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# **G** SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 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 16/09/2021 14:45 (SGT) Date of Accident 15/09/2021 17:40 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information EXIT EUNOS LINK SLIP ROAD Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GZ2999K

### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner DAYCON PTE. LTD. Company Reg No 2XXXXXX064D Email Address kaseng\_353@hotmail.com Mobile Phone No (Phone) +65-90232506 Alternative Phone No +65-84212863

### VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna 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 2982

### INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Type of Coverage ThirdParty Fleet Policy Policy Number Z/21/VC00/110116 Cover Note Number

### DRIVER

Name of Driver SIT WENG KONG NRIC No SXXXX773B

Date Of Birth	04/05/1950
Occupation	Outdoor
Date Of Driving Pass	06/01/1972
Driving experience	49 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84212863
Alt. Phone Number	-
Email Address	kaseng_353@hotmail.com
Address	BLK 217 ANG MO KIO AVENUE 1 #10-951
Address complement	-
Postcode	560217
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	
er menengo accionistamente internacional de la companya del companya de la companya de la companya del companya de la companya	-
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
	Siy .
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(s)	3
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	SIVAKUMAR RANJAN
Gender	Male
PASSENGER 2	
Name	PALANIY APPAN SILAMBARASAN
Gender	Male
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
DETAILS OF STHER	VEHIOLET NOTENTT T
Vehicle Registration Number	C IC25107
Vehicle Manufacturer	SJG3518Z
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	Vehicle Model	
		-
	Vehicle Variant	-
	Vehicle Colour	
ě	Vahiala Catagoni	
	Name of Driver	Private car
		-
	Contact Number	-
	Address	
	Address complement	
	Postcode	
		-:
	Insurance Company Name	-:
	Nature Of Damage	
	Details of property damaged in accident	
		-
	No. Of Passenger (Including Driver)	H-11

## INJURED PERSONS DETAILS

### INJURED 1

INJURED I	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SIT WENG KONG Male (Phone) +65-84212863 SLIGHT INJURY GZ2999K Yes No
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 3	SIVAKUMAR RANJAN Male SLIGHT INJURY GZ2999K Yes No
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	PALANIYAPPAN SILAMBARASAN Male SLIGHT INJURY GZ2999K Yes No

### 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)

l 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) 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.

Q+90+00003

Policyholders Signature / Date &

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

& Time

Witnessed by Reporting Centre Personnel

Sketch Plan

PLE TOWARDS ELMOS Link Slip Road

Nobicle A. GIZ2999K VehideB: SJG 35182

Describe Circumstances of the Accident
on the stated date & time, I, vehicle A ( 972 2999k) was travelling at the stated
location on the extreme left lane. As there was oncoming vehicle on the main road, I
stop to givenay. At of sudden, I telt an impact from the rear portion of my vehicle
I alighted & realised vehicle B (SJG 35/8Z) collided onto the rear portion of my
rehicle causing damages.

### Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Date of Accident	: 15 9 2021 Accident Time: 1740hrs (24-HR-FORMAT)
Accident Place	PIE EXIT ELMOS Link Slip Road
Vehicle Reg. No (Car plate No.)	: G123999K Vehicle Make/Model: Towta Dyna
Insurance Company	Lonpac Dallant - Lonpac
Name of Registered Owner	Lonpac Policy No. z 21 VC00 / 110116
ID of Registered Owner	: Company / Individual Day con Pte Ltd
to of Registered Owller	: Co Reg No: 200004064D Owner's NRIC No:
	: Co Contact No: Owner's Contact No: 90>2 506
DRIVER'S Name	Sit Weng Kong DRIVER'S NRIC No: \$2601773B
DRIVER'S Date of Birth	194 May 1960 DRIVER'S License Pass Date 06 Jan 1973
Relationship bet, Öwner & Driver	Spouse \ Parents \Children\ Sibling \ Employee Others:
DRIVER'S Address	APT BIK 217 Ang Mo Kio Avenue 1410-951 Singapore 560217
DRIVER'S Contact No./ Alt No.	1) 8421 2863 2)
DRIVER'S Occupation	: INDOOR (OUTDOOR (eg. working inside or outside of an ofc)
Email Address	:_ Kasena _ 353 @ hotmail. com
Weather & Road Surface	CLEAR & DRY \ RAINDIO & WET \AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
was the accident reported to the po-	river): 03  Passenger Name: Svakumar Ranjan Gender: MF ice? YES \ NO  Passenger Name: Palaniy Appan Slawbar Gender: MF ir camera; YES \ NO  Any Injuries: YES \ LNO  Injuried Name: Sit Wang Kong
Exact purpose for which yehicle w	Injured Name: <u>Sivakumar Ranjan</u> is being used at the tinte of accident: <u>Private use</u> \ Work purpose Palany Appa
<u>o</u>	ther Party Driver's Particulars (if any)
-Yehicle Reg No: SJ435182	
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Name DRIVER	Name DRIVER:
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DRIVER'S Contact & add	DRIVER'S Contact & add:
	er Party Driver's Particulars (if anv)
Vehicle Reg No:	Vehicle Reg No:
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IT No DRIVER	
DRIVER - Torrest Basel	791/68 SC2000 8 MI

### LONPAC INSURANCE BHD (\$98FC5635C)

(Incorporated in Malaysia) 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

Insured's Copy

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. : Z/21/VC00/110116

Type of Cover : THIRD PARTY

Index Mark and Vehicle Registration Number

TOYOTA DYNA 150 D LORRY WITH HOOD

- GZ 2999K

2. Name of Policy Holder DAYCON PTE. LTD.

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

02/03/2021

4. Date of Expiry of the Insurance 01/03/2022

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

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.

CHIEF EXECUTIVE (Singapore Branch)

User ID

ambika / hazechen

Date Issued

23-02-2021