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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

27/09/2021 19:49 (SGT) 25/09/2021 14:30 (SGT) Singapore SLE TOWARD BKE BEFORE THOMSON ROAD EXIT Singapore
Singapore

DETAILS OF OWN VEHICLE

Toyota

Dyna

Vehicle Registration Number	GBF5936L	
verilele Megistration Number	GBF5936L	

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIN GUAN SENG CORPORATION PTE LTD
Company Reg No	2XXXXX929H
Email Address	MSLOK@HOCKHAI.COM
Mobile Phone No	(Phone) +65-98579673
Alternative Phone No	(Office) +65-98579673

VEHICLE PARTICULARS

Manufacturer

Model

	Dyria
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? Vehicle Category	No - Claiming third party Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company Type of Coverage	Lonpac Insurance Bhd Comprehensive
Fleet Policy	No
Policy Number	Z/20/VC00/109213
Cover Note Number	THE

DRIVER

Name of Driver	CHUA CHIN LIAN
NRIC No	SXXXX127B

Date Of Birth 07/11/1961 Occupation Outdoor Date Of Driving Pass 05/08/1982 Driving experience 39 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-94815685 Alt. Phone Number Email Address MSLOK@HOCKHAI.COM Address BLK 932 JURONG WEST ST 92 Address complement #04-193 Postcode 640932 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 Chain Collision 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? Yes Was any injured conveyed to hospital by ambulance? No 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? 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 CIRCUMSTANCES OF ACCIDENT 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 GBH3716H Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver NG HAI LIAN NRIC No SXXXX280C Contact Number

Address

Address complement	22
Postcode	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJC39E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	<u> </u>
Address	-
Address complement	-
Postcode	_
Insurance Company Name	2
Nature Of Damage	20
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMS96U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91699786
Address	-
Address complement	
Postcode	
Insurance Company Name	
Natura Of Damaga	-
Details of property damaged in accident	-
	•
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHUA CHIN LIAN
Gender	-
Phone No	(Phone) +65-94815685
Address	-
Address Complement	-
Post Code	=
Approximate Age Years Old	-
Injuries Sustained	=
Injured person in which vehicle?	GBF5936L
Were seat belts worn?	=
Was this injured conveyed to hospital by ambulance?	

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 lodgment 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:
 - 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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

	SLE TOWARD BRE BEFORE TH	DSMON EXIT.
	D C B A	
we hicle A	-6BF5936L vehic	cle C - 53C39E
	60271(1)	11eD - SMS964
DESCRIBE CIRCUMSTAI	NCES OF THE ACCIDENT	
Traffic was he	avy I was driving about it	okm and suddenly I felt
an impact on "	my vehicle. I Stop my ven	ifte and come down to theck
# P 20w +;	car than collision.	
DECLARATION		
We declare the foregoing p	articulars are true in every respect.	MM
olicyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
	Date & Time:	Name:

VEHICLE NO: GBF 5936L MAKE & MODEL: TOYOTA DYMA

MUNAM

	25 109 12021 °C.C. 1894 2982
TIME OF ACCIDENT	1430 AM (PM)
LOCATION OF ACCIDENT	SLE TOWARD BEE BEFORE THOMISON ROAD EVIT
XACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER	SING GUAN SENG CORPORATION PTE LTD
	the second secon
EMAIL: MSLOK @HOCKHAI . CO	317013
NRIC	200203929H
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY
FLEET POLICY:	YES / NO ?
INSURANCE CO.	LOMPAC INSURANCE
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	2/20/1000/109213
NAME OF DRIVER	AS ABOVE / IF NO: CHUA CHIM LIAM
NRIC .	51516127B
DATE OF BIRTH	1391 11 70
any passenger	YES NO:
NAME OF PASSENGER	
GENDER OF PASSENGER	MALE / FEMALE -
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	05 108 11982
GENDER	Male / Female
CONTACT NO.	Mobile: 94815685 Office: Home.
EMAIL:	
ADDRESS	BK 932 JUROHE WEST STREET 92 # 04-193 S(64093)
TO DIAGOO	
DOES DRIVER OWN OTHER VEHICLES?	INO / If yes: Reg No: INSURER.
	NO / If yes : Reg No: INSURER.
DOES DRIVER OWN OTHER VEHICLES? RELATIONSHIP	Employee / If No:
RELATIONSHIP WEATHER CONDITION	Employee / If No: Clear / Raining / Other:
RELATIONSHIP WEATHER CONDITION ROAD SURFACE	Employee / If No: Clear / Raining / Other: Dry / Wet / Other:
RELATIONSHIP WEATHER CONDITION ROAD SURFACE	Employee / If No: Clear / Raining / Other: Dry / Wet / Other: If yes: Who? CHUR CHIN LIAN
RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONTACT NO.	Employee / If No: Clear / Raining / Other: Dry / Wet / Other: If yes: Who? CHUR CHIR LIAN HB15685
RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONTACT NO. POLICE REPORT	Employee / If No: Clear / Raining / Other: Dry / Wet / Other: If yes: Who? CHUR CHIR LIAN AHBISEBS NO! If yes: Where?
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RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONTACT NO. POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVEN VEHICLE B NO. NAME CONTACT NO. VEHICLE C NO. VEHICLE C NO. VEHICLE D NO. PIEGRATE VEHICLE F NO. INY WITNESS VITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE? WAS THERE ANY AUDIO RECORDED?	Employee / If No. Clear / Raining / Other: Dry / Wet / Other. I(Ves). Who? Chur Chirl Lian A 4 815685 No/If yes. Where? No/If Yes. WHO? BBH3716H Any Passenger: 0 HG HAI LIAN (SIH42280C) SJC 39E Any Passenger: 62 SMS 96U Any Passenger: 6 Any Passenger: Any Passenger: Any Passenger: YES (NO) YES (NO)
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LONPAC INSURANCE BHD (S98FC5635C)

(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

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.

4.

: Z/20/vc00/109213

Type of Cover : COMPREHENSIVE

Index Mark and Vehicle Registration Number

TOYOTA DYNA 150 5MT

- GBF 5936L

Name of Policy Holder 2.

SING GUAN SENG CORPORATION PTE LTD

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

28/12/2020

Date of Expiry of the Insurance

27/12/2021

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.

Limitations as to use 6.

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

: S\$ 600.00 (SECTION 1)

S\$ 2500.00 (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.

CHIEF EXECUTIVE (Singapore Branch)

User ID

eslinyeo / hazechen

Date Issued

17-11-2020