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11717 20   12   20   11:00	I-Motor Claim Form		
OD. The Reporting Only	I-Motor W/O (Within; OD 2h	rs, TP 4brs)	
to Kelendy, Omy	I-Photo Uplonded	1	
TP Insurer:	Assessment/Survey Report		
. 11 insurer:	Ass't Report by Fax / Hand	lo Owner/Wkan	
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TP Particulars: Veh No: SM	R 836 G INC (	)/Non-INC( - )	^.
Owner/Driver: (	N 838 67.	Tel:	· )
Policy No: ( ) Perio	d: ( )	Cover Type: (	
Confirmed by : (	Dater	Time:	1
Insured/Driver Liability: ( %) [No	te-Est Status (WO); N: 0-20		0%1
	rranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1,000	( )/\$2.000( )	/	
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) Walk-In Customer : Customer's Informa	Won rights Contidental & Cu		DW 21
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) Apply for Transjort Allowance ( )/ Cour	lesy Car ( )	Management of the Asset of the	M A TAKONOPA
QC Check / Post Repair Inspection	( · )	· · · · · · · · · · · · · · · · · · ·	<del></del>
Upload Resurvey Photo [Repair Cost > \$3000			7
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cr/Owner:	1) AR; Accident Rs 2) DA; Darrage Ar; 3) TF; Towing Fee 4) FT; Fellow-Thron 5) FT; Vellow-Thron	igh Survey (\$30);  1gh Survey (\$100);  1gh Sur	
or/Owner:	1) AR; Accident Rs 2) DA; Darrage Ar; 3) TF; Towing Fee 4) FT; Fellow-Thron 5) FT; Fellow-Thron For glainulus again	100   100	
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or/Owner: act No: aged Portion: Checked by (Engr-In-Charge):	1) AR; Accident Re 2) DA; Darnege Ar; 3) TF; Towing Fee 4) FT; Fellow-Thron 5) FT; Fellow-Thron For glainulus again 6) TR; Re-laspeution 7) N1; Idao DA + SN 8) NTUC Additional OD* • N5; Courtesy Car • N6; Rapair Co-or • N6; Rapair Co-or • N7; Fast Repeir I • N8; DV / Collect	Parting (\$30);   Parting (\$30);   Parting (\$30);   Parting (\$30);   Parting (\$40/545)   Parting (\$40/545	KHELIIK MAGIDII

SN0920CL000A / National Assessment Centre Services [408933] ENTRY DATE & TIME: 21/12/2020 14:42 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (21/12/2020 14:42 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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.
- 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.

#### **ACCIDENT STATEMENT**

Date of Submission 21/12/2020 14:42 (SGT) 20/12/2020 11:00 (SGT) Date of Accident Exact Location of Accident 959 Jurong West Street 92, Singapore 640959 Additional Location Information CARPARK Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GZ6128G

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner WANG WANG SEAFOOD DISTRIBUTOR Company Reg No Email Address GUANKEATLPG@GMAIL.COM Mobile Phone No (Phone) +65-67670808 Alternative Phone No (Office) +65-67670808

#### VEHICLE PARTICULARS

Toyota Manufacturer ..... Model Dyna Variant ..... Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category ..... Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company Lonpac Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number Z20VC05004599 Cover Note Number

## DRIVER

DU SHAOQING Name of Driver GXXXX243R Work Permit No Data Of Disth 10/05/1086

Date Of Driving Pass	05/10/2020			
Driving experience	2 MONTHS			
Gender				
Mobile Number	Male (Dhana) +65 96700604		(Phone) +65-86799694	
Alt. Phone Number	(Pilotie) +03-80799094			
Email Address	GUANKEATLPG@GMAIL.COM			
Address	636 WOODLANDS RING RD RD #11-03			
Address complement	636 WOODLANDS KING ND ND #11-03			
	700000			
Postcode	730636			
Is the driver the policyholder?	No			
If No, Relationship of the Driver with the Insured	Employee			
Does Driver Own Other Vehicles?	No			
Vehicle Registration Number of Other Vehicle Owned by Driver				
Insurance Company of Other Vehicle Owned by Driver	(*)			
GENERAL INFORMATION OF THE ACCIDENT				
GENERAL INFORMATION OF THE ACCIDENT				
Type of Accident	Collision - Major/Minor Rd			
Weather Conditions	AFTER RAINED			
Road Surface	Dry			
	X75.04			
OTHER INFORMATION				
Was any foreign vehicle involved in the accident?	No			
Number of vehicles involved in the accident	2			
Was anybody injured in the Accident?	No			
Was any injured conveyed to hospital by ambulance?				
Was any other material or property damaged?	Yes			
Number of Passengers (Including Driver)	1			
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No			
DETAILS OF POLICE ACTION				
Was the accident reported to the police?	Ne			
Was the accident reported to the police? Was notice of intended Prosecution given?	No No			
	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 OTHE	R VEHICLE PROPERTY 1			
OTT BUTTER HEAVY	2110222			
Vehicle Registration Number	SMR836G			
Vehicle Manufacturer	(*)			
Vehicle Model	(*)			
Vehicle Variant	(= ()			
Vehicle Colour	•			
Vehicle Category	Private car			
Name of Driver	CHIN WEI SIANG			
NRIC No	SXXXX030B			
Contact Number	\$5.0			
Address				

Address .....

Address complement .....

Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

## 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 <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.
- 6. 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 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)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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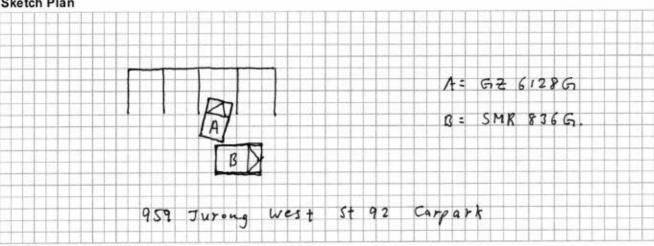
DUSHADQING

r) / Date Witnessed by Reporting Centre

Policyholder's Signature / Date & Time

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

Sketch Plan



## Describe Circumstances of the Accident

Before I Reversing out from the lot, I thank the	
draw drive voy traffic was clear, while stanting	
	_
Slowly Reversing out from the Lot, suddenly I felt	_
an impact from behind. After the incident, I realize	ed
my veh night rear collided with veh B.	
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## Declaration

I/We declare the foregoing particulars are true in every respect.

SEAFOOD SEAFOOD S3223843E 8

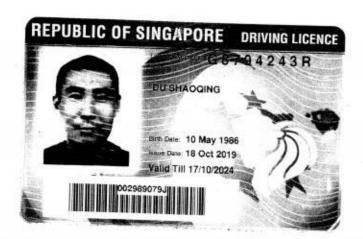
DUSHADQING

m

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Employer GUAN KEAT PTE, LTD,



Name DU SHAOQING

Work Permit No. 0 78176636

Sector. SERVICE





K2259105

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

EFFECTIVE DATE

Class 3 Ambulances / Motor cars ≤ 3000kg with s 7 05 Oct 2020 or vehicles ≤ 2500kg

G8794243R

S / No.9000355179

Licence No:G8794243R

Name DU SHAOQING

FIN G8794243R

Date of Sirth 10-05-1986

Nationality CHINESE

MULTIPLE JOURNEY VISA ISSUED

VISIT PASS

Immigration Regulations

29-07-2020







NP 428A



# LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555. Tel: (65) 6250 7388 Fax: (65) 6295 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.: Z20VC05004599

2. Name of Policy Holder

Type of Cover: THIRD PARTY FIRE & THEFT

1. Index Mark and Vehicle Registration Number

TOYOTA DYNA 150D - 0761280

10

WANG WANG SEAFOOD DISTRIBUTOR

 Effective Date of the Commencement of Insurance for the purpose of the Act 08/03/2020

4. Date of Expiry of the Insurance

07/03/2021

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 disgualified 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 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.

ance.

CHIEF EXECUTIVE (Singapore Branch)

User ID: XLCHEN Date Issued: 04/02/2020

# ACCIDENT STATEMENT

ACCIDENT DATE: 10/12/20 )(D	D/MM/YYYY), TIME:(_//_	(MM:HH)( <u>00</u>
LOCATION: \$ 959 Jure	ing west St 9	2 carpark
1. DETAILS OF VEHICLE	W	
	6128 6	7
b)INSURANCE COMPANY: "	+	
C)POLICY NUMBER:	i	
d)POLICY TYPE: (COMPREHENSIVE	/ THIRD PARTY / THIRD DAD	TV SIDE OTHERT
e)MAKE & MODEL: Toyota	Duna 7.0	II FIKE WITHERI
f)TYPE:(SALOON / COUPE / MPV /V	AN / LOPRY / MOTORCYC	NE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE / C	OMMERCIAL / MOTORCY	CLE) OTHERS)
h)PURPOSE OF USING AT ACCIDEN	TIME LANDIORCT	CLE)
I) ARE YOU CLAIMING UNDER YOUR	OWN INCIDANCE (VEC INC	21
IF NO, PLEASE STATE (THIRD PARTY	CLAIM / BEBORTING ONLY	2)
2. INSURED / POLICY HOLDER		1
A) NAME: Wang Wang se	ford Distributor	F / FENANT)
b)NRIC/FIN/PASSPORT:	CONTACT:	E / FEMALE)
c)ADDRESS:	CONTACT;_	6767-8-1
* CONTINUE TO 3.d IF DRIVER ALSO  DRIVER  * CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDER	20
(Including driver) alNAME: Du Shapoging		/ FEMALE)
(1) BJARIC/FIN/FASSPORT:		86799694
c)ADDRESS: 636 Woodlon	K Ring Rol # 1-1.	03 (S) 730636
*d)DATE OF BIRTH: (//		
e)OCCUPATION: (INDOOR / OUTDO	)(DD/MM/YYYY)	
f) YEARS OF DRIVING EXPRERIENCE:_	OR)	
4. WAS DRIVER AN EMPLOYEE OF TH	E INCURENCE COMPANIE	
<ol> <li>WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRI</li> </ol>	E INSURED'S COMPANY?	(YES / NO)
5. gIWEATHER CONDITION: (CLEAR / P.	VER WITH INSURED:	
<ol> <li>a) WEATHER CONDITION: (CLEAR / R. b) ROAD SURFACE: (DRY / WET / OTH</li> </ol>	SINING / OTHERS H+1	er rained
6. WAS ANYBODY INJURED (YES / NO)	EK3	
7. a) REPORTED TO POLICE (YES / NO)	20	W.
IF YES, PLEASE STATE WHICH POLICE	STATION:	w
8 TUIDD BADTY VELLOUE		
He of passenger a) VEHICLE NUMBER: SMR 83	MODEL:	
Induding driver) b) DRIVER'S NAME: Chin Wi	MODEL:	
( ) C) NRIC/FIN/PASSPORT: 5881	203013 CONTACT	
9. THIRD PARTY VEHICLE	GONTACT:	
72 PA TO TO THE THE TO THE TOT	MODEL:	245000
Les of h 1275 moles		* *
Including driver f) DRIVER'S NAME:  NRIC/FIN/PASSPORT:	CONTACT	*
( )	CONTACT:	
		, W
± 20	85	

email = guan Kea+ LPG @ gmail.com