





# 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	20/08/2021 10:15 (SGT)
Date of Accident	17/08/2021 08:00 (SGT)
Exact Location of Accident	Woodlands Ave 5, Singapore
Additional Location Information	TURN LEFT TOWARDS WOODLANDS AVENUE 3 SLIP ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2172P
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ZANDAS INTERIOR DESIGN CONTRACTS
Company Reg No	5XXXX020K
Email Address	scotchhere123@gmail.com
Mobile Phone No	(Phone) +65-90667828
Alternative Phone No	+65-90667828

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2953

### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	Z/20/VC00/108617
Cover Note Number	-

### DRIVER

Name of Driver	CHUA YU BOON
NRIC No	SXXXX619C

Date Of Birth .....	28/09/1963
Occupation .....	Outdoor
Date Of Driving Pass .....	06/03/1984
Driving experience .....	37 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90667828
Alt. Phone Number .....	-
Email Address .....	scotchhere123@gmail.com
Address .....	BLK 467A ADMIRALTY DRIVE #06-181
Address complement .....	-
Postcode .....	751467
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 .....	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 .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle 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
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YK3232Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	CHUA YU BOON
Gender	Male
Phone No	(Phone) +65-90667828
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBB2172P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## SKETCH PLAN

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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' lawyers/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 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 firms), which may be sited outside of Singapore, for one or more of the above Purposes.

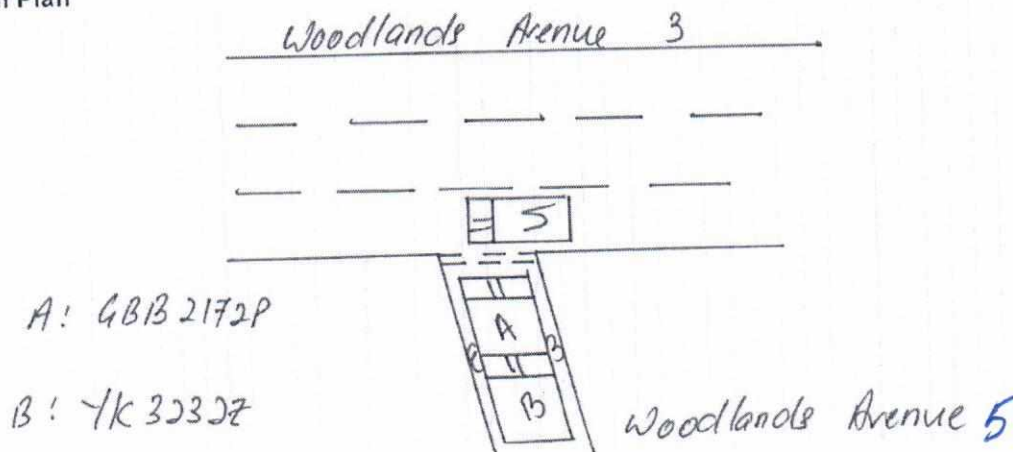
ZANDAS INTERIOR DESIGN & CONTRACTS  
NO. 6 Sungei Kadut Crescent  
A03 Building Singapore 728689  
H/P: 96218682

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan



Describe Circumstances of the Accident

I was travelling straight along the sliproad of Woodlands Avenue towards Woodlands Avenue 3. I was stationary behind the stop line giving way to the vehicle at the main road. Out of sudden, I felt an impact from my vehicle rear portion. When I got down, I saw vehicle (B) collided onto me.

Declaration

We declare the foregoing particulars are true in every respect.

ZANDAS INTERIOR DESIGN & CONTRACTS  
NO. 6 Sungai Kadut Crescent  
A03 Building Singapore 728689  
M/P: 96218332

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



17/08/2021  
Date of Accident : 17/08/2021 Accident Time: 6800 (24-HR-FORMAT)  
Accident Place : WOODLANDS AVE TOWARDS WOODLAND AVE 3 Slip (road)  
Vehicle Reg. No (Car plate No.) : G3B 2172P Vehicle Make/Model: Nissan Cabstar  
Insurance Company : Lompac Policy No. 2/20/VCOO/108617  
Name of Registered Owner : Company / Individual Zandas Interior Design Contracts  
ID of Registered Owner : Co Reg No: 53087020K Owner's NRIC No: 1  
: Co Contact No: 1 Owner's Contact No: 1  
DRIVER'S Name : Chua Yu Boon DRIVER'S NRIC No: 81582619C  
DRIVER'S Date of Birth : 28 Sept 1963 DRIVER'S License Pass Date 06 Mar 1984  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
DRIVER'S Address : Block 467A Admiralty Drive #06-181 8(751467)  
DRIVER'S Contact No./ Alt No. : 1) 9066 7828 2)  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : scotch here 123@gmail.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): 1 Name & Gender; \_\_\_\_\_  
Was the accident reported to the police? YES \ NO  
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 injuries, if yes(name of the injured person) Chun Yu Boon

Other Party Driver's Particulars (if any)

Vehicle Reg No: 4K 30322	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____





# LONPAC INSURANCE BHD (598FC5635C)

(Incorporated in Malaysia)  
Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 189555  
Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg  
GST Reg No. F0-0005635-C

MZ309

## 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 1954 (MALAYSIA)

Certificate No. : Z/20/VC00/108617

Type of Cover : THIRD PARTY FIRE  
AND THEFT

1. Index Mark and Vehicle Registration Number

NISSAN CABSTAR 3.0 5M/T ABS 2DR  
2WD 3.4T  
- GBB 21/2P

2. Name of Policy Holder

ZANDAS INTERIOR DESIGN CONTRACTS

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

24/09/2020

4. Date of Expiry of the Insurance

23/09/2021

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.

*Anita*

CHIEF EXECUTIVE  
(Singapore Branch)



> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Business
Owner ID:	020K
<b>Vehicle Details</b>	
Vehicle No.:	GBB2172P
Vehicle to be Exported:	Yes
Intended Deregistration Date:	18 Aug 2021
Vehicle Make:	NISSAN
Vehicle Model:	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T
Primary Colour:	Silver
Manufacturing Year:	2008
Engine No.:	ZD30178650K
Chassis No.:	JN1SC2F24Z0800376
Maximum Power Output:	-
Open Market Value:	\$23,811.00
Original Registration Date:	24 Sep 2008
First Registration Date:	24 Sep 2008
Transfer Count:	2
Actual ARF Paid:	\$1,191.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	23 Sep 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$15,348.00
COE Rebate Amount:	\$6,437.00
<b>Total Rebate Amount:</b>	<b>\$6,437.00</b>
<b>Message</b>	
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 18 Aug 2021

OK