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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 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

22/11/2021 18:31 (SGT) 20/11/2021 11:45 (SGT) Mount Elizabeth Link, Singapore JUNCTION WTIN BIDEFORD ROAD Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

GBC8111X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No

Yes **ODYSSEY MARINE PTE LTD** 2XXXXX060E major\_wah@yahoo.com (Phone) +65-96888067 +65-96888067

VEHICLE PARTICULARS

Alternative Phone No.

Manufacturer Model Variant

Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission CC

Toyota Hiace

Employment

No - Reporting only Commercial vehicle Manual 2982

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy

Policy Number Cover Note Number Lonpac Insurance Bhd Comprehensive

Z/21/VC00/110352

DRIVER

Name of Driver NRIC No

TAN CHEE WAH SXXXX187Z

Date Of Birth 13/01/1967 Occupation Outdoor Date Of Driving Pass 17/05/1995 Driving experience 26 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-96888067 Alt. Phone Number **Email Address** cheewah@odysseymarinepl.com Address 6 INDUS ROAD #11-06 Address complement Postcode 169588 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name SANDRA WONG MEI LIN Gender Female 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 ATTACHMENT AND STATEMENT 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 SHD5965S Vehicle Manufacturer Toyota

Prius

Taxi

Vehicle Model

Vehicle Variant Vehicle Colour Vehicle Category

Name of Driver	WONG
Contact Number	
Address	(Phone) +65-92736664
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 <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.
- 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' 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
- (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
- (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.

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Policyholder's Signature / Date & Time

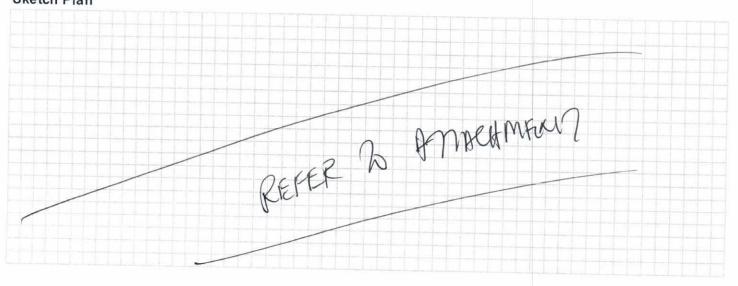
Driver's Signature (if driver is not the policyholder) / Date

11/21 1720 pm

Witnessed by Reporting Centre

Personnel

### Sketch Plan



SHD 59655. CBC 8111C. \$68E+181 19/2 26 of 44. Elgery Bry. gensolulsons

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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

## Accident Between SHD5965S and GBC8111X

On 20 Nov 2021, at about 1145 am, I was traveling along Mt Elizabeth Link going towards Bideford Road. The van was loaded with goods about 1,000 kgs. I stopped on a steep slope at the junction of Mt Elizabeth Link and Bideford Road as the traffic light was red. The taxi SHD5965S stopped closely behind me. When the traffic light turned green, and when the van need to moved forward, the clutch did not bite properly and it slide backward to hit the taxi behind. No bodily injury was sustained on both drivers or passenger.

As the impact was small, there is no significant damage to the van and taxis front.

The driver was only willing to give his particular as Mr Wong, HP no. is 92736664.

As the damage is minor, there is no claim for the van.

The RINE OF THE STATE OF THE ST

## ACCIDENT STATEMENT

LOCATION:  Mt Elizabel Link.  1. DETAILS OF VEHICLE  GIVEHICLE NUMBER: GBCBIII X  DINSURANCE COMPANY: LONPAC INSURANCE BHD  CIPOLICY NUMBER: BLIVCOO 110352  DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  DIMAKE & MODEL: TOYOTA HIACE  DITYPE: (SALOON / COUPE / MPV (VAN) LORRY / MOTORCYCLE / OTHERS)  GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  DIPURPOSE OF USING AT ACCIDENT TIME:  DELUKRY  DIARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM REPORTING ONLY)  2. INSURED / POLICY HOLDER  A)NAME: DOYLCE / MARINE DIKMO (MALE / FEMALE)  DINRIC/FIN/PASSPORT: DOCUM OGO E CONTACT:  C)ADDRESS:  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  ONLY OF PRISSON 1987.  COMMER WAY  COMMER WAY  COMMER WAY  IMALEY FEMALE)  DINRIC/FIN/PASSPORT: SIBLUST/Z CONTACT: 968866667  CIADDRESS: 6 TAMES BOAD HILLOR , SCI69888
DINSURANCE COMPANY: LONPAC INSURANCE BHD  CIPOLICY NUMBER: 2 21/VC00 / 1/0352  dIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  e) MAKE & MODEL: TO YOTA HIACE  fittpe: (SALOON / COUPE / MPV (VAN) LORRY / MOTORCYCLE / OTHERS)  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS)  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS)  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: DOYSCE / MARINE DIKAN (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: DOOUD! OGO E CONTACT:  C) ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  C) NAME: TAN CHEE WAH  [MALE / FEMALE]  b) NRIC/FIN/PASSPORT: SIBLUSTIZ CONTACT: 9688666
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  e) MAKE & MODEL: TO YOTA HLACE  f) TYPE: (SALOON / COUPE / MPV (VAN) LORRY / MOTORCYCLE / OTHERS)  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h) PURPOSE OF USING AT ACCIDENT TIME: PEUVER V  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: DOYECE / MARINE DIKAN (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: DOUD! OBO E CONTACT:  c) ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  (Including driver)  b) NRIC/FIN/PASSPORT: SIBLUSTIC CONTACT: 16 868666
FITYPE: (SALOON / COUPE / MPV (VAN) LORRY / MOTORCYCLE / OTHERS)  9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h) PURPOSE OF USING AT ACCIDENT TIME: PEUVER Y  1) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME: DOYLOSE / MAPLIAL DIKAM (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: DOUP! 060 F. CONTACT:  c) ADDRESS:  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  a) NAME: TAN CHETE WAH  [NALEY FEMALE]  b) NRIC/FIN/PASSPORT: S 1 8 11/87/72 CONTACT: 96 888 66
JITPE: (SALOON / COUPE / MPV (VAN) LORRY / MOTORCYCLE / OTHERS)  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h) PURPOSE OF USING AT ACCIDENT TIME: PEUVER Y  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: DOYECE / MARINA DIKAM (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: DOUD! OF CONTACT:  c) ADDRESS:  * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  (Including diver)  b) NRIC/FIN/PASSPORT: S   B   UB 7 / E   CONTACT: 96 8 8 8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
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: DOYDGE / MAPLING DIKEM (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: DOOUD! OGO E CONTACT:  C) ADDRESS:  * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  (Including driver)  b) NRIC/FIN/PASSPORT: SIBILIBRY CONTACT: 9688866  C) ADDRESS: 6 Jacks Road # 1150 CONTACT: 9688866
2. INSURED / POLICY HOLDER  A) NAME: DOYACE! MARINE DIKEM (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: DOYACE:  c) ADDRESS:  * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  (Including driver)  b) NRIC/FIN/PASSPORT: SIBILIBRIAN (MALE) FEMALE)  b) NRIC/FIN/PASSPORT: SIBILIBRIAN CONTACT: 9688866  c) ADDRESS: 6 James Contact: 9688866
A)NAME: DDYESEY MARINE DTELLO (MALE/FEMALE) b)NRIC/FIN/PASSPORT: DOUBLOOF CONTACT: c)ADDRESS:  * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including driver) b)NRIC/FIN/PASSPORT: SIBILIBRICATION CHEEN WAH b)NRIC/FIN/PASSPORT: SIBILIBRICATION CONTACT: 9688806
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  (Including driver)  DINRIC/FIN/PASSPORT: S/8/1/2 CONTACT: 9688806  CIADDRESS: 6 Table Road #1/500
(Including driver) a)NAME: TAN CHETE. WAH  [MALEY FEMALE]  6)NRIC/FIN/PASSPORT: 5/8/1/87/7 CONTACT: 96888067
(Including driver) a)NAME: TAN CHETE. WAH  [MALEY FEMALE]  6)NRIC/FIN/PASSPORT: 5/8/1/87/7 CONTACT: 96888067
CIADDRESS: 6 Today Road #11=06
andra Wong
Sandra Wong Mei Lin.  "d)DATE OF BIRTH: [/3/0//67 J(DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)DATE OF DRIVING PASC 17/5/1995.
FIDATE OF DRIVING PASS 17/5/1995.  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (VESTINO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS
6. WAS ANYBODY INJURED (YES MO)
7. a) REPORTED TO POLICE (YES (NO)
IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  WHO of passenger a) VEHICLE NUMBER: SHD 59655 MODEL: TOYOTA PRIUS.
(Including driver) b) DRIVER'S NAME: WONG
9. THIRD PARTY VEHICLE
(Induding driver) & DRIVER'S NAME:
( ) NRIC/FIN/PASSPORT: CONTACT:

email = majo cheewal@odysseymannepl.com.



# 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/VC00/110352

Type of Cover

: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

TOYOTA HIACE DX 3.0M

- GBC 8111X

2. Name of Policy Holder

ODYSSEY MARINE PTE LTD

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

15/03/2021

4. Date of Expiry of the Insurance

14/03/2022

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** 

: 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 Date Issued : eslinyeo / pltan : 09-03-2021 19/VC00/Nov v-5.10.0 Z70701(