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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 <u>completed by the Policyholder and/or the Authorised Driver</u>
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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 07/09/2021 14:53 (SGT) Date of Accident 06/09/2021 15:30 (SGT) Exact Location of Accident Thomson Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN5171L

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner HOCKLIM ENGINEERING PTE LTD Company Reg No 1XXXXXX031M **Email Address** admin@hocklim.com Mobile Phone No (Phone) +65-87686849 Alternative Phone No +65-87686849

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Fuso 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 Transmission Manual CC 7545

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Type of Coverage Comprehensive Fleet Policy Policy Number Z20VC05006122 Cover Note Number

DRIVER

Name of Driver MD ISA B ABDUL GHAFAR NRIC No SXXXX994H

Date Of Birth	08/12/1956
Occupation	Outdoor
Date Of Driving Pass	18/10/1982
Driving experience	38 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87686849
Alt. Phone Number	•
Email Address	admin@hocklim.com
Address	BLK 465 JURONG WEST STREET 41 #06-546
Address complement	-
Postcode	640465
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	
A heart of the state of the sta	H
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Sido Swins
Weather Conditions	Side Swipe Clear
Road Surface	Dry
	Diy
OTHER INFORMATION	
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?	No
Was any injured conveyed to hospital by ambulance?	
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	ar.
soliciting/offering accident claims assistance?	No
PETANO DE PONTE A PETANO DE PONTE DE LA COMPANSION DE LA	
DETAILS OF POLICE ACTION	
A CONTRACTOR OF THE CONTRACTOR	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	8
CIRCUMSTANCES OF ACCIDENT	
ON THE 06/09/2021 AT ABOUT 15:30HRS I WAS TRAVELLING	ALONG THOMSON BOAD ON THE 2ND LANE BECAUSE OF
ROAD WORK ON THE 1ST LANE, TRAFFIC WAS HEAVY SUDI	DENLY LHEARD A SLIGHT SOLIND AND TAXLSHOAGAK HODAL
AT METSTOP MY LORRY AND SAW THAT THE TAXI RIGHT M	IRROR DROP OFF AND NOTHING SERIOUS WE EXCHANGE
PARTICULAR AND MOVE OFF.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
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DETAILS OF OTHER	VELIGIE PROPERTY
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Vahiala Dagiatustian News	20 A C C C C C C C C C C C C C C C C C C
Vehicle Registration Number	SHC4694K
Vehicle Manufacturer	÷.
Vehicle Model Vehicle Variant	5
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The state of the s	1.
Vehicle Category Name of Driver	Taxi
NRIC No	DANABHAL
11110110	CVVVV00D

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, acknow ledge, 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) w ho 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;

& Time

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- (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

Witnessed by Reporting Centre

Personnel

Sketch Plan

Kuthk	6 87	the Accident BUKMAND		
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			/	/
			/	
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We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Ju 7.9-21

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

Carl 07/09/2021

Witnessed by Reporting Centre Personnel

ACCIDENT'STATEMENT

ACCIDENT DATE: 6 19 12021 (DD/MM/YYYY), TIME: 03:30 (HH:MM)
LOCATION: THOMSON ROAD
DETAILS OF VEHICLE a) VEHICLE NUMBER: YN SITI C b) INSURANCE COMPANY: LONDE INSURANCE GHO (SQUECSUSSE) c) POLICY NUMBER: Z 20 V COSCOCI 22 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THÏRD PARTY FIRE &THEFI) e) MAKE & MODEL: MITSUBISHIEUSO EN LE EN 28 DEB - YN SITIL f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: WORK LING I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: MOCK LIMENA PLEATING (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: 8768 68 49
*CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER *CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER DRIVER Clincluding driver) DINAME: MP ISA B ABPUL GHAFAR DINAME: MP ISA B ABPUL GHAFAR CONTACT: \$7686849 Claddress: Claddress:
d) DATE OF BIRTH: (02 /12 /1956) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) DATE OF DRIVING PAGE 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATION:
B. THIRD PARTY VEHICLE He of passenger a) VEHICLE NUMBER: SHC 4694 K MODEL: Including driver) b) DRIVER'S NAME: DANABHAL () NRIC/FIN/PASSPORT: SO167939B CONTACT: () 9. THIRD PARTY VEHICLE Ho of passenger a) VEHICLE NUMBER: Ho of passenger a) VEHICLE NUMBER: Including driver of NRIC/FIN/PASSPORT: CONTACT:

email = admin @ hockim.com



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

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.: Z20VC05006122

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MITSUBISHI FUSO FM65FM2RDEB

- YN5171L

2. Name of Policy Holder

HOCKLIM ENGINEERING PTE LTD

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

16/09/2020

4. Date of Expiry of the Insurance

15/09/2021

5. 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.

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 TRIALOR SPEED TESTING.

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

Excess

: \$\$ 700.00 (SECTION 1)

S\$ 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)

Condition

: 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.

Cure.

CHIEF EXECUTIVE (Singapore Branch)

User ID: WMONG Date Issued: 15/09/2020