

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 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.**
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.

ACCIDENT STATEMENT

Date Of Report	03/11/2020 18:07
Date Of Accident	02/11/2020 12:30
Exact Location Of Accident	TAMPINES AVE 12 EXIT (TOWARD CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5699K
Insured/Policyholder	
Name Of Registered Owner	LION CITY DISTRBUTIONS PTE LTD
Co Reg No	200400525E
Email Address	ANDYHENGGO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87001060
Alternative Phone No	OFFICE-87001060

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200-1.5 (M)

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? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	Z20VC05005620
Cover Note Number	Z20VC05005620

Driver

Name of Driver	HENG GUO WEI,ANDY
NRIC No	S9143612D
Date Of Birth	12/11/1991
Occupation	OUTDOOR
Date Of Driving Pass	05/02/2016
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87001060
Fax Number	
Contact Number	
EEmail Address	ANDYHENGGO@GMAIL.COM

Address	BLK 366 YISHUN RING ROAD #08-1510
Postcode	760366
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) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
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

REFER TO ATTACH

Attachment(s)

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

Sketch Plan

SKETCH PLAN

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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.
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 insurers 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.



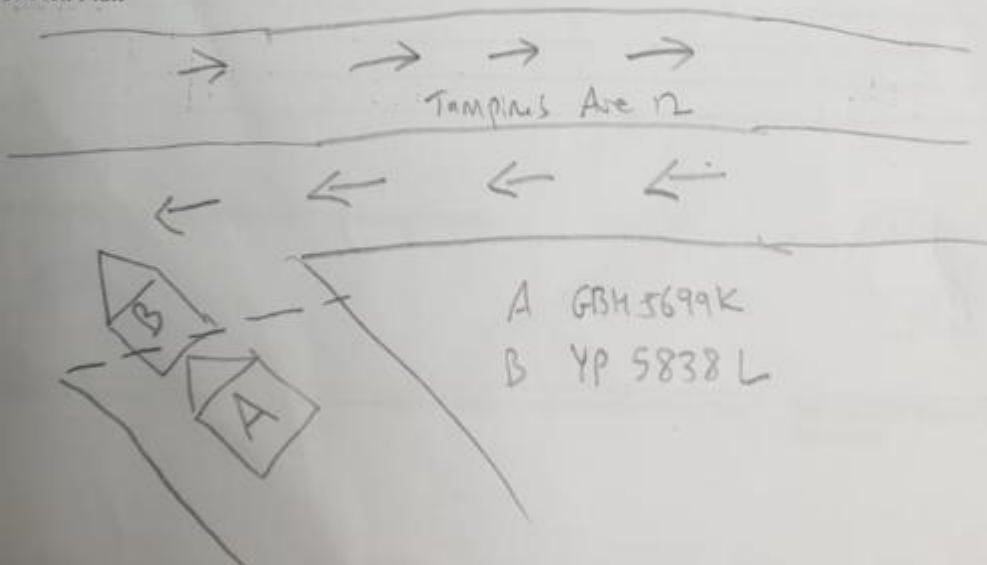
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



Common Statement

SINGAPORE ACCIDENT STATEMENT

Accident Date: 02 Nov 20	Time: 12.28	(hh:mm) 24 hr format
Location: Tampines Ave 12 Exit (Towards Changi)		
Vehicle Number: GAN 5699 K		
Insured Name: Lion City Distribution Pte Ltd		
NRIC / FIN: S 91436129	Contact Number: 87001060	
Make: Nissan	Model: MU 200	
Are you claiming under your own insurance policy for repair to your vehicle?		
(✓) Yes If No, Pls select: () Third Party () Reporting		
Insurance Company: Copac Insurance		
Type of Policy: (✓) Comprehensive	() Third Party Fire & Theft	() TP Only
Policy Number: 220VCA5005620		
Name of Driver: Andy Henry Goo Wei	() Same as Insured	
NRIC / FIN: S 91436129		
Contact Number: 87001060		
Date of Birth: 12/11/1991		
Driving Pass Date: 05/02/2016		
Occupation: () Indoor (✓) Outdoor		
Gender: (✓) Male () Female		
Email Address: andyhenry0@gmail.com () NO EMAIL		
Address of Driver: 366 Nishan Ring Rd #08-1510		
Was driver an employee of the Insured's Company? (✓) Yes () No		
If No, Relationship of the Driver with the Insured		
() Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (✓) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions: (✓) Clear () Raining () Others		
Road Surface: (✓) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (✓) No		
Was anybody injured in the accident? () Yes (✓) No		
If yes, injured detail		
Was there any video captured by Car Camera? () Yes (✓) No		
Was the Accident reported to the Police? () Yes (✓) No If yes attach police report		
DETAILS OF 3 rd party Name / Nric Contact		
Veh B: Law Chuan Jee	S 2625842A	91993315
Veh C		
Veh D		
Veh E		
Veh F		



Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
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LONPAC INSURANCE BHD (988FC5633C)

Incorporated in Malaysia

Singapore Office: 302, Beach Road #17-04/07, The Capricorn, Singapore 189555

Tel: (65) 6256 7888 Fax: (65) 6256 2147 Website: www.lonpac.com.sg

GST Reg No.: P0-0055635-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 1966 (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. : Z20VC05005620	Type of Cover : COMPREHENSIVE
1. Index Mark and Vehicle Registration Number / Chassis	NISSAN NV200 VAN GBH5699K / VSKYBAM2020157505
2. Name of Policy Holder	LION CITY DISTRIBUTIONS PTE LTD
3. Effective Date of the Commencement of Insurance for the purpose of the Act	18/07/2020
4. Date of Expiry of the Insurance	17/07/2021
5. 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 USER 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.	
Excess	S\$500.00 (5) & OTHERS PER POLICY
Condition	Accident repairs at Lonpac's Authorised Workshop or distributor-owned 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

Annie.



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9143612D**





Name
HENG GUO WEI, ANDY
王 国 伟

Race
CHINESE

Date of birth
12-11-1991

Sex
M

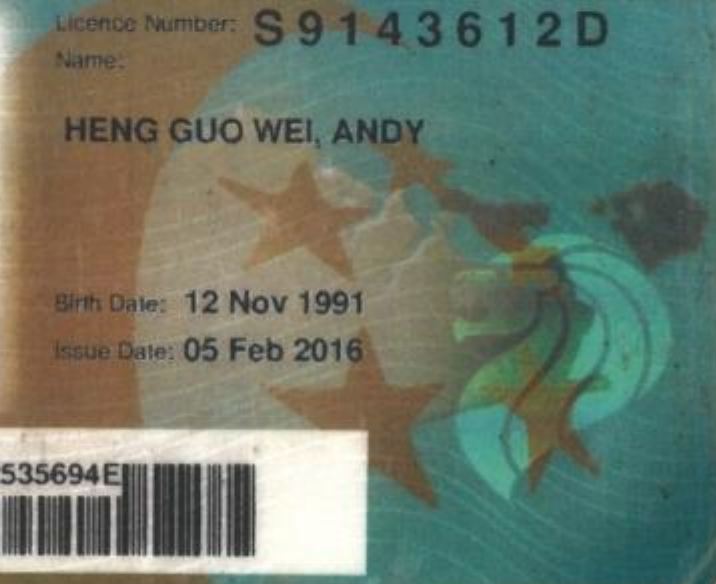

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S9143612D**
Name:
HENG GUO WEI, ANDY

Birth Date: **12 Nov 1991**
Issue Date: **05 Feb 2016**



002535694E



3965336



NRIC No. S9143612D

Date of issue
25-11-2006

Address

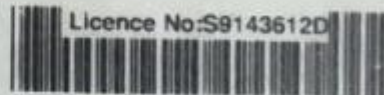
APT BLK 366 YISHUN RING ROAD
#08-1510
SINGAPORE 760366

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

EFFECTIVE DATE

Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	05 Feb 2016
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NP 428A



Licence No: S9143612D

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

