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 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.

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 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 11/03/2021 16:52 (SGT) Date of Accident 11/03/2021 08:20 (SGT) Exact Location of Accident 61 Kaki Bukit Ave 1, Singapore 417943 Additional Location Information KAKI BUKIT AVE 1, SHUN LI IND PARK CAPRARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mitsuhishi

Vehicle Registration Number YN1065I

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner VINS SERVICES PTE LTD Company Reg No 201911264Z **Email Address** nancy@laflorliving.com Mobile Phone No (Phone) +65-67451407 Alternative Phone No (Office) +65-67451407

VEHICLE PARTICULARS

Manufacturer

Model Fe83be6srdea 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 your vehicle? No - Reporting only Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Lonpac Type of Coverage ThirdParty Fleet Policy Policy Number Z20VC05005073 Cover Note Number

DRIVER

Name of Driver CHINNAIAH SARAVANAN Passport No/FIN G7615379K Date Of Birth 11/02/1984 Occupation Outdoor

Date Of Driving Pass 01/10/2015 Driving experience 5 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-84595841 Alt. Phone Number Email Address nancy@laflorliving.com Address 261 KAKI BUKIT AVE 1 Address complement Postcode 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 Collided into Parked Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 On 11/3/2021 at around 8.20am, I was driving vehicle no. YN1065L out from a parking lot at 261 Kaki Bukit Av1 Shunli Industrial Park, Singapore 416065. When I was turning out to the driveway, I then realised that the right side mirror of my vehicle has being adjusted by someone. Thus, my judgement was being affected & my vehicle hit the bonnet of a station vehicle SMU2856U parked beside my vehicle. 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 SMU2856U

Private car

Address complement	
Accident report	SS1I213B0002

Name of Driver

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Contact Number

Postcode	_
nsurance Company Name	_
lature Of Damage	_
Details of property damaged in accident	_
lo. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- 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.
- 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.

E MOINT

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time 11/03/20214@40Pm Witnessed by Reporting Centre Personnel

Sketch Plan

SHUN LI JND
PARK

B:SMU 2856 U

KAKI BUKIT

AVE 1

Describe	Circumstances	of the	Accident
Describe	Circumstances	ou the	ACCIDENT

On 11/03/2021 at around 8-20am, I was driving reliable NO. YN1065 Lout from a
parking lot at 261 Kaki Bukit Ave I Shun Li Industrial Park, Singapore 416065 when i
was turning out to the diveway, i then realised that the night side minor of my
valide has being adjusted by someone. Thus, my judgement was being affected &
my vehicle hit the bonnet of a station vehicle SMU 2856 U parked beside my
vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time 11 /03 / 2021 1.40 pm

W Son S

Witnessed by Reporting Centre Personnel





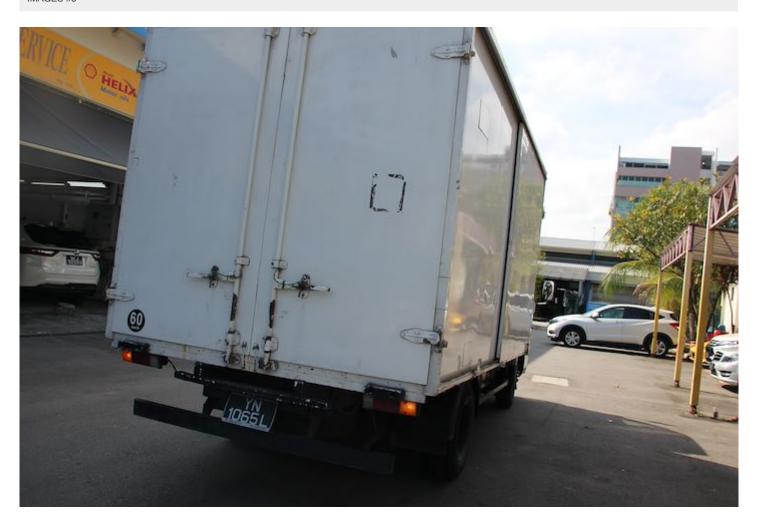












2019112642



LONPAC INSURANCE BHD (S98FC5635C)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555. Tel: (65) 6250 7385 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.: Z20VC05005073

Type of Cover: THIRD PARTY

1. Index Mark and Vehicle Registration Number

MITSUBISHI FE83BE6SRDEA

2. Name of Policy Holder

VINS SERVICES PTE, LTD.

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

25/03/2020

4. Date of Expiry of the Insurance

24/03/2021

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 disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

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.

Quele.

CHIEF EXECUTIVE (Singapore Branch)

User ID: ELAINELEE Date Issued: 24/03/2020

Certificate of Insurance - Page 1 of 1