





# 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 Submission	08/03/2021 16:54 (SGT)
Date of Accident	06/03/2021 16:35 (SGT)
Exact Location of Accident	Pandan Loop, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2781A
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HA LI FA PTE LTD
Company Reg No	1XXXX654G
Email Address	sales@halifa-bobo.com
Mobile Phone No	(Phone) +65-91763585
Alternative Phone No	(Office) +65-64326009

### VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Every
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company	Lonpac
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z/20/VC00/106917
Cover Note Number	-

### DRIVER

Name of Driver	CHANG BAK LANG
NRIC No	SXXXX236I

Date Of Driving Pass	15/09/1975
Driving experience	45 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91763585
Alt. Phone Number	-
Email Address	sales@halifa-bobo.com
Address	BLK 458 CHOA CHU KANG AVENUE 4 #08-195
Address complement	-
Postcode	680458
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

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

#### 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)	0
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE 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	GBE6596H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

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



## SKETCH PLAN

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### 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.

(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.

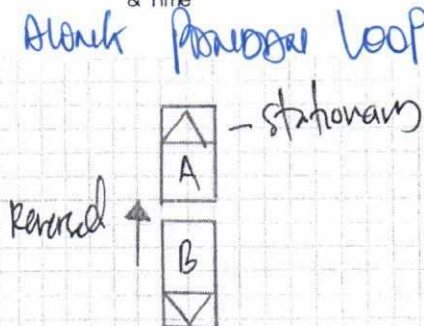


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) 6BH 2781A

(B) 6BE 6596H

Describe Circumstances of the Accident

On 06-03-2021 at about 16:00hrs, I parked my vehicle along Pandan Loop. When I came back to my vehicle, I saw there's a damaged on my vehicle. The vehicle 6BE 6596H driver was waiting for me and informed me that he accidentally reversed and hit onto my rear vehicle. my vehicle was on stationary. That's all.

Declaration

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

08/03/2021

Witnessed by Reporting Centre Personnel



Date of Accident : 06/03/2021 Accident Time: 1635 (24-HR-Format)  
Accident Place : ALONG PANDAN LOOP  
Vehicle. No. (Car Plate No.) : GBH 2781A Make/Model: SUZUKI EVERY VAN PC  
Insurance Company : LONGPAC Policy No: Z/20/VC00/106917  
Owner or Company Name /IC No. : HA LI FA PTE LTD (1993065416)  
Owner or Company Contact No. : 64326009 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : CHANG Bak Lang (802272361)  
DRIVER'S Date Of Birth : 29-09-1953 DRIVER'S License Pass Date 15-09-1915  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling (Employee) Others: \_\_\_\_\_  
DRIVER'S Address : 458 Choa Chu Kang Ave 4 #08-195 (S 660458)  
DRIVER'S Contact No./ Alt No. : 1) 91763585 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR (OUTDOOR) (e.g. working inside or outside office)  
Email Address : sales@haipta-bobo.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only (Claim Other Party) Claim Own Insurance  
Number of Passengers (Including Driver): 0  
Was there any video Captured by car camera: YES (NO)  
Exact purpose for which vehicle was being used at the time of accident: Private use \ (Work purpose)  
Any Injury (If YES, Pls state): \_\_\_\_\_

Other Party Driver's Particular (if any)

Vehicle. No: <u>(B) GBE 6596H</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

**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) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

MZ300

**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/VC00/106917 **Type of Cover** : COMPREHENSIVE

**1. Index Mark and Vehicle Registration Number** SUZUKI EVERY VAN PC  
- GBH 2781A

**2. Name of Policy Holder** HA LI FA PTE LTD

**3. Effective date of the Commencement of Insurance for the purpose of the Act.** 09/04/2020

**4. Date of Expiry of the Insurance** 08/04/2021

**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.

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

**Excess** : S\$500.00 (SECTION 1)  
S\$2500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS  
S\$100.00 WINDSCREEN EXCESS  
(EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)

**Condition** : ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS  
OR DISTRIBUTOR OWNED MOTOR WORKSHOP

\* 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

**CHIEF EXECUTIVE**  
(Singapore Branch)

User ID : ambika / nfwong  
Date Issued : 07-04-2020



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 541G

### Vehicle Details

Vehicle No.: GBH2781A

Vehicle to be Exported: No

Intended Deregistration Date: 31 Mar 2021

Vehicle Make: SUZUKI

Vehicle Model: EVERY VAN PC

Primary Colour: White

Manufacturing Year: 2017

Engine No.: R06A2152152

Chassis No.: DA17V263129

Maximum Power Output: -

Open Market Value: \$12,427.00

Original Registration Date: 09 Apr 2018

First Registration Date: 09 Apr 2018

Transfer Count: 0

Actual ARF Paid: \$622.00

### Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

### Intended COE Rebate Details

COE Expiry Date: 08 Apr 2028

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

PQP Paid: \$33,039.00

COE Rebate Amount: \$23,200.00

**Total Rebate Amount: \$23,200.00**

The information contained herein is correct as at 08 Mar 2021

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