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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

 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

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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 27/10/2021 16:36 (SGT) Date of Accident 27/10/2021 11:10 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information BEFORE BRADDELL EXIT 10 NEAR LAMP POST 255 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE1881G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **CHUAN TRANSPORT** Company Reg No 5XXXX729E Email Address chuantransport@gmail.com Mobile Phone No (Phone) +65-91736453 Alternative Phone No +65-91736453

VEHICLE PARTICULARS

Manufacturer Hino Model Fs1etma 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 12913

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Type of Coverage Comprehensive Fleet Policy Policy Number Z/21/VC00/110958 Cover Note Number

DRIVER

Name of Driver **BUHARI BIN KARSADI** NRIC No SXXXX888F

Data Of Birds	
Date Of Birth	21/09/1962
Occupation	Outdoor
Date Of Driving Pass	24/09/1997
Driving experience	24 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91736453
Alt. Phone Number	¥
Email Address	chuantransport@gmail.com
Address	BLK 213 CHOA CHU KANG #02-100
Address complement	•
Postcode	680213
Is the driver the policyholder?	No.
If No, Relationship of the Driver with the Insured	
	Employee
The second secon	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
	2.,
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)	2.77
Has the driver been approached by unknown person(s)	1
soliciting/offering accident claims assistance?	No
constants and the constants of the constant of the consta	
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	
CITCOMOTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Voc
Was there any video captured by Car Camera?	Yes No
Was there any audio recorded?	No No
- The their day dade recorded:	INO
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SMA9351T
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	Ololla
Territor Fallanti in annual an	₹.

Private car

SXXXX041B

WONG LEONG WAH

(Phone) +65-98175858

Accident report SN0821AR0004

Vehicle Colour Vehicle Category

Name of Driver

Contact Number

NRIC No

Address

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) 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 &

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

Witnessed by Reporting Centre

Personnel 258

Sketch Plan

074

BALFORK BRADORIC FIXIT

A) XE 1887G B) SMA 93411

Describe Circumstances of the Accident
ON THE STATE DOTE & TIME I WAS TRAVELLIAS Alones
CIE TOWARDS TUBS BAFORA BRODORIC EXCIT 10 WARR COMPILS
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I MANAGE TO STOP ON TIME BAT ACAR SMA 93517 COUCD
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Declaration

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

ACCIDENT STATEMENT

ACCIDENT DATE: (24. 10) 202 () (DD/MM/YYYY), TIME: (11: 10) (HH:MM)
LOCATION: CTE BEFORE BRADELL EXIT 10 4P 25
DETAILS OF VEHICLE GIVEHICLE NUMBER: XF 1881 G. BINSURANCE COMPANY: CHUB W TET WALK CIPOLICY NUMBER:
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e)MAKE & MODEL: f)TYPE: (SALOON / COUPE / MPV / VAN / (ORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME:
I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER
DINRIC/FIN/PASSPORT: 5298 OF CONTACT:
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including driver) DINRIC/FIN/PASSPORT: 3/532888 F CONTACT: 9/736453 CIADDRESS: BLK 2/3 # 02-100 CHUP CHU KHNG CENTRUL
*d)DATE OF BIRTH: (2/ 09/1962)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)DATE OF DRIVING PASS 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 POLICE (YES / NO)
Ho of passenger a) VEHICLE NUMBER: SMA 9351T MODEL: WOTA BY STANDING CONTACT: 9175858
9. THIRD PARTY VEHICLE NO of passanger of DRIVER'S NAME: Including divover of NRIC/FIN/PASSPORT: CONTACT:

email = CHURNTRANSPORT & GMBIL Com

Z10449 C00/Nov v-5.10.0



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

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/VC00/110958

Type of Cover

: COMPREHENSIVE

Index Mark and Vehicle Registration Number

HINO FS1ETMA-KAS

- XE 1881G

2. Name of Policy Holder

CHUAN TRANSPORT

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

16/06/2021

4. Date of Expiry of the Insurance

15/06/2022

Persons or Classes of Persons entitled to drive. 5.

> (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 Véhicle.

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.

: S\$ 2000.00 (SECTION 1)

S\$ 2500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR

INEXPERIENCED DRIVERS 5\$ 200.00 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

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.

H.P. Owner

: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

CHIEF EXECUTIVE (Singapore Branch)

User ID

eslinyeo / nfwong

Date Issued

: 04-05-2021



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Ce

	whom you submitted the Original Report.
	ADDENDUM
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Original Report No: SYOSHARDOOY Vehicle Registration No: XE 1881 G
	Name (as shown in NRIC): BUHAR BW KARSAD NRIC/FIN/Passport No. SXXXADAR
	(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
	Address: Singapore (
	Contact (Tel): Mobile No.:91736453
	Email Address:
	Date of Accident: Time of Accident:
	Place of Accident: BAFORK BRADDELL EXIT 10 XIAAR LAMPROST >55
	Insurance Company: Out of
B)	ADDITIONAL INFORMATION /AMENDMENTS:
	I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:
a•	To Francisca Pacient Vinhan reambar XE 18819
•	
1 27	
,_	
y <u>-</u>	
-	(an 21/10/2021
D	olicyholder / Driver's Signature Reporting Centre Personnel's Signature Name:
	NRIC/FIN No.: Doll MANS

GIARMC Addendum Form