SW0C224K0001 / WAH HONG MOTORS & CREDIT PTE LTD ENTRY DATE & TIME: 20/04/2022 14:40 (SGT) SUBMITTED BY: Ng-Tan Lye Kee Doreen VERSION: 1 (20/04/2022 14:40 (SGT))

# **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 20/04/2022 14:40 (SGT) Date of Accident 17/04/2022 09:10 (SGT) Exact Location of Accident Near 113 New Bridge Rd, Singapore Additional Location Information ALONG NEW BRIDGE ROAD SLIP ROAD ON LEFT TO UPP PICKERING STREET Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number YP6714D

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **ENERGY ENGINEERING CONTRACTORS PTE LTD** Company Reg No 201114695G Email Address BHARATHIMV98@GMAIL.COM Mobile Phone No (Phone) +65-82817291 Alternative Phone No +65-82817291

## VEHICLE PARTICULARS

Manufacturer Hino Model XZU710R-HKFMS3 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 4009

## INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Type of Coverage Comprehensive Fleet Policy Nο Policy Number Z21VC05007848 Cover Note Number

## DRIVER

Name of Driver MODRTHY BHARATHIDASAN



Work Permit No G8737964M Date Of Birth 17/09/1998 Occupation Outdoor Date Of Driving Pass 26/12/2019 Driving experience 2 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-82817291 Alt. Phone Number Email Address BHARATHIMV98@GMAIL.COM BLK 32D #01-38 JURONG PENJURU DORMITORY 2, 36 Address PENJURU PLACE Address complement Postcode 608560 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? 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? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN & SUMMARY 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 SI A7372H

Vehicle Registration NumberSLA7372HVehicle Manufacturer-Vehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryPrivate carName of Driver-Contact Number-

Address	 	_
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.
- 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,
- 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.



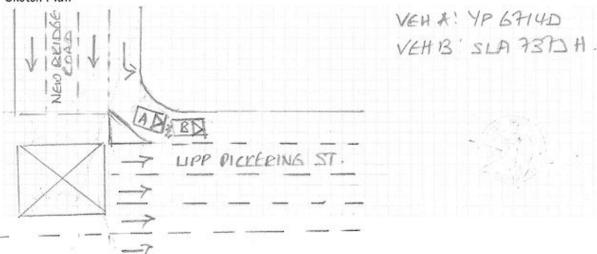
Policyholder's Signature / Date & Time

M. shootlide-

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe on cumstances of the Acciden	Describe	Circumstances of	of	the	Accident
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ON 17/04/2020 AM ABOUT CAID HER I WAS BRIVING VEH A
ON 17/04/2022 AT ABOUT DAIDHER I WAS BRIVING VEH A YPGTI4D BLONG NEW BRIDGE RD TURNING SLIP ROAD ON LEFT FOUNTER UPPER PICKERNIC ST, INFRONT. A. VEH.B. SLAJZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ
FOUNTEDS UPPER PICKERNE ST, INFRENT, A. VEN.B. SLAJZZIH
SUDDIENT BRAKE AND I HIT ONDO, VEH BREAR.

# Declaration

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











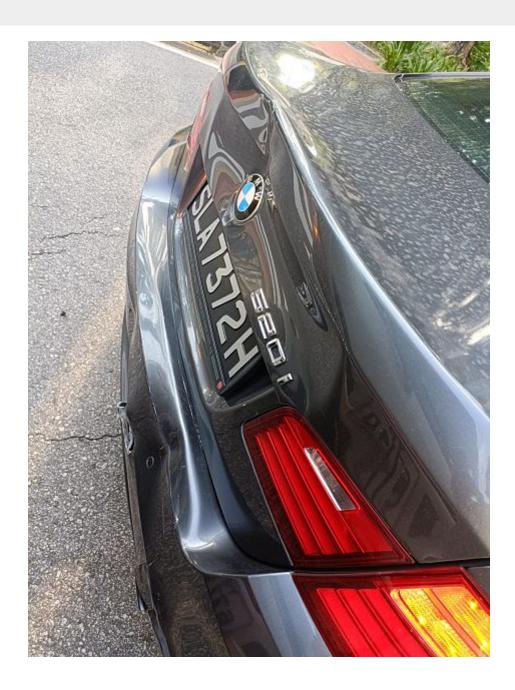


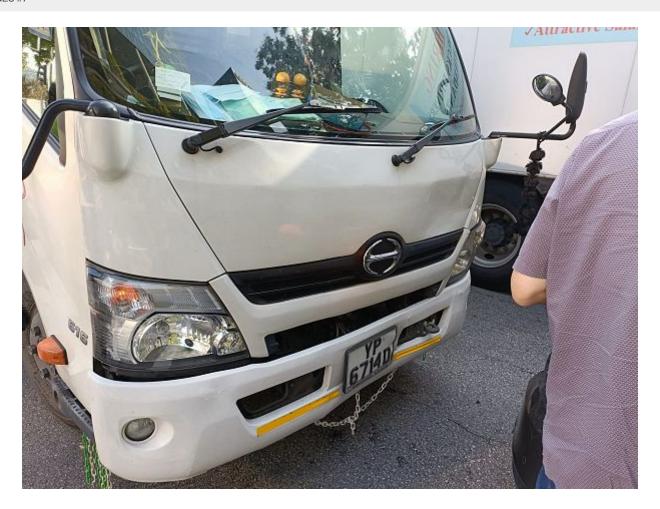


















# LONPAC INSURANCE BHD (S98FC5635C)

M2300

Singapore Office: 300, Deach Road #17-04-07. The Consource: Singapore \$95555. Tel: i651-6350-7385. Fax: i651-6356-3767. Website: www.tendet.coming. 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 HISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE). ROAD TRANSPORT ACT 1987 (ALLAYS(A)).
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).
THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z21VC05007848

Type of Cover : COMPREHENSIVE

1. Index Mark and Vahicle Registration Number

HIND HIND XZU710R-HKFMS3

2. Name of Policy Holder

ENERGY ENGINEERING CONTRACTORS PTE, LTD

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

4. Date of Expiry of the Insurance

06/07/2022

(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.

LUMBERIONS 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 REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIALOR SPEED TESTING.
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

: S\$ 1,400.00 (SECTION 1)
S\$ 2,500.00 (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) Depublic 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: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

Quele.

(Singapore Branch)

User ID. ONGYEELENG Date Issued, 30/06/2021

Certificate of Insurance - Page 1 of 1