#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number 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.
- 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 aforesaid.

| aforesaid.   |                        |
|--|------------------------|
|  | ACCIDENT STATEMENT     |
| Date Of Report   | 24/08/2020 13:09       |
| Date Of Accident   | 22/08/2020 12:00       |
| Exact Location Of Accident   | TANGLIN ROAD           |
| Country/State of Loss  | SINGAPORE              |
| D  | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number  | XD6571Z                |
| Insured/Policyholder   |                        |
| Name Of Registered Owner   | NCK MANUFACTURING      |
| Co Reg No  | 53062182K              |
| Email Address  | NCKMFG@GMAIL.COM       |
| Mobile Phone No  |                        |
| Alternative Phone No   | OFFICE-63671866        |
| Vehicle Particulars  |                        |
| Manufacturer   | ISUZU                  |
| Model  | CYZ52R-15.7 D (M)      |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL 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   | COMMERCIAL VEHICLE     |
| Insurance Company  |                        |
| Name of Insurance Company  | LONPAC INSURANCE BHD   |
| Type Of Coverage   | COMPREHENSIVE          |
| Fleet Policy   | NO                     |
| Policy Number  | Z20VC05005895          |
| Cover Note Number  |                        |
| Driver   |                        |
| Name of Driver   | GAO FENG               |
| Passport No/FIN  | G8392689P              |
| Date Of Birth  | 06/02/1979             |
| Occupation   | OUTDOOR                |
| Date Of Driving Pass   | 09/06/2009             |
| Driving Experience   | 11 YEARS AND 2 MONTHS  |
| Gender   | MALE                   |
| Mobile Number  | (LOCAL) +65-84843456   |
| Fax Number   |                        |
| - · · · · ·  |                        |

GF790206@GMAIL.COM

Address 124 SIMEI STREET 1 #11-350

Postcode 520124

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 - MAJOR/MINOR RD** 

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

ambulance?

YES

Was any other material or property damaged? 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**

I WAS DRIVING ALONG TANGLIN ROAD. WHEN I CHANGE LANE TO LEFT LANE, I ACCIDENTALLY COLLIDED INTO VEHICLE B (SLV 2207 A) REAR RIGHT.

#### Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number **SLV2207A** 

Vehicle Make/Model/Colour

**Details Of Properties** CAR B

PRIVATE CAR Vehicle Category

Name of Driver YEO KIAN PENG IVAN (YANG JIAN PING IVAN)

S8415904B NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### **SKETCH PLAN**

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- 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
- (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

24/08/20 1:30 pm

(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:

100 July 100

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

## Sketch Plan #2 Pg. 1

**SKETCH PLAN** TOMLINSON RD ST. MARTIN'S A-XD 6571Z DR B: SLV2207A TANGLIM RD Tanglin Road. When lane (SLV2207 A) vehicle DECLARATION / C !!! I/We declare the foregoing particulars are true in every respect. Driver's Signature Reporting Centre Personnel's Signature Policyholder's Signature

(If driver is not the policyholder)

Date & Time:

Date & Time:

Name:

NRIC/FIN No.:

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#### CERTIFICATE OF INSURANCE Pg. 1



## LONPAC INSURANCE BHD (S98FC5635C)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555. Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg GST Reg No.: F0-0005635-C

M7300

## 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.: Z20VC05005895

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

ISUZU CYZ52R - XD6571Z

2. Name of Policy Holder

NCK MANUFACTURING

3. Effective Date of the Commencement of Insurance

21/08/2020

for the purpose of the Act

20/08/2021

4. Date of Expiry of the Insurance

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.

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\$ 2,000.00 (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.

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: UNITED OVERSEAS BANK LIMITED

CHIEF EXECUTIVE (Singapore Branch)

User ID: NORJALAYLLAH Date Issued: 11/08/2020

Certificate of Insurance - Page 1 of 1

#### Driving License Pg. 1





















