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 27/07/2021 16:11 (SGT) Date of Accident 27/07/2021 08:45 (SGT) Exact Location of Accident Kallang Bahru, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN3313H

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TOTAL JET SERVICES PTE LTD Company Reg No 199606671K Email Address admin@totaljet301.com.sq Mobile Phone No (Phone) +65-67481291 Alternative Phone No (Office) +65-67481291

VEHICLE PARTICULARS

Manufacturer Isuzu Model NHR85 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 Transmission Manual CC 2999

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Type of Coverage Comprehensive Fleet Policy Policy Number Z21VC05007198 Cover Note Number

DRIVER

Name of Driver ZAINUDIN BIN MOHD TAHIR NRIC No. S7443826A

Date Of Birth 03/09/1974 Occupation Outdoor Date Of Driving Pass 30/06/2012 Driving experience 9 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-98579773 Alt. Phone Number Email Address admin@totaljet301.com.sg Address BLK 224C SUMANG LANE #03-95 Address complement Postcode 823224 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** 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 Collision - Head to Rear 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name ARMAN Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Eunos Neighbourhood Police Post Police Station Phone No (Phone) +65-18004439999 Alt. Police Station Phone No (Fax) +65-62444376 Police Station Address Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT: T/20210727/2043. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMR638L

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	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



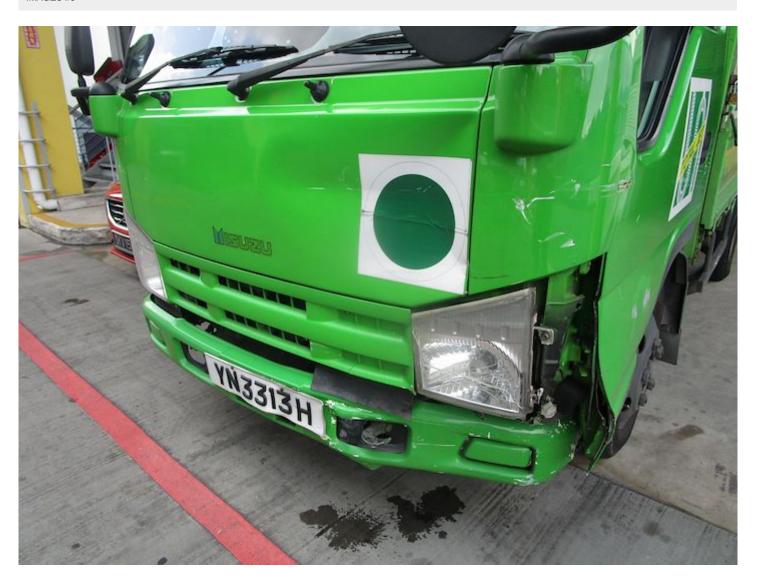
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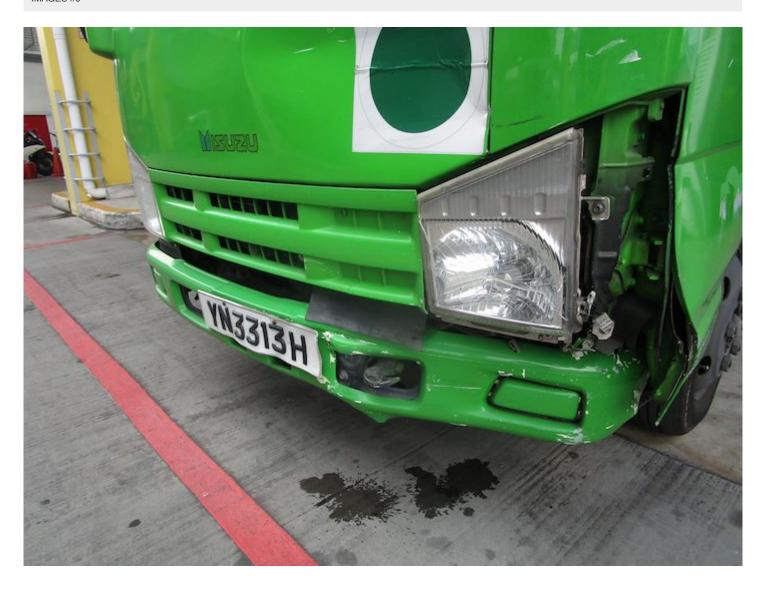




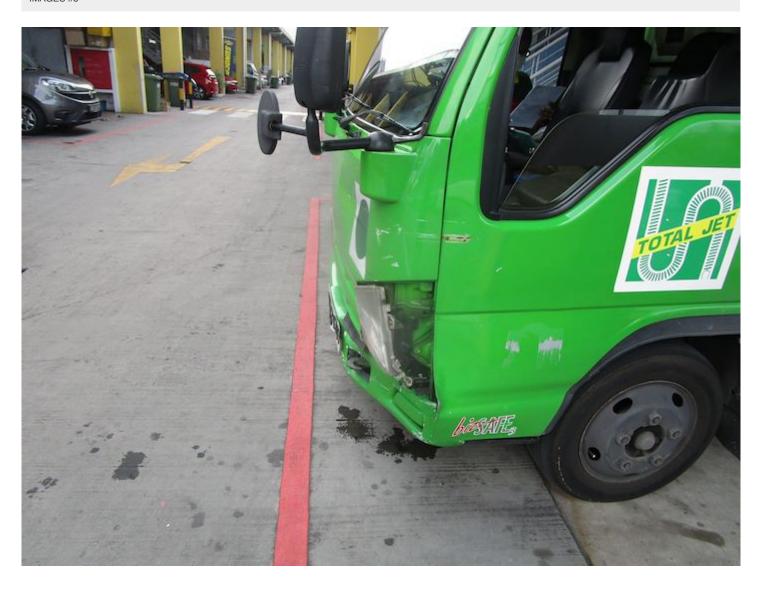




















T/20210727/2043

1 of 3 Report No. T/20210727/2043

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2021 14:02			Vide Report No.:	Station Diary No.: 23	
Informa	nt's Partic	ulars			
	f Informant: IN BIN MO		Address: APT BLK 224C SUMA	NG LANE #03-95 SINGAPORE 823224	
ID Type / ID No.: NRIC NO / S7443826A			Contact No.: Home/Office: Mobile: 98579773		
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 46	Date of Birth: 03/09/1974	Type of Informant: Driver		
Race: Javanese		Language:	Institution / School Name:		
Occupation: DRIVER			Driving Licence Information Class: 3,4	ation: Date of Expiry:	

General Infor	mation of the Accid	ent			
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/07/2021 08:45	Type of Location: Straight Road	
KALLANG BA	AHRU	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis Between Mov	ion: ring Vehicles - Head '	To Rear		Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMR638L	Car				Slightly Damaged	0
YN3313H	Lorry				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3 Report No. T/20210727/2043

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

Driver						
Name	NG YEOW BOON			ID No.		S7314526J
Related Vehicle	SMR638L (Car)			Contact No.		87807323
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	harge	arge NIL		
No. of Days granted Medical Leave NIL			Degree of	Injury	/ NIL	
Driver						SML COLUMNIA
Name	ZAINUDIN BIN MOHD TAHIR			ID No.		S7443826A
Related Vehicle	YN3313H (Lorry)			Contact No.		98579773
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	A HARMAN AND A STATE OF THE STA	
No. of Days granted Medical Leave NIL			Degree of		NIL	

Brief Details

On the 27/7/2021 at about 0845hrs, I was driving my vehicle bearing plate number YN3313H along the extreme left lane of Kallang Bahru towards lavender Street. As I approached a building named CT Hub, a car bearing plate number SMR638L whom initially was driving on lane 2 cut into my lane. After the car had cut into my lane, it then slowed down as he wanted to enter CT Hub building. After he slowed down he stopped as there were pedestrian who was crossing the road. As he had initially cut into my lane, and I was driving a lorry, I could not stopped in time thus I collided into the car. I knew I was not traveling fast as just before the CT Hub entrance there was a traffic light. In that junction I had stopped as the traffic light was red. On that junction I had notice the car bearing plate number SMR638L on my right on lane 2.

I wish to add that my lorry had sustained damages on the front left side. The bumper and the left side headlight had cracked and dented. No other government property damage and no other parties was involved in the accident as well. I wish to state that the road surface is dry and it was not raining.





Police Station Of Origin: 629 Bedok Reservoir Road #01-1620

3 of 3 Report No. T/20210727/2043

SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

Sketch Plan

Eunos NPP

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sr Staff Sgt MUHAMMAD FIKRI BIN MOHD FADIL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/07/2021 14:02
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:

NP168

Authentication Stamp



LONPAC INSURANCE BHD (S98FC5635C)

Singapore Office: 300. Beach Road #17-04-07, Title Concourse: Singapore 199500. Tel: (65) 6250 7355 Fax: (65) 6250 3767 Website: www.fonpsc.com.sg GOT Reg No.: #0-005635-C

M2300

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.: Z21VC05007198

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

ISUZU NHR85AUE4A - YN3313H

Name of Policy Holder

TOTAL JET SERVICES PTE LTD

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

19/04/2022

Date of Expiry of the Insurance

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.

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 TRIALOR SPEED TESTING.

USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess

: \$\$ 700.00 (SECTION 1) \$\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

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: SIPBIT2 Date Issued: 25/03/2021

Certificate of Insurance - Page 1 of 1