

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 19/03/2022 14:28 (SGT) Date of Accident 18/03/2022 23:18 (SGT) Exact Location of Accident Singapore Additional Location Information CTE NEAR ANG MO KIO EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SLQ9543J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner PMPS LINER TECHNOLOGY (S) PTE LTD Company Reg No 200711163C **Email Address** long@pmpsliner.com Mobile Phone No (Phone) +65-64653008 Alternative Phone No (Office) +65-64653008

VEHICLE PARTICULARS

Manufacturer

Model **VEZEL 1.5X SENSING** 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? Yes Vehicle Category Commercial vehicle Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Type of Coverage Comprehensive Fleet Policy Policy Number Z21VP05029550 Cover Note Number 27/07/2021 TO 26/07/2022

DRIVER

Name of Driver MOW CHAN LOONG NRIC No. S8328937F

Date Of Birth 15/09/1983 Occupation Indoor Date Of Driving Pass 14/04/2021 Driving experience 11 MONTHS Gender Male Mobile Number (Phone) +65-96774465 Alt. Phone Number Email Address long@pmpsliner.com Address APT BLK 259A PUNGGOL FIELD #06-21 (S) 821259 Address complement Postcode 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 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? 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? Nο PASSENGER 1 Name **PASSENGER** 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 REFER WITH ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMQ1799D Vehicle Manufacturer

Private car

Vehicle Variant

Vehicle Category

Vehicle Model

Vehicle Colour

Name of Driver	ZHANG LIANG LIANG
Contact Number	(Phone) +65-96643631
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	SKT46H -
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG SAY HENG
Contact Number	(Phone) +65-96774103
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJX7796X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WAYNE DE ROZA
Contact Number	(Phone) +65-93630277
Address	-
Address complement	-
Postcode	_
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

SKETCH PLAN

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- 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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SLQ 9543J

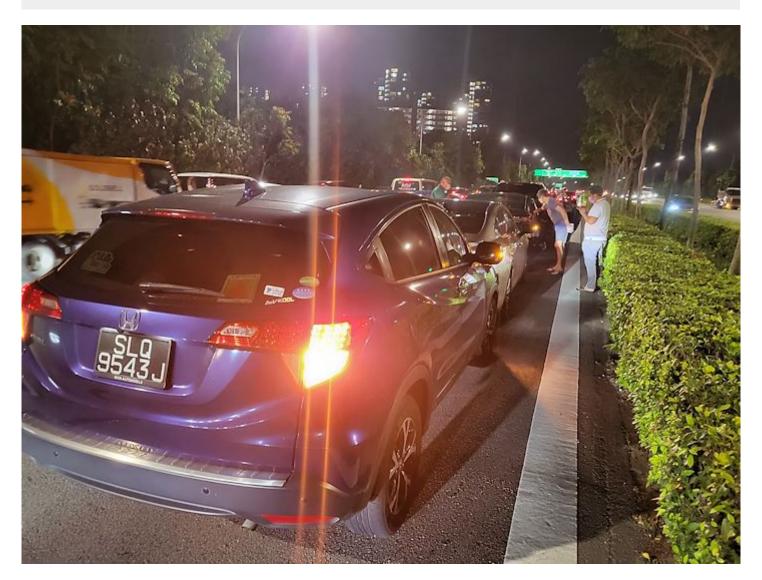
B: SMQ 1799D

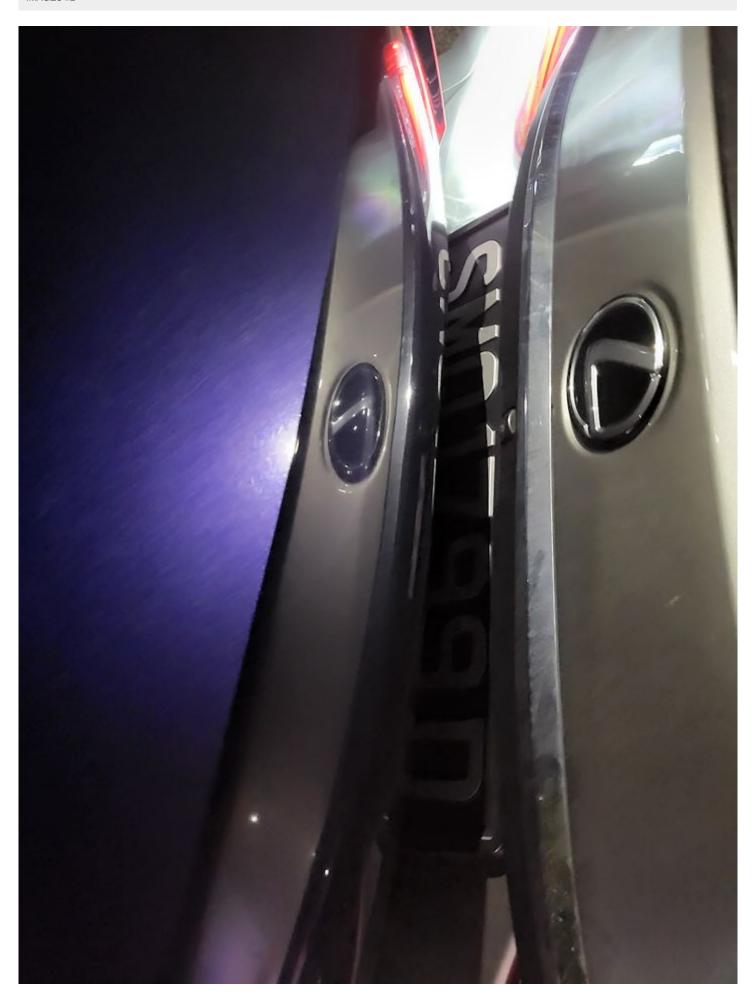
C: SKT 46H

D: SJX 7796X

Describe Circumstances of the Accident

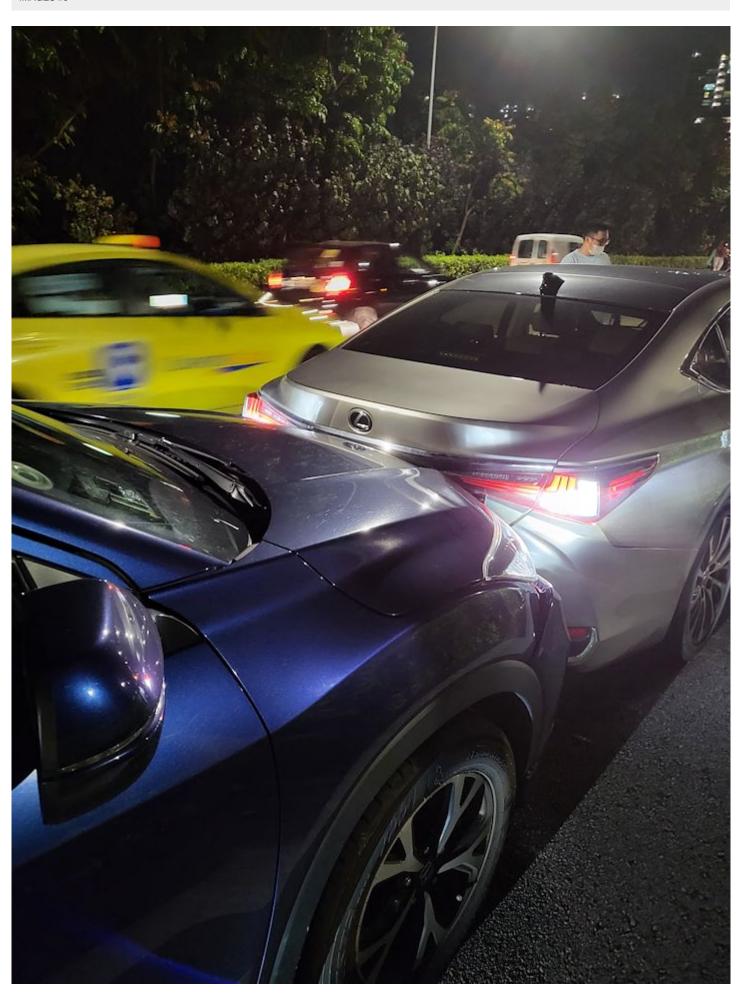
when driving along CTE, SMQ 1799D CH	into my lone and I started
to slow down than SMO 17990 Suddenty	E broke and 2 also
Pollow him 12 brokes Out Still hit on to him	· Total 4 Whicles
on involve.	
The West	
Note: Please note that your insurer may have 14 days time frame for you to submit an	our damage claim under your our policy
please check your policy for more information.	rown damage claim under your own policy,
please cheek your pointy for more information.	
Declaration	7000
We declare the foregoing particulars are true in every respect.	1.2
19/3/ SH10	122 NOOD
Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) /	

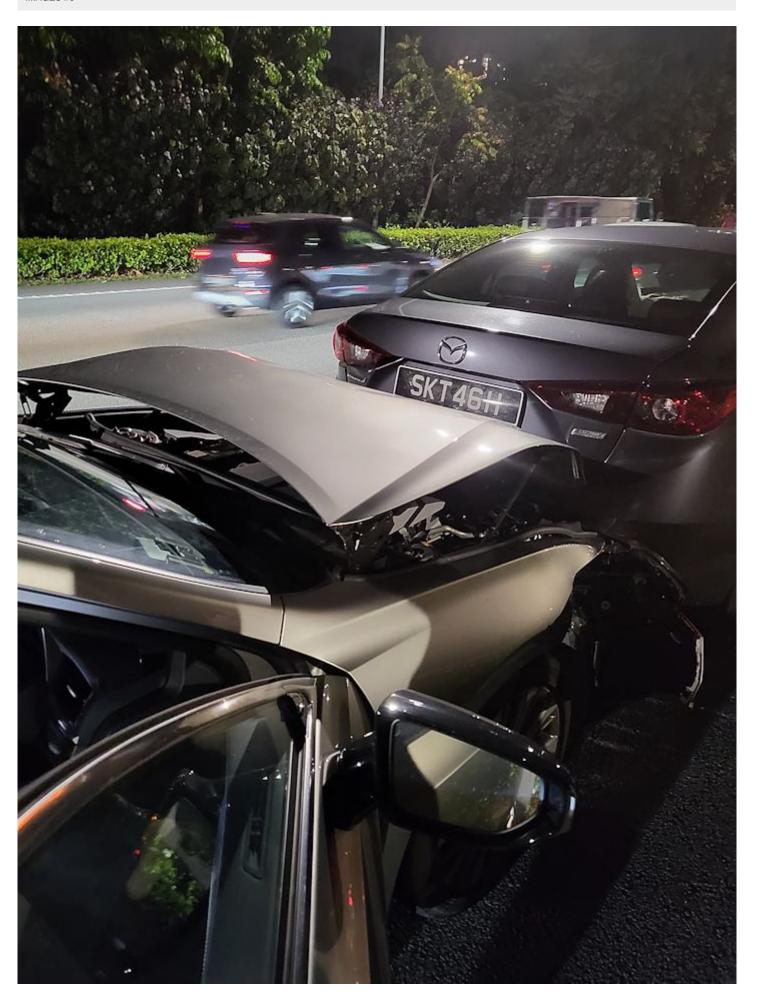


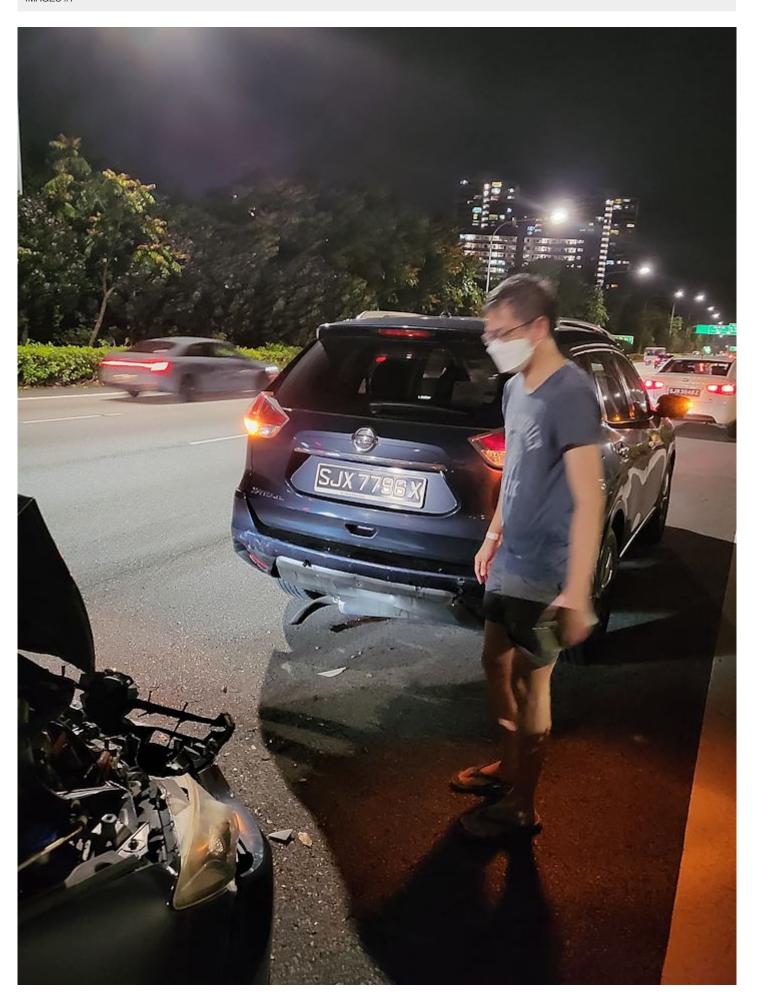


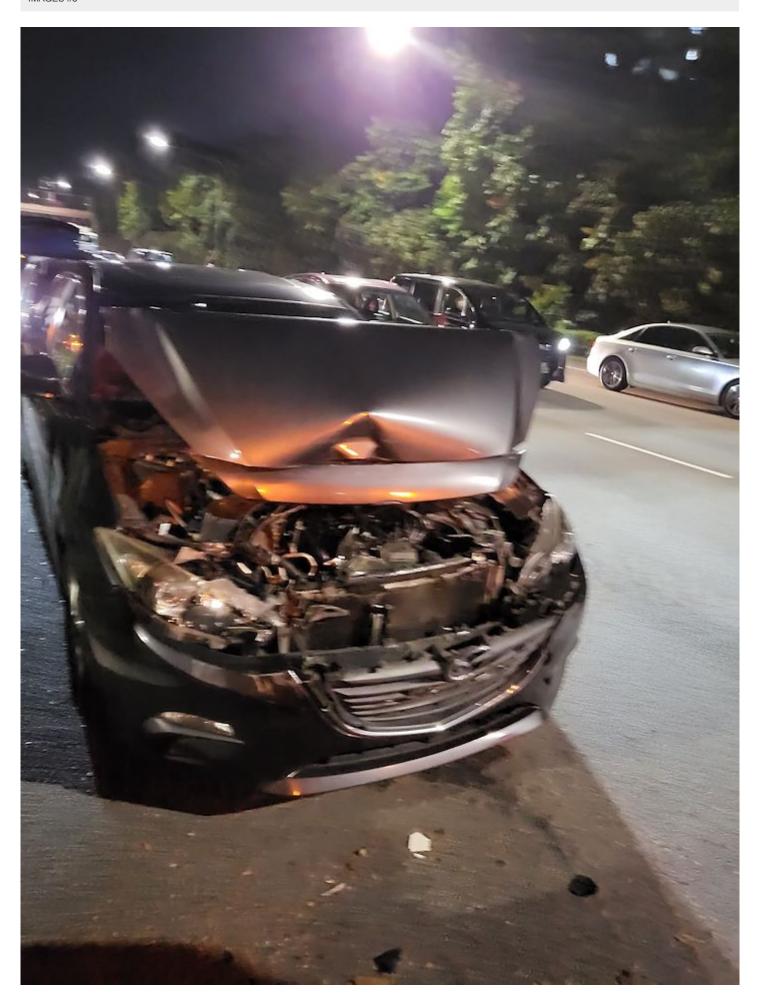




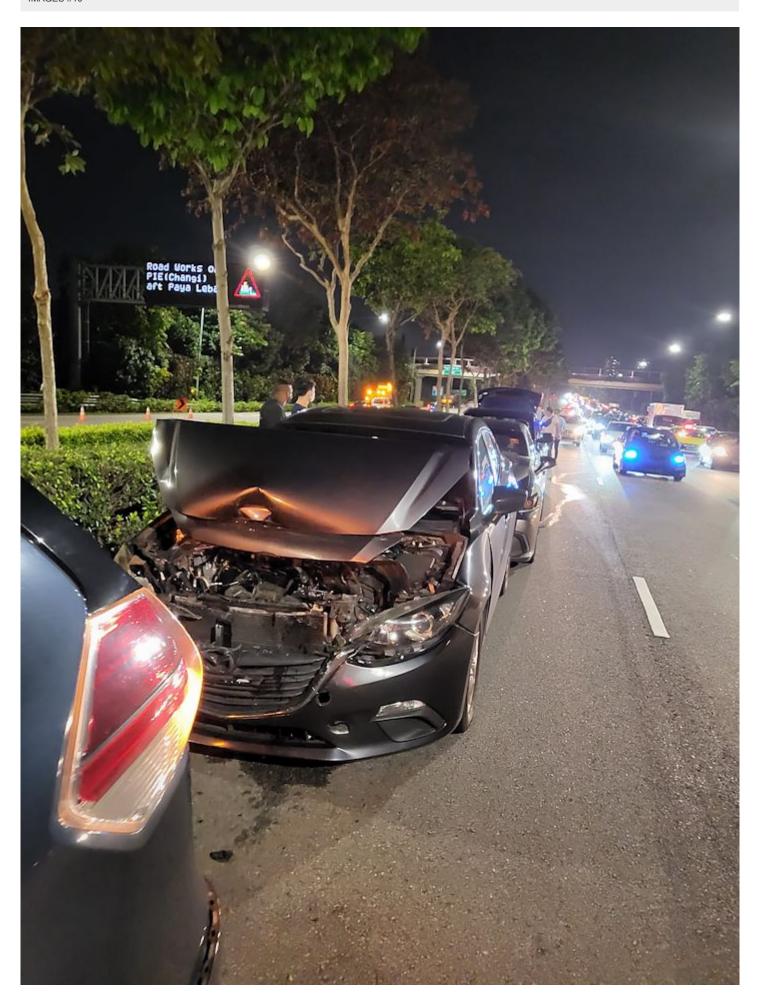


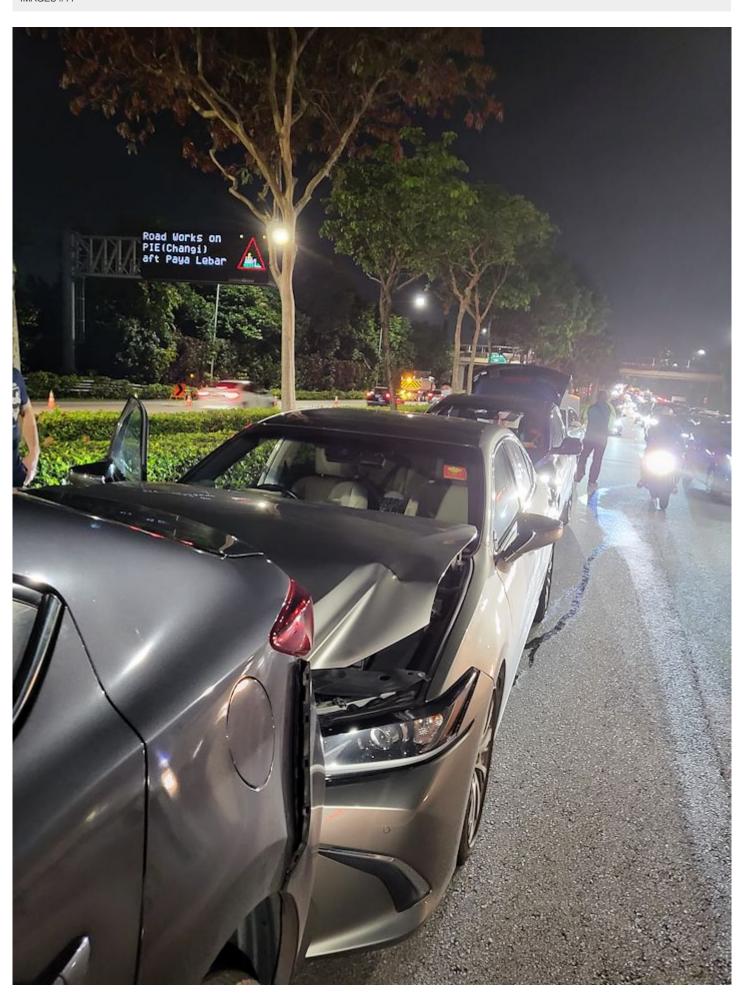


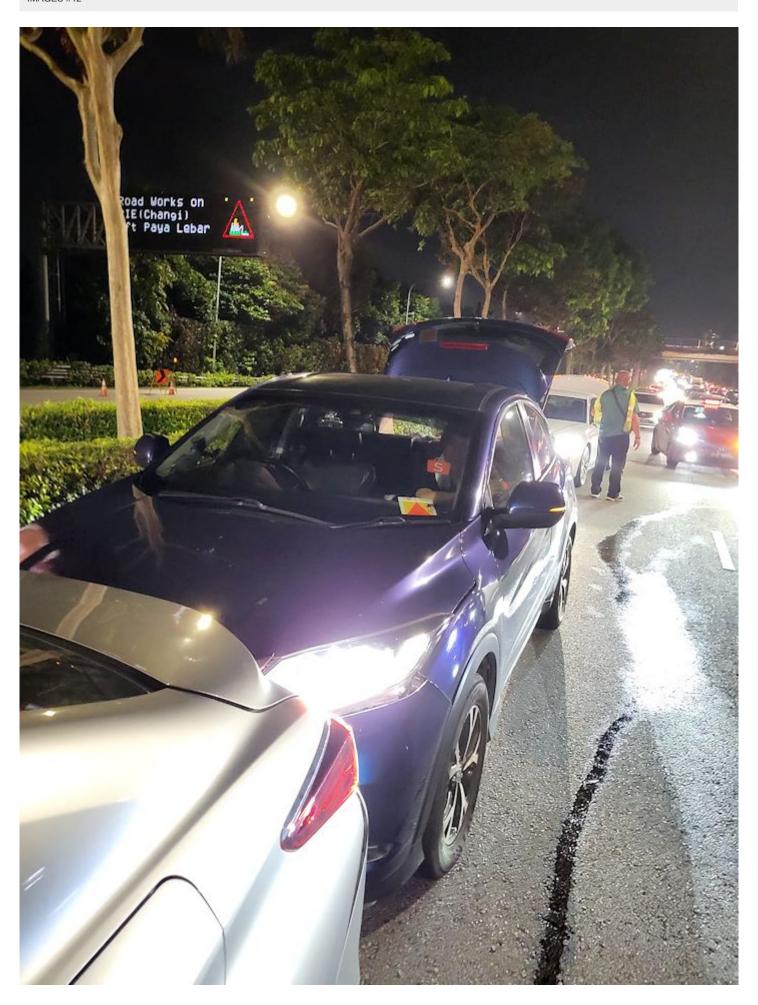




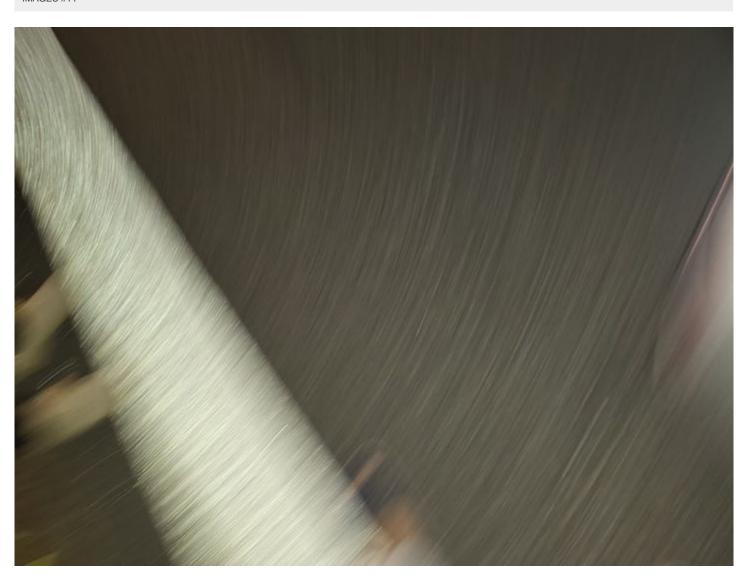


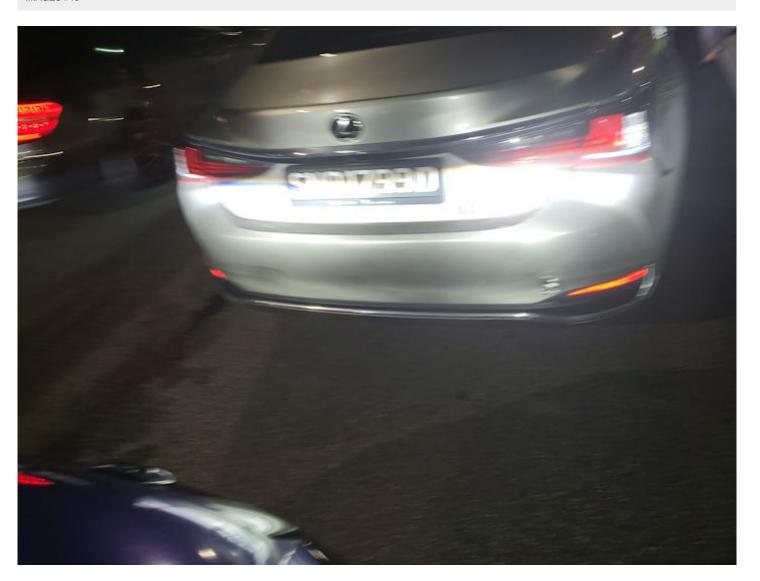














LONPAC INSURANCE BHD (S98FC5635C)

(incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555, Tal: (65) 8250 7388 Fax: (65) 6296 3767 Website: www.lonpec.com.sg GST Reg No.: F0-0005835-C

THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

MX4

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).

Certificate No.: Z21VP05029550

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

HONDA VEZEL 1,5 (A) - SLQ9543J

2. Name of Policy Holder

PMPS LINER TECHNOLOGY (S) PTE LTD

 Effective Date of the Commencement of Insurance for the purpose of the Act 27/07/2021

26/07/2022

4. Date of Expiry of the Insurance

Persons or Classes of Persons entitled to drive* (For certificate references MX4, see overleaf)
 ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH 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 ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD, RACING, PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING OR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS OR USED FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

Excess

: \$\$ 500.00(SECTION 1) AUTHORISED EMPLOYEE

S\$ 1,500,00(SECTION 1) OTHER THAN AUTHORISED EMPLOYEE

S\$ 3,000,00(SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100,00WINDSCREEN EXCESS

AN ADDITIONAL EXCESS OF \$500 FOR 2ND & SUBSEQUENT CLAIM DURING THE POLICY PERIOD (FOR COMPREHENSIVE COVER ONLY).

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,

H.P. Owner: MAYBANK

CHIEF EXECUTIVE (Singapore Branch)

nele.

User ID: EMOTORCAT Date Issued: 05/07/2021

Certificate of Insurance - Page 1 of 1