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Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 16/11/2020 16:38

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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.
- 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.	
The Name of Street, St	ACCIDENT STATEMENT
Date Of Report	16/11/2020 15:51
Date Of Accident	10/11/2020 15:00
Exact Location Of Accident	MANDAI ROAD
Country/State of Loss	SINGAPORE
The part of the pa	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB4776J
Insured/Policyholder	
Name Of Registered Owner	ACE FRUIT CULTURE
Co Reg No	5XXXX676A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87551494
Alternative Phone No	OFFICE-87551494
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN-2.5 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z20VC05006344
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD KIFLI BIN SENIN
NRIC No	SXXXX487E
Date Of Birth	23/03/1987
Occupation	OUTDOOR
Date Of Driving Pass	03/01/2019
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87551494
Fax Number	
Contact Number	
EMail Addense	MOUDVIE INTOCHAIL COM

MOHDKIFLI87@GMAIL..COM

Address

BLK 687D CHOA CHU KANG DRIVE

#04-370

Postcode

684687

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

WET

Other Information

Was any foreign vehicle involved in this accident?

NO 2

Number of vehicles (including own vehicle) 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) 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 SKETCH PLAN

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

SJQ3845B

Vehicle Make/Model/Colour

HONDA FIT

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HAMID

NRIC/Passport Number

SXXXX045H

Contact Number

98654215

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMR223A

Page 2 of 16

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

MERCEDES

PRIVATE CAR

MR GOH

97310300

Page 3 of 16

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 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.

Driver's Signature

12-11 pm 11/11/2

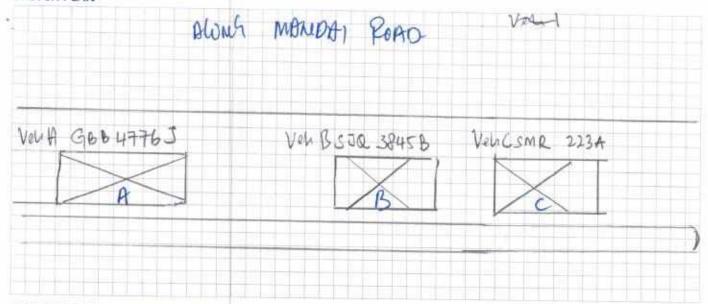
9 10

Reporting Centre Personnel's Signature

Name:

Policyholder's Signature Date & Time:

(If driver is not the policyholder)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10 November 2020 of one of 20 1 Pml
On 10 November 2020, at around 3pm, I formed on the right most lane on ManDAI RD to turn right at a traffic light junction. The
light just turned green and the front vehicle moved I oforted marks
off at a speed of 15-20 km/h who when the vehicle SJQ 3845B
In front of me jammed brake, this caused me to make an emergency brake and was not in time of ord hit the front vehicle, SIQ 3845B.
brake and was not in time, and hit the front vehicle, STQ 3845B.
My vehicle was fully load, and the elopping distance between my vehicle
and the front vehicle was less than a car leagth, causing My and
vehicle stopping distance to be greater, thus hitting the front vehicle.

12-11 pm

DECLARATION

I/We declare the foregoing particulars we croe in every respect.

מלוו|וו

John

Cols. STARP INS CART-

ACCIDENT STATEMENT

ACCIDENT DATE	1	/MM/YYYY), TIME:((HH:MM)
LOCATION:	Mandii Road		2.70
6)INSURA 6/POLICY	LE NUMBER: 48847	VPAC / NSURANCE	725.5
e)MAKE f)TYPE:(S/ g)VEHICL	MODEL: NISAN MODEL: NISAN MOON / COUPE / MPV /VI E CATEGORY: (PRIVATE / Q SE OF USING AT ACCIDENT	URVAN MY LORRY / MOTORO OMMERCIAL / MOTOR	CYCLE / OTHERS)
I) ARE YOU IF NO, P	U ČLAIMING UNDER YOUP (LEASE STATE (THIRD PARTY (OWN INSURANCE (YES	
A)NAME:	N/PASSPORT: 5310L	167617 CONTAC	MALE / FEMALE) T: RATE FEMALE) -428
the of passange DRIVER (Including driver) DINRIC/FI	MOHAMMAD KIPLI NYPASSPORT: SP7064	BIN CENIN. IN	AALE / FEMALE)
*d)DATE C	SE BLK 6870 CHOM S (684687) OF BIRTH: (23 / 03 / 198 ATION: (INDOOR / OUTDO FDRIVING PASC		ve #04-370
4. WAS DRIV IF NO, RE 5. a)WEATHE	VER AN EMPLOYER OF THE LATIONSHIP OF THE DRI R CONDITION: (CLEAR / RA URFACE: (DRY / WED) OTHE	E INSURED'S COMPA VER WITH INSURED MINING / OTHERS	
6. WAS ANYE 7. a)REPORTE IF YES, PL	ED TO POUCE (YES NO EASE STATE WHICH POUCE	i i	# 240 # 14, 14
to of passanger of VEHIC lududing driver) b) DRIVE	LE NUMBER: SIG 3845		HONDA FIT.
40 of passenger of DRIVE	Y VEHICLE LE NUMBER: SMR . 22 R'S NAME: MR G	3 A MODEL:_	MERCEDES
(1)	FIN/PASSPORT:	CONTAC	T::. 97310300
200		395	•

email = MOHOKIFLIST @ GMAIL COM.

· ROSLI @ LKKAUTO COM.

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. : Z20VC05006344

Type of Cover: THIRD PARTY FIRE & THEFT

Index Mark and Vehicle Registration Number

NISSAN URVAN 3.0 5DR 5MT

- GBB4776J

Name of Policy Holder

ACE FRUIT CULTURE

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

23/10/2020

4. Date of Expiry of the Insurance

22/10/2021

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.

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: MoneyMax Leasing Fte Ltd

nele

CHIEF EXECUTIVE (Singapore Branch)

User ID: LEEYI

Date Issued: 23/10/2020