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2) QC Check / Post Repair Inspection (•)		
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SN08216G0002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 16/06/2021 15:42 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (16/06/2021 15:42 (SGT))



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.

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 16/06/2021 15:42 (SGT)
Date of Accident 16/12/2020 09:30 (SGT)

Exact Location of Accident Choa Chu Kang Ave 4, Singapore
Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YM7680B

INSURED/POLICYHOLDER

 Is company?
 No

 Name Of Registered Owner
 LUO MEI

 NRIC No
 SXXXX558D

 Email Address
 Iorainluo@hotmail.com

 Mobile Phone No
 (Phone) +65-98737277

 Alternative Phone No
 +65-92715597

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Fuso Variant Exact purpose for which vehicle was being used at time of Employment Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 2977

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

ThirdPartyFireTheft
Fleet Policy

Policy Number

Z19VC05003690

Cover Note Number

Lonpac Insurance Bhd
ThirdPartyFireTheft
No
Z19VC05003690

DRIVER

Name of Driver ZHOU JI XIN BRANDON TOH NRIC No SXXXX210C

13/06/1973 Date Of Birth Indoor Occupation 22/09/2003 Date Of Driving Pass 17 YEARS AND 3 MONTHS Driving experience Gender (Phone) +65-92715597 Mobile Number Alt. Phone Number Iorainluo@hotmail.com Email Address 21 SIGLAP BANK Address Address complement 456236 Postcode Is the driver the policyholder? No 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 No Collision 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 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) 1 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 No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SH6325G Vehicle Manufacturer Vehicle Model Vehicle Variant

Taxi

Accident report SN08216G0002

Vehicle Colour Vehicle Category

Address

Name of Driver
Contact Number

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)

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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel

Sketch Plan



				-
			-	

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

Witnessed by Reporting Centre

Personnel

ACCIDENT'STATEMENT

Acc	IDENT DATE: (6.	J NODIN	IM/YYYY), TIME:(C	19 : 30 . MHHW	IMI-
Loca	ATION: Cha	n Chu Ka	ng ASA C	,	
	DETAILS OF VEHICLE a) VEHICLE NUMBER: b) INSURANCE COMI c) POLICY NUMBER: d) POLICY TYPE: (COI	SANA: TON	680 B		
2.	e)MAKE & MODEL: f)TYPE:(SALOON / CO g)VEHICLE CATEGOR h)PURPOSE OF USING i)ARE YOU CLAIMING if NO, PLEASE STATE insured / POLICY HO A)NAME: b)NRIC/FIN/PASSPOR	DUPE / MPV /VAN Y: (PRIVATE / CON AT ACCIDENT THE UNDER YOUP OV (THIRD PARTY CL.	/LORRY) MOTOR MMERCIAL / MOTO ME: VIVING (YEALM) REPORTING	CYCLE / OTHERS) PROYCLES S/NO) ONLY) MALE / FEMALE	
好No of passenge (Including driver)	* CONTINUE TO 3.d IF DRIVER d) NAME: b) NRIC/FIN/PASSPOR c) ADDRESS:	andon 70h	· · · /	MALE FEMALE	47
	*d)DATE OF BIRTH: (e)OCCUPATION: (ND f)DAT(E OF DRIVING WAS DRIVER AN EM IF NO, RELATIONSH d)WEATHER CONDITION	PASS PLOYEE OF THE IP OF THE DRIVI DN: (CLEAR (RAIN	INSURED'S COMP ER WITH INSURED VING / OTHERS		
6, 7.	b)ROAD SURFACE: (D WAS ANYBODY INJUR d)REPORTED TO POUG IF YES, PLEASE STATE	MHICH POUCE ? SE (YES / NO) *	ration:		.
the of passenger	THIRD PARTY VEHICLE O) VEHICLE NUMBER b) DRIVER'S NAME	SH 63250	MODEL:		
() 9.	b) DRIVER'S NAME:_ c) NRIC/FIN/PASSPC THIRD PARTY VEHICLE		CONTAC	,	_
tho of passanger (Including driver)	d) VEHICLE NUMBER: e) DRIVER'S NAME:_ f) NRIC/FIN/PASSPO				
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email= lopon/wo.



LONPAC INSURANCE BHD (BOBB COGOSCI)

Singapore Office: 200 Sea. Analysis Tox 07 The Concourse Singapore 166555 Tat: #25 #280 2362 Fax: #1 /2/4 575" Waters - 100/20022 30 GST Hup No. PRISORANTAL

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIPD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE MOTOR VEHICLES ITHIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPLIBLIC OF SINGAPORE). ROAD TRANSPORT (AMENDMENT) ACT 2018 (MALAYSIA). THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z19VC05003690

Type of Cover : THIRD PARTY FIRE & THEFT

Index Mark and Vehicle Registration Number

MITSUBISHI FEB3BEOSRDEA

- YM7680B

2. Name of Policy Holder

LUO ME

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

08/10/2019

4. Date of Expiry of the Insurance

07/10/2020

5. Person to Drive

(4) THE POLICYHOLDER

IS 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

6. Limitations as to use

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARDIIN CONNECTION WITH THE POLICYHOLDER'S 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 WHEST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE

umitations revolved industrials by Section 95 of the Road Transport Act 1987 (Atalaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation: Act (Cec 189) Republic of Singapore are not included under heading.

TWE 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

H.P. Owner: GOLDBELL FINANCIAL SERVICES PTE LTD

mele.

CHIEF EXECUTIVE (Singapore Branch)

USE D ELAINELEE Date Issued 08/10/2019