# **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**

Date of Submission 07/01/2022 15:55 (SGT) Date of Accident 06/01/2022 14:50 (SGT) Exact Location of Accident Singapore Additional Location Information Pasir Panjang Road Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number GBK2864D

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner A-Power Engineering Pte Ltd Company Reg No 199904271K Email Address general@apower.com.sg Mobile Phone No (Phone) +65-86471553 Alternative Phone No +65-86471553

#### VEHICLE PARTICULARS

Manufacturer

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

#### **INSURANCE COMPANY**

Name of Insurance Company Lonpac Insurance Bhd Type of Coverage Comprehensive Fleet Policy Policy Number Z21VC05007165 Cover Note Number

### DRIVER

Name of Driver Muniyasamy Saravanakumar Passport No/FIN G8893938M

Date Of Birth 10/04/1994 Occupation Outdoor Date Of Driving Pass 20/08/2021 Driving experience 5 MONTHS Gender Male Mobile Number (Phone) +65-86471553 Alt. Phone Number Email Address general@apower.com.sg Address 51 Bukit Batok Crescent, #06-28 Unity Centre Address complement Postcode 658077 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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? Nο 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 **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT On 06/01/2022, I was driving vehicle GBK2864D passing by Pasir Panjang Road, stopped at traffic junction, when suddenly, felt an impact, realised that a vehicle, SJE7925R hit into my vehicle's right side. I realised that my vehicle has sustained several scratches, hence filing a report. 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 SJF7925R

Private car

S9525933B

Muhammad Aiman Bin Mazlan

# NAIC NO

Official Accident report SW0B22170001

Vehicle Model

Vehicle Manufacturer

Name of Driver

Vehicle Variant
Vehicle Colour
Vehicle Category

Contact Number	
Address	
Address complement	
Postcode	-
Insurance Company Name	<del>-</del>
Nature Of Damage	
Details of property damaged in accident	<del>-</del>
No. Of Passenger (Including Driver)	

#### SKETCH PLAN

#### 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 <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>.
- 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)

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

Please note that you might be able to submit an Own Damage claim under your own policy within 14 days.

( ) Claim Own Damage (OD) ( ) Claim Third Party (TP) ( ) Reporting Only ( ) Claim OD/TP at other workshop

M. Sav Zu

Describe Circumstances of the Accident
在66-01-2000年人聚建GBK 266+D经过 Pasieny Panjeny Po 的时候信车车车至至2点忽然原流高车车———————————————————————————————————
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图视别的看后发影一车的汽车里有着私的大加车板。
万切 在私格 到外 好 如 的 好 的 大人
100 ty 200 3 110 0 9 2 110 0 100 00 00
On DOMESTON DESCRIPTION OF A STAND OF THE PROPERTY.
On Ob/01/2022, I was driving reliace GBK 2864D passing by Parirpanjang
Dodd Doggod of traffic traffic to the soliday College
Road stopped at tractic junction, when anotherry, felt an impact,
realised that a variete, STE7925R wit into my verile's right side.
hadred to the second to the se
I realised that remove has sustained several scratenes, hence filing a report
m. San Fugge 7
10 5002 1000 1000 M

## Declaration

Time

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

Policyholder's Signature / Date &

M· Sau Frun F 07-01-2022 Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre









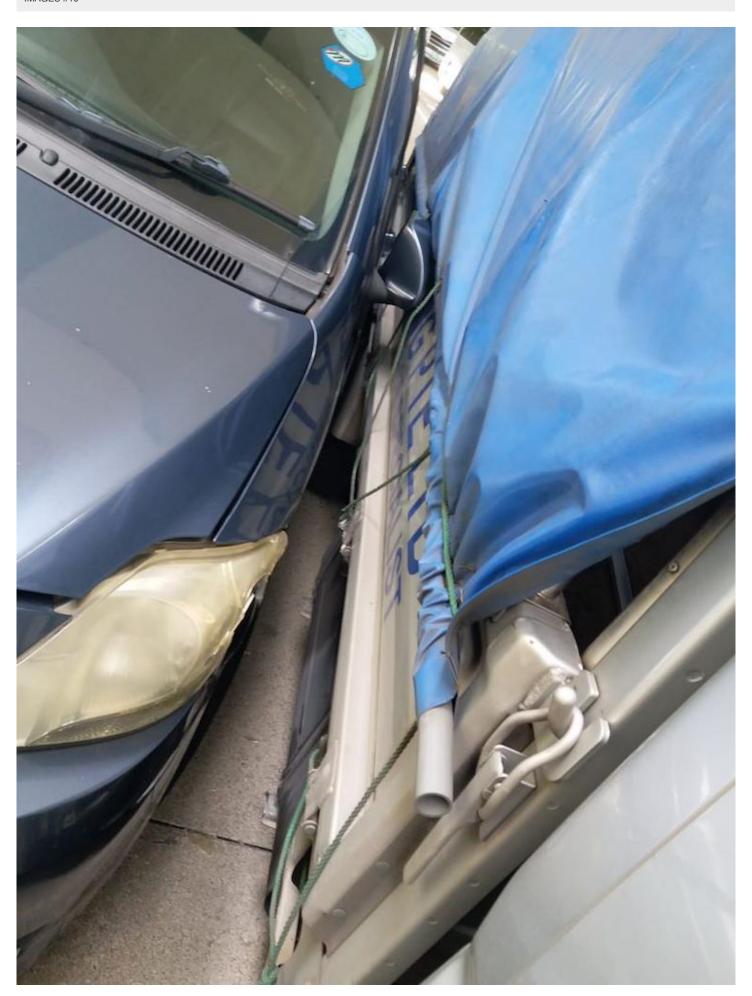












MZ300



## LONPAC INSURANCE BHD (S98FC5635C)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555. Tel: (65) 6250 7385 Pax: (65) 6296 3767 Website: www.longac.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).
THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z21VC05007165

Type of Cover : COMPREHENSIVE

Index Mark and Vehicle Registration Number

TOYOTA DYNA 150 5MT

- GBK2864D

2. Name of Policy Holder

A-POWER ENGINEERING P1E LTD

Effective Date of the Commencement of Insurance

25/03/2021

for the purpose of the Act

24/03/2022

4. Date of Expiry of the Insurance

Person To Drive

(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
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 PULICY DUES 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

: \$\$ 1,200.00 (SECTION 1) \$\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

\$\$ 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 (Tivid-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

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CHIEF EXECUTIVE (Singapore Branch)

User ID: ALSIA Date Issued: 22/03/2021

