |
| Name Of Registered Owner | SUHAYL BIN MUHAMMAD SALPAI | | | | | |
| NRIC No | SXXXX881F | | | | | |
| Email Address | SHOKYSKY14@GMAIL.COM | | | | | |
| Mobile Phone No | (LOCAL) +65-91515510 | | | | | |
| Alternative Phone No | OTHERS-91164846 | | | | | |
| Vehicle Particulars | | | | | | |
| Manufacturer | MITSUBISHI | | | | | |
| Model | LANCER-1.5 (A) | | | | | |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE | | | | | |
| 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 | PRIVATE CAR | | | | | |
| Insurance Company | | | | | | |
| Name of Insurance Company | LONPAC INSURANCE BHD | | | | | |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT | | | | | |
| Fleet Policy | NO | | | | | |
| Policy Number | Z20VP05026806 | | | | | |
| Cover Note Number | | | | | | |
| Driver | | | | | | |
| Name of Driver | SHOKY BIN MUHAMMAD SALPAI | | | | | |
| NRIC No | SXXXX626B | | | | | |
| Date Of Birth | 18/11/1998 | | | | | |
| Occupation | INDOOR | | | | | |
| Date Of Driving Pass | 21/02/2019 | | | | | |
| Driving Experience | 1 YEAR AND 6 MONTHS | | | | | |
| Gender | MALE | | | | | |
| Mobile Number | (LOCAL) +65-91515510 | | | | | |
| Fax Number | | | | | | |
| Contact Number | OTHERS-91164846 | | | | | |
| EMail Address | SHOKYSKY14@GMAIL.COM | | | | | |

BLK 479 SENJA ROAD Address #03-382 Postcode 670479 Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured SIBLING 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 NO Was any body injured in the Accident? Was any injured conveyed to hospital by NO ambulance? YES Was any other material or property damaged? 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 PLEASE REFER TO SKETCH PLAN Attachment(s) Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

| DETAILS OF | OTHER VEHICL | E PROPERTY 1 |
|-------------------|--------------|--------------|
|-------------------|--------------|--------------|

SGG239J Vehicle Registration Number WOLKSWAGEN TOURAN Vehicle Make/Model/Colour Details Of Properties PRIVATE CAR Vehicle Category LIU BINGLIANG Name of Driver NRIC/Passport Number SXXXX165J Contact Number Address

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

Nature Of Damage

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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.
- 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.
- 7. 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:
 - (i) 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
- 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:

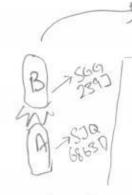
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel Name:

NRIC/FIN No .:

SANJA ROMO



SKNJB LIME

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| I | REAR- | ENDED | GT | THE | Jun | CTION | OF | PENJA | LINK | |
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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:

26/08/2020

10:30 AM

Reporting Centre Personnel Signature

Name: NRIC/FIN No.:

ACCIDENT STATEMENT

| ACCIDENT DATE: (25/08/2010) (DD/MM/Y) | MY), TIME: (12:44)(HH:MM). |
|--|-----------------------------|
| LOCATION: SENJA LINK | |
| 1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SJQ 6863 D b) INSURANCE COMPANY: LONPAC c) POLICY NUMBER: Z20V 2050 26806 | |
| d)POLICY TYPE: (COMPREHENSIVE / THIRD P. 6) MAKE & MODEL: MITSUBISHI CAN f) TYPE: (SALOON / COUPE / MPV / VAN / LOR G) VEHICLE CATEGORY: (PRIVATE / COMMERCATE) | REY / MOTOBOYCLE / OTHERS |
| h)PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUR OWN INS IF NO, PLEASE STATE (THIRD PARTY CLAIM / I 2. INSURED / POLICY HOLDER | SIRANCE IXES INO. |
| DINRIC/FIN/PASSPORT: S913581F CIADDRESS: 479 SEGAR ROAD #03- | CONTACT: SHE HERE 9151 SSIC |
| *CONTINUE TO 3.d IF DRIVER ALSO POLICY H DRIVER (Including driver) (Including driver) (I) (I) (I) (I) (I) (I) (I) (| (MALE / FEMALE) |
| d) DATE OF BIRTH: [18 / 11 / 1998) (DD) e) OCCUPATION: (INDOOR / OUTDOOR) f) DATE OF DRIVING PASS 2 FEB 9 4. WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT 5. d) WEATHER CONDITION: (CLEAR / RAINING / CLEAR / RAIN | ED'S COMPANY? (YES / NO) |
| 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: | ···· |
| B. THIRD PARTY VEHICLE We of passenger a) VEHICLE NUMBER: SGG 239 J Worlding driver) b) DRIVER'S NAME: LIU BINGLIANG () NRIC/FIN/PASSPORT: SEG 15165 J | _MODEL: TOURAN |
| 9. THIRD PARTY VEHICLE No of passunger of VEHICLE NUMBER: Of DRIVER'S NAME: Including driver of NRIC/FIN/PASSPORT: | _MODEL: |
| | _CONTACT:: |

email = SHOKYSKY 14 @ GNAIL COM



LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 198555. 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.: Z20VP05026806

Type of Cover: THIRD PARTY FIRE & THEFT

Index Mark and Vehicle Registration Number

MITSUBISHI LANCER 1.5

- SJQ6863D

2. Name of Policy Holder

SUHAYL BIN MUHAMAD SALPAI

 Effective Date of the Commencement of Insurance for the purpose of the Act 22/05/2020

4. Date of Expiry of the Insurance

21/05/2021

- Persons or Classes of Persons entitled to drive
 (A) THE POLICYHOLDER (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/HER 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 ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD, RACING, PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING OR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS OR USED FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.
- 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.

CHIEF EXECUTIVE (Singapore Branch)

User ID: CATHERINEKWEH Date Issued: 18/05/2020

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9838626B



SHOKY BIN MUHAMAD SALPAI



MALAY Date of birth

M

18-11-1998 Country/Place of hirth SINGAPORE

1000000

5208268



Date of Hause 19-08-2013

APT BLK 479 SEGAR ROAD #03-382 SINGAPORE 670479

REPUBLIC OF SINGAPORE DIRECTOR Lacence Sumbar S 9 8 3 8 6 2 6 B SHOKY SIN MUHAMAD SALPAI Bent Date: 18 Nov 1998 asue Date 21 Feb 2019 002904393D

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

EFFECTIVE DATE

Class 3A Motor cars without clutch padals (Auto) with unladen (Autor) with a 47 passengers, exclusive of driver; and other motor vehicles without clutch padals with unladen weight =< 2500kg

NP 428A

