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SN08213P0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 25/03/2021 12:52 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (25/03/2021 12:52 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

 This Form must be completed by the Policyholder and/or the Authorised Driver
 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.

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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

25/03/2021 12:52 (SGT) 03/03/2021 14:30 (SGT) 40 King's Dr, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GQ6848J

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address Mobile Phone No.

Alternative Phone No

Yes

SWEE MENG ELECTRIC SERVICE

0XXXX900D

fullstop423@gmail.com

(Phone) +65-96239738

+65-96239738

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Toyota

Dyna

Employment

No - Claiming third party

Commercial vehicle

Manual

2982

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

Lonpac Insurance Bhd ThirdPartyFireTheft

Z/20/VC05/005123

DRIVER

Name of Driver

NRIC No

TAN WOON MENG SXXXX872G

Accident report SN08213P0001

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number

Email Address Address Address complement

Postcode Is the driver the policyholder?

If No, Relationship of the Driver with the Insured 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

Type of Accident Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver

Contact Number Address

Address complement

428650

(Phone) +65-96239738

fullstop423@gmail.com

125 EVERITT ROAD

36 YEARS AND 9 MONTHS

No Employee No

13/12/1964

01/06/1984

Outdoor

Hit and run / Vandalism / Damaged whilst parked

Dry

No 2

No

Yes 0

No

No No

Yes

SMV5527U

Private car

Accident report SN08213P0001

Page 2 of 12

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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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 lodgment 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.
- 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
 - 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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

0020

SWEE MENG ELECTRIC SERVICE

SOLE PROPRIETOR

Policyholder's Signature Date

& Time:

Driver's Signature

(If driver is not the policyholder) Date

& Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN	JUPROM OF NW: 46 KMEG	13 PRIVE
A) GQ 68485	57	
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B) SMV 5527 U-		
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DESCRIBE CIRCUMSTANCES OF		I larm bearing
On mentione	d date and time m	ouice Unit No Ho
GQ 68483 WC	as parked infront of 1	a layed home Count
of King's Drive	e . Suggenly , J heary	a lound bang Sound.
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J notice	my Lorry front bumper	I minor is damage
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The lady	driver wrote me a Note	e admitting She hit
my lorry.		
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DECLARATION	ulars are true in every respect.	7
· Le	TICE	/ 11
SOLE PROPRIETOR	******	JUN 25/03/2021
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchPlanForm_V3

Email: sm@idac.com.sg Tel no: 6555 6888

If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 03 / 03 /2021 (dd/mm/yy)	Time of Accident: 14 : 3 o (24-HR-FORMAT)
Vehicle No.: 606848J Vehicle Make & Mo	odel:
Exact location of Accident: Infront of No	40 Kingis Drive
Policyholder's Name / IC No. : Swee Mang 5	Electric Service UBN: 05885900D
Driver's Name / IC No. : Tan Woon Meng	S 16 408∃ 2 G (As Above)
	ny Contact No (Company Veh Only):
Driver's Address:	
Email address: full Stop 423 @ gmail -	com Insurance Company: Longac
Relationship between Owner & Driver: (Please CIRC) Owner / Spouse / Children / Friend / Parents / Sibling / Re	LE one only) lative / Employee Hirer or Others specify:
What do you wish to claim? (Please TICK one only	
Own Insurance / Other Vehicle (The one you we	ant to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident? Oc	ecupation (nature of job) Indoor/Outdoor
Private use / Work purpose *N	o. of Passengers (Including Driver):
*Passanger Name:Name:	Gender: Male / Female *Passange Gender: Male / Female
Weather condition & Road conditions? (On the day of a	ecident)
Clear & Dry / Raining & Wet / After-Ra	nin & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car Camera?	Yes / No
Any Injuries: Yes / No (If YES) Injured Pe	erson' Name:
Injuries Sustain:	Injured Person in Which Vehicle:
Police Report filed: Yes / No (If YES) W	hich Police Station:
The	Other Party(s) Details:
Driver's Name / IC No:	Vehicle No: SMV 5507U
Driver's Contact No:1	nsurance Company :
2. Driver's Name / IC No (If Any):	Vehicle No:
Driver's Contact No:I	nsurance Company :
*Independent Witness (If Any):	Contact No:





LONPAC INSURANCE BHD (SOBFCS635C)

Incompressed in Malaysia)
Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 198555.
Tel. (80) 6250 7366 Fax: (65) 6295 3767 Website: www.jonpad.com.sg
GST Reg No.: F0-0005635-0

CERTIFICATE OF INSURANCE

Insured's Copy

DTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION ACT (CAP 189) REPUBLIC OF SINGAPORE, DTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE), DAD TRANSPORT ACT 1987 (MALAYSIA), DAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA), DAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA), HE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

artificate No. ; Z/20/VC05/005123

Type of Cover : THIRD PARTY FIRE AND THEFT

Index Mark and Vehicle Registration Number

NISSAN CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T

- GQ 68483

SWEE MENG ELECTRIC SERVICE

Effective date of the Commencement of Insurance for the purpose of the Act.

30/04/2020

Date of Expiry of the Insurance

Name of Policy Holder

29/04/2021

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.

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.

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: NOT APPLICABLE

nitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor cles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under

hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road sport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of apore

H.P. Owner

HIEF EXECUTIVE Singapore Branch)