NATIONAL Assessment Centre	· · · · · · · · · · · · · · · · · · ·	13/0/1	N'L
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Professed Wksp / INC Assign Wksp / QW: (The state of the s	Tol: / Fax	K:
IT Particulars: Veh No: 51	LF 7267 C INC	C(,)/Non-INC(').	
Owner / Driver: (-		Tel:)
Policy No: (,) Perio	od: (). Cover Type: ()
Confirmed by : (Date:	. Tline:)
Insured/Driver Liability: (%) [No	ote-Est Status (WO): N:	0-20%; P: 21-79%. P: 80-100	0%]
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number EMail Address

- Please report <u>correctly</u> 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</u> and <u>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.

Date Of Accident 13/11/2020 09:20 Exact Location Of Accident HOUGANG AVE 3 SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number GX6837D Insured/Policyholder Name Of Registered Owner SIONGSIN ENTERPRISE PTE LTD OR Reg No - Email Address NOEMAIL Mobile Phone No Alternative Phone No OFFICE-62831373 Vehicle Particulars Manufacturer TOYOTA LITEACE LITEACE Lixact Purpose for which vehicle was being used at ime of accident Ver you claiming under your own insurance policy or repair to your vehicle? INO, Please state action to be taken REPORTING ONLY Cehicle Category COMMERCIAL VEHICLE Manufacture Company Jame of Insurance Company Jame of Driver No OVER CHUAN HUAT JOYOTO TO THEFT OVER TO THE AND/OR THE AND/OR THEFT	THE RESIDENCE OF THE PARTY OF T	ACCIDENT STATEMENT
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DETAILS OF OWN VEHICLE Vehicle Registration Number GX6837D Insured/Policyholder Name Of Registered Owner Coe Reg No - Email Address NOEMAIL Mobile Phone No Alternative Phone No Vehicle Particulars Manufacturer TOYOTA LITEACE Exact Purpose for which vehicle was being used at time of accident	Date Of Accident	13/11/2020 09:20
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Priving Experience 26 YEARS AND 5 MONTHS Sender MALE	Occupation	OUTDOOR
Sender MALE	Date Of Driving Pass	16/05/1994
	Driving Experience	26 YEARS AND 5 MONTHS
lobile Number (LOCAL) +65-96921809	Gender	MALE
	Mobile Number	(LOCAL) +65-96921809

NOEMAIL

Address

BLK 128 BEDOK RESERVOIR RD #10-1307

Postcode

470128

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?

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)

2

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

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

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLF7267C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

WONG WENG KHUEN

NRIC/Passport Number

SXXXX418F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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:
 - 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

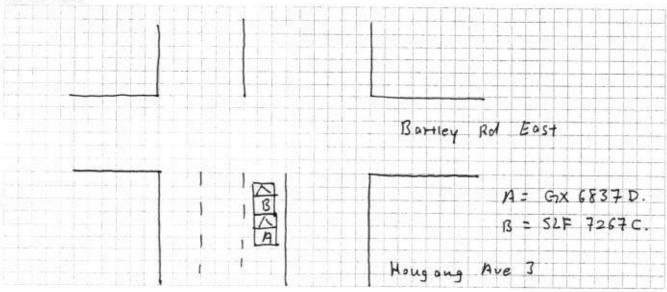
(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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consing	my veh	rolled	forward	and to	uch ont	vel
13 rear	portion.					
	iii				(t)	

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.:

LONPAC INSURANCE BHD (S98FC5635C)

MZ300

(Incorporated in Malaysia)
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

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.

: Z/20/vc00/106117

Type of Cover

: THIRD PARTY FIRE

AND THEFT

Index Mark and Vehicle Registration Number

TOYOTA LITEACE 5DR

- GX 6837D

Name of Policy Holder

SIONGSIN ENTERPRISE PTE LTD

 Effective date of the Commencement of Insurance for the purpose of the Act

13/03/2020

4. Date of Expiry of the Insurance

12/03/2021

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/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 TRIAL OR SPEED TESTING. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess

: NOT APPLICABLE

* 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

: ABWIN PTE LTD

CHIEF EXECUTIVE (Singapore Branch)

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Too 8253 5120 Fax: 6845 3310

User ID.
Date Issued

ambika / pltan 16-01-2020 VCD0/New v-5,10,0 Z10,760

ACCIDENT STATEMENT

	LOCATION:		Ave 3	Y), TIME:(09 : 20)	
	. LOCATION	Housang	Hvc 3		
	1. DETAILS	OF VEHICLE		W N	
	a)VEHIC	LE NUMBER:	GX 6837 D		
	b)INSUR	ANCE COMPANY:	2 .		
	Carl Carl	Y NUMBER:		LEXALITY CONTRACTOR	
	d)POLIC	Y TYPE: (COMPREH	ENSIVE / THIRD PA	RTY / THÍRD PARTY FIRE	&THEFT!
	e)MAKE	& MODEL:			C. () ()
			MPV /VAN / LORR	Y / MOTORCYCLE / OT	HERSI
	g) VEHIC	LE CATEGORY: (PRI	VATE / COMMERC	AL / MOTORCYCLE)	, inches
			CCIDENT TIME:		
			R YOUR OWN INSU		
	IF NO, P	LEASE STATE (THIRE	PARTY CLAIM / R	EPORTING ONLY	
		/ POLICY HOLDER		Pte Ltd.	
	A)NAME:	Siongsin	Entererise	MALE / FEM	ALE
	b)NRIC/F	IN/PASSPORT:	1	CONTACT: G2 83	
	c)ADDRE	SS:			
N N	N. Seeres and annual section of the				14
м. Л	* CONTIN	UE TO 3.d IF DRIVE	R ALSO POLICY HO	DLDER	
Anc of pa	issenga DRIVER	h.t			
Clinduding	diame) a) NAME:		an Huat	(MALE / FEM.	
(2)	DJINKIC/FI	IN/PASSPÖRT:		CONTACT:9692	21809
,	c)ADDRES	22:			
M	*AIDATE C	OF DIDTU- /	/ //pp/		100 Miles 1911 74
. 17.			/)(DD/	MM/YYYY)	
		PATION: (INDOOR / OF DRIVING EXPRER			
				-	
	IE NO DE	VER AN EMPLOYE	THE DRIVER WITH	D'S COMPANY? (YES	/ NO)
			EAR / RAINING / (
	blROAD S	URFACE: (DRY / W	ET / OTHERS	JIHEKS	
		BODY INJURED (YE			
		ED TO POLICE (YES			
		를 하는데 없는데 하면 하면 되었다. 이 경우는 이 경우를 받아 되었다고 한 경우를 하는데 하셨다.	POLICE STATION:		
SAW S	8 THIPD PART	TV VEHICLE			
the oil be	enger a) VEHIC	CLE NUMBER:	SZF 7267 C.	MODEL:	
VAC 34 10222	driver) b) DRIVE	R'S NAME:	o wone We	ne Khuen	
Industine	-1 11000	FIN/PASSPORT:	S 144 3418F	CONTACT:	
Induding	C) NRIC/				
Induding	9. THIRD PART	TY VEHICLE			
Induding	9. THIRD PART	TY VEHICLE LE NUMBER:		MODEL:	
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· Induding () No of pas	9. THIRD PART Of the part of	TY VEHICLE :LE NUMBER:		_MODEL:	•

Cmail = admin @ Siongsin · sg. fax = No.