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SINGAPORE ACCIDENT STATEMENT

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 and the policyholder a

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.

The issue and acceptance of this norm 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.
 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

29/01/2021 10:49 (SGT) Date of Submission 28/01/2021 13:50 (SGT) Date of Accident Jln Bahar, Singapore Exact Location of Accident Additional Location Information

Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

XD7793T Vehicle Registration Number

INSURED/POLICYHOLDER

ROYAL'S ENGINEERING & TRADING (S) PTE LTD Is company? Name Of Registered Owner ROYALSENGINEERING@YAHOO.COM.SG Company Reg No

Email Address (Phone) +65-63843766 Mobile Phone No +65-63843766 Alternative Phone No

VEHICLE PARTICULARS

Mitsubishi Manufacturer Fuso Model

Variant Exact purpose for which vehicle was being used at time of Employment

Are you claiming under your own insurance policy for repair to No - Reporting only

your vehicle? Commercial vehicle Vehicle Category

INSURANCE COMPANY

Lonpac Name of Insurance Company ThirdParty Type of Coverage No Fleet Policy Z20VC05006231

Policy Number Cover Note Number

DRIVER

Occupation

KADAPPAN NAGAPPAN Name of Driver GXXXX274M Work Permit No 12/02/1979 Date Of Birth Outdoor

17/10/2018 Date Of Driving Pass 2 YEARS AND 3 MONTHS Driving experience Male Gender (Phone) +65-84549357 Mobile Number ROYALSENGINEERING@YAHOO.COM.SG Alt. Phone Number Email Address 3 GUL DRIVE Address Address complement 629455 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured Employee No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident Raining Weather Conditions Wet Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION No Was the accident reported to the police? Was notice of intended Prosecution given? 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 No Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GBJ8807K Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Commercial vehicle Vehicle Category Name of Driver Contact Number Address Address complement Postcode Insurance Company Name

Nature Of Damage
Details of property damaged in accident
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.
- 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. 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)

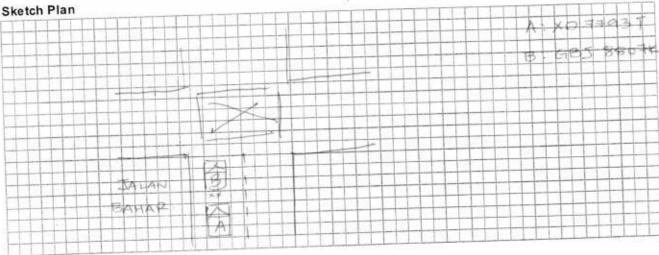
I understand, acknowledge, agree and consent that :

- (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' 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.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the haurers' 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.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident on stated date, time and location, my vehicle (XD 7793T) approaching the traffic light at cross-junction. The traffic GBJ 8807K) in front stopped turned amber and venicle 3 braked my vehicle but could not stopped totally in time or the rear portion of vehicle B. Only small damage born venicles.

Declaration

WWe 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

Witnessed by Reporting Centre Personnel



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.: Z20VC05006231

Type of Cover : THIRD PARTY

1. Index Mark and Vehicle Registration Number

MITSUBISHI FV51JJD4RDEA

- XD7793T

2. Name of Policy Holder

ROYAL'S ENGINEERING & TRADING (S) PTE LTD

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

07/10/2020

4. Date of Expiry of the Insurance

06/10/2021

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.

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.

CHIEF EXECUTIVE (Singapore Branch)

User ID: XLCHEN Date Issued: 01/10/2020

ACCIDENT STATEMENT

ACCID	ENT DATE: (38/ 1 / 2021)(DD/MM/YYYY), TIME:(_	13 : 50)(HH:MM)
LOCAT	ION: JALAN BAHAR		
6)	NOTE OF THE PROPERTY OF THE PARTY OF THE PAR		(3)
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER: XO 114	93 OT	
	b)INSURANCE COMPANY:		
(a)	b)INSURANCE COMPANT		
	c)POLICY NUMBER:	/E / THIRD PARTY / THÎR	D PARTY FIRE &THEFT)
	d)POLICY TYPE: (COMPREHENSI)	VE / INIKO PAKIT / ITIIK	DI / MCI I I I I I
	e)MAKE & MODEL: FUSO MI f)TYPE:(SALOON / COUPE / MPV g)VEHICLE CATEGORY: (PRIVATE h)PURPOSE OF USING AT ACCID	/ COMMERCIAL / MO	TORCYCLE)
	TARE YOU CLAIMING UNDER YO	UP OWN INSURANCE	(YES/NO)
	IF NO, PLEASE STATE (THIRD PAR	RTY CLAIM / REPORTING	G ONLY)
2.	INSURED / POLICY HOLDER		_(MALE / FEMALE)
	A)NAME:	CON	TACT: 6384 3766
	b) NRIC/FIN/PASSPORT:		IACI.
	c)ADDRESS:		
5 3 3	- UF DDIVED AL	SO POLICY HOLDER	10 To
	* CONTINUE TO 3.d IF DRIVER AL	301000111000	
Alic of persongs	DRIVER		(MALE / FEMALE)
(Including driver)	a)NAME: b)NRIC/FIN/PASSPORT:	CON	TACT: 8454 9354
CTJ	CIADDRESS: 3 GVL DEI		5
* .	*d)DATE OF BIRTH: ()(DD/MM/YY)	M) ; ,
<u> </u>	eloccupation: (INDOOR / OL	JTDOOR)	983
	f)YEARS OF DRIVING EXPRERIEN	CE:	MDANIVE (VES / NO)
4.	WAS DRIVER AN EMPLOYEE C	F THE INSURED'S CO	DMANIL TIES / 1101
	TE NO DELATIONSHIP OF THE	DRIVER WITH INSU	KEU
5.	a)WEATHER CONDITION: (CLEA	R / RAINING / OTHERS	
	b)ROAD SURFACE: (DRY / WELL	NOI	The state of the s
6.	WAS ANYBODY INJURED (YES /	NO1 .	
/,	IF YES, PLEASE STATE WHICH P	OLICE STATION:	
R	- 1.4.7 - E. (1.1.9 - 1.7.1) IN A SECTION OF THE PROPERTY OF		
4 No of narconaer	a) VEHICLE NUMBER: GB	J 8807K MOD	DEL:
Charles divis	b) DRIVER'S NAME:		
1	C) TRACTITATINGS OTTO		NTACT:
() 9.	THIRD PARTY VEHICLE		DEL.
V 11 1	d) VEHICLE NUMBER:	MOI	JEL:
* No of passenger	-1 DOIVED'S NAME		NTACT.
Unduding driver	f) NRIC/FIN/PASSPORT:		NIACI.
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email = royals engineering @yahto . com.sg fax = 63843812 VIDEO = No