

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	15/03/2021 18:43 (SGT)
Date of Accident	12/03/2021 15:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS CITY BEFORE BRADDELL ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW8893H
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MR. PLUMBER SINGAPORE PTE LTD
Company Reg No	2XXXXX820R
Email Address	enghowoh@everyworks.com
Mobile Phone No	(Phone) +65-86121590
Alternative Phone No	+65-83746086

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	Lonpac
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	Z/20/VC00/109002
Cover Note Number	-

DRIVER

Name of Driver	GUNASEKARAN MANIVEL
Passport No/FIN	GXXXX702R
Date Of Birth	20/06/1990
Occupation	Outdoor

Date Of Driving Pass	08/09/2014
Driving experience	6 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83746086
Alt. Phone Number	-
Email Address	enghowoh@everyworks.com
Address	52 TEMPLE STREET
Address complement	-
Postcode	058597
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	COLLEQUE
Gender	Male

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	SG5306Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLX3707G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

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. 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.

(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.

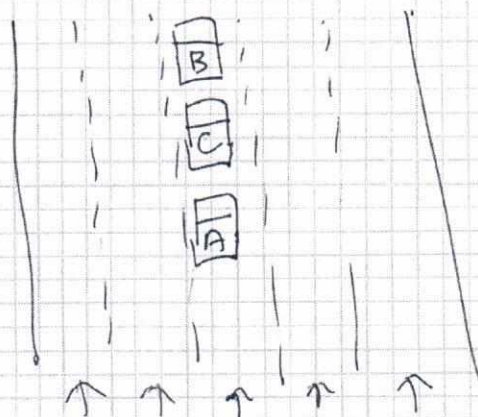


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan For Cte (City) before Braddell exit



Blk A: GW 8893H
Ven B: SLX3707G
Ven C: SG 5306Z

Describe Circumstances of the Accident

On the stated date and time I vehicle A was travelling straight on the stated venue. Suddenly vehicle C jam brake and I also brake, the road was wet and slippery and my vehicle collided onto vehicle C rear portion. I alighted and realised that vehicle C had collided into another vehicle, vehicle B. It was a 3 car chain collision and I was the last vehicle. I also realised that vehicle C had collided onto vehicle B first before I collided onto vehicle C.

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

Witnessed by Reporting Centre Personnel

7

Date of Accident : 12/3/21 Accident Time: 1500HR (24-HR-Format)
Accident Place : ETE (city) Before Braddell Grit
Vehicle No. (Car Plate No.) : GW 8893H Make/Model: Toyota Hiace
Insurance Company : Lon Pac Policy No: 2/20/PC00/109002
Owner or Company Name /IC No. : Mr Plumber Singapore Pte Ltd (201719620R)
Owner or Company Contact No. : _____ Owner's Hp 86121590 Company Tel _____
DRIVER'S Name / IC No. : Gunasekaran Manivel G2083702L
DRIVER'S Date Of Birth : 20/6/1990 DRIVER'S License Pass Date 8/9/2014
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ ~~Employee~~ \ Others: Sub-contractor
DRIVER'S Address : 52 temple st S(058597)
DRIVER'S Contact No./ Alt No. : 1) 83746086 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : enghowdh@everyworks.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): 02
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): _____

(C) Other Party Driver's Particular (if any) (B)

Vehicle No: <u>SG 5306Z</u>	Vehicle No: <u>SLX 3707 G</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



Mr Plumber Singapore Pte Ltd
1090 Lower Delta Road
#03-07 Singapore 169201
Tel: 6653 6258
UEN: 201719820R
Enquiry@mrplumber.sg

Letter of Authorisation

Date: 1st Jan 2021

Dear Sir/Madam,

This is to certify that Name: Gunasekaran Manivel, ID: G2083702R is authorised to drive the vehicle GW8893H under company business from 01/01/2021 to 31/12/2021.

*Relationship between Insured and Driver's company: Sub-contractor



Name: Leong Wei Chong

Position: Director

Company: Mr Plumber Singapore Pte Ltd



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/VC00/109002

Type of Cover : THIRD PARTY FIRE
AND THEFT

1. Index Mark and Vehicle Registration Number TOYOTA HIACE DIESEL
- GW 8893H
2. Name of Policy Holder MR. PLUMBER SINGAPORE PTE LTD
3. Effective date of the Commencement of Insurance for the purpose of the Act. 27/12/2020
4. Date of Expiry of the Insurance 26/12/2021
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 : NOT APPLICABLE

* 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 : HITACHI CAPITAL
ASIA PACIFIC PTE
LTD

CHIEF EXECUTIVE
(Singapore Branch)

User ID : eslinyeo / mhchan
Date Issued : 26-10-2020

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	820R

Vehicle Details

Vehicle No.:	GW8893H
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Mar 2021
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE DIESEL
Primary Colour:	Green
Manufacturing Year:	2003
Engine No.:	5L5385534
Chassis No.:	LH1621010049
Maximum Power Output:	-
Open Market Value:	\$21,936.00
Original Registration Date:	03 Dec 2003
First Registration Date:	03 Dec 2003
Transfer Count:	2
Actual ARF Paid:	\$1,097.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	30 Nov 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$14,367.00
COE Rebate Amount:	\$7,662.00
Total Rebate Amount:	\$7,662.00

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 15 Mar 2021

OK