

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 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. 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	23/04/2022 14:28 (SGT)
Date of Accident	22/04/2022 20:00 (SGT)
Exact Location of Accident	Near 81 Choa Chu Kang Way, Singapore 688263
Additional Location Information	KJE TOWARDS WOODLANDS BEFORE CHOACHU KANG WAY EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN9163J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ASIA PILING CO PTE LTD
Company Reg No	201709252K
Email Address	ENQUIRY@ASIAPILINGCO.COM
Mobile Phone No	(Phone) +65-88109855
Alternative Phone No	+65-88109855

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Fvr34suqdc
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	7790

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z/21/VC00/112243
Cover Note Number	-

DRIVER

Name of Driver	ARUMUGAM VETRIVEL
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Work Permit No	G6238055T
Date Of Birth	12/02/1976
Occupation	Outdoor
Date Of Driving Pass	13/11/2019
Driving experience	2 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88109855
Alt. Phone Number	-
Email Address	ENQUIRY@ASIAPILINGCO.COM
Address	21 SERANGOON NORTH AVE 5
Address complement	#05-01
Postcode	554864
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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)	1
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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKTECH PLAN

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	SFF7777T
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HENRY NG
Contact Number	(Phone) +65-90629017
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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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' lawyers/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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



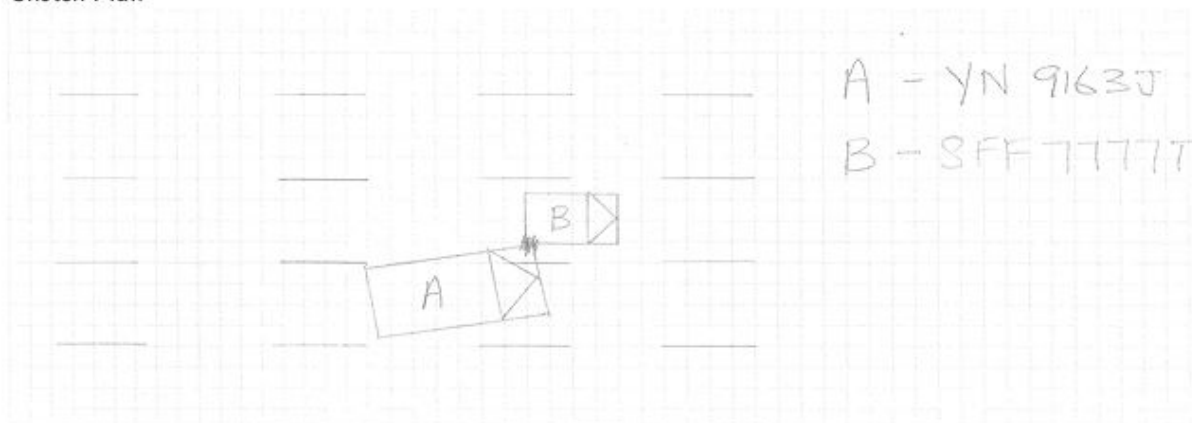
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 22/04/2022 @ 2000 HRS, I was driving my vehicle A (YN 9163J) on lane 2 along KJE TUDS ROAD (Before Choa Chu King Exit). It was heavy traffic during that time and I wanted to exit to Choa Chu King Way. I drove my vehicle A (YN 9163J) slowly to the left (lane 3) after making blind spot and left indicator was also activated. Suddenly I heard a crack sound. I stopped my vehicle to check and realised that my vehicle A (YN 9163J) front left portion had collided onto vehicle B (5FF 1117T) rear right tyre portion. We then exchanged particulars for insurance claim.

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)

(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

MZ300

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/VC00/112243

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

 ISUZU FVR34SUQDC
 - YN 9163J

2. Name of Policy Holder

ASIA PILING CO PTE LTD

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

04/09/2021

4. Date of Expiry of the Insurance

03/09/2022

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\$4000.00 (EACH FOR SECTION 1 & 2)

S\$2500.00 (SECTION 1) ADDITIONAL EXCESS FOR

YOUNG &/OR INEXPERIENCED DRIVERS

S\$100.00 WINDSCREEN EXCESS (EXCESS WILL DOUBLED

ON 2ND AND 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 : eslinyeo / piltan
 Date Issued : 30-08-2021

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