SS2X2284000G / SME MOTOR PTE LTD ENTRY DATE & TIME: 04/08/2022 17:19 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (04/08/2022 17:19 (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 Actual 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.

- 4. The issue and acceptance of this is form by instrained 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 04/08/2022 17:19 (SGT) Reported by Driver Date of Accident 03/05/2022 19:10 (SGT) Exact Location of Accident 302 Ubi Ave 1, Singapore 400302 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBF5116L**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner LI KIONG FURNITURE & INTERIOR Company Reg No 53288939L Email Address likiong1917@gmail.com Mobile Phone No (Phone) +65-93683968 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna 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

No - Reporting only your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 3000

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z21VC05009141

DRIVER

Name of Driver CHIA KEE LEONG NRIC No S7466564J Date Of Birth 14/09/1974 Occupation Outdoor

| Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address In the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver | 21/07/2008 13 YEARS AND 10 MONTHS Male (Phone) +65-93683968 - likiong1917@gmail.com BLK 616 BEDOK RESERVOIR ROAD #08-1100 - 470616 No OWNER No |
|--|--|
| GENERAL INFORMATION OF THE ACCIDENT | |
| Type of Accident Weather Conditions Road Surface | Collision - Opening Door of Vehicle Clear Dry |
| OTHER INFORMATION | |
| Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement | - |
| DETAILS OF POLICE ACTION | |
| Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT | No No - |
| I WAS MOVING OFF FROM THE PARKING LOT. SUDDENLY, V OTNO MY VEHICLE LH PORTION. | 'EHICLE B ON MY LEFT OPEN IT'S REAR RIGHT DOOR AND HIT |
| ATTACHMENT(S) | |
| Are accident photos available for attachment? Was there any video captured by Car Camera? | Yes No |
| DETAILS OF OTHER | VEHICLE PROPERTY 1 |
| Vehicle Registration Number | SJD747P |

Private car

Accident report SS2X2284000G

Vehicle Model
Vehicle Variant

Vehicle Category

| Contact Number Address | - |
|---|-----------|
| Address complement | _ |
| Postcode | _ |
| Insurance Company Name | _ |
| Nature Of Damage | - |
| Details of property damaged in accident | VEHICLE B |
| 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 Actual 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>.
- 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 Traffic Police Department for investigation,
- This report will be forwarded by the insurers to 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)

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 largests/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

(532889391) * 1019

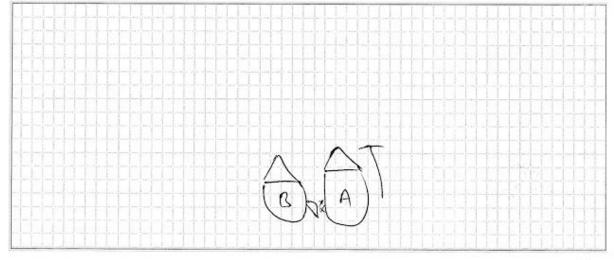
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



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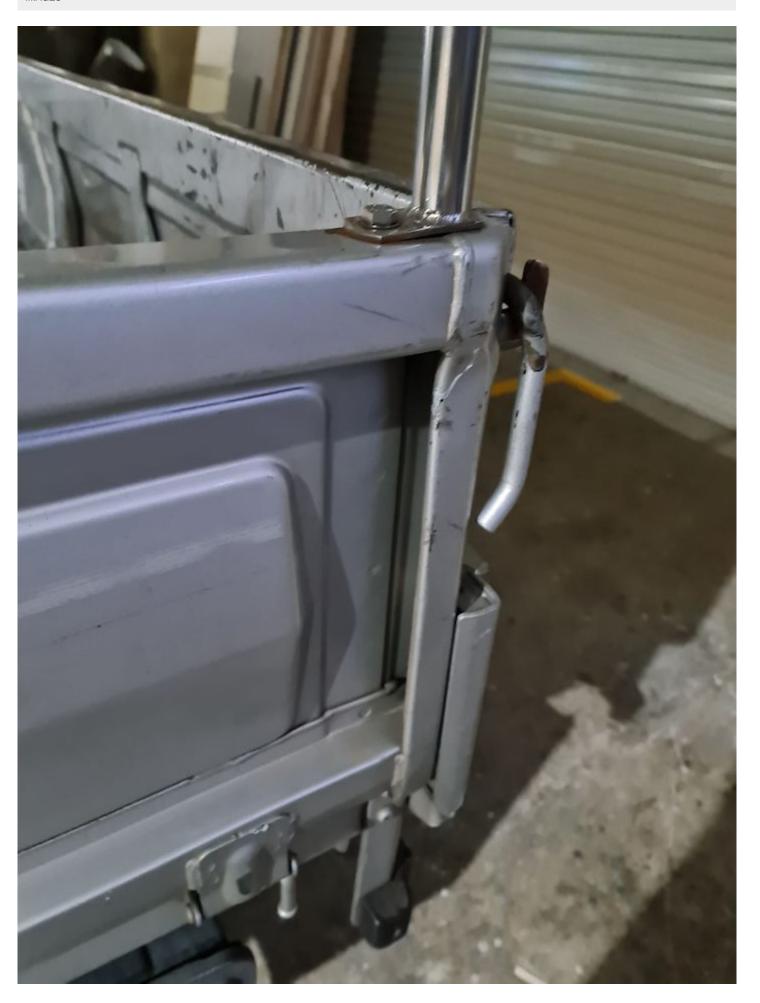
Declaration

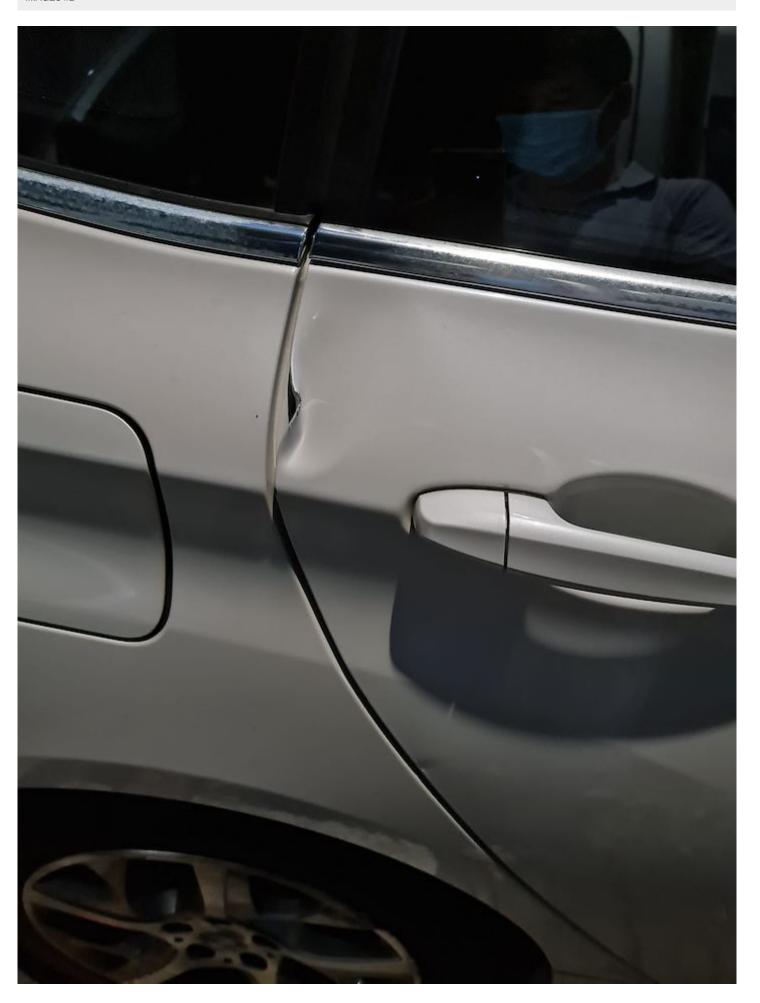
I/We declare ng particulars are true in every respect.

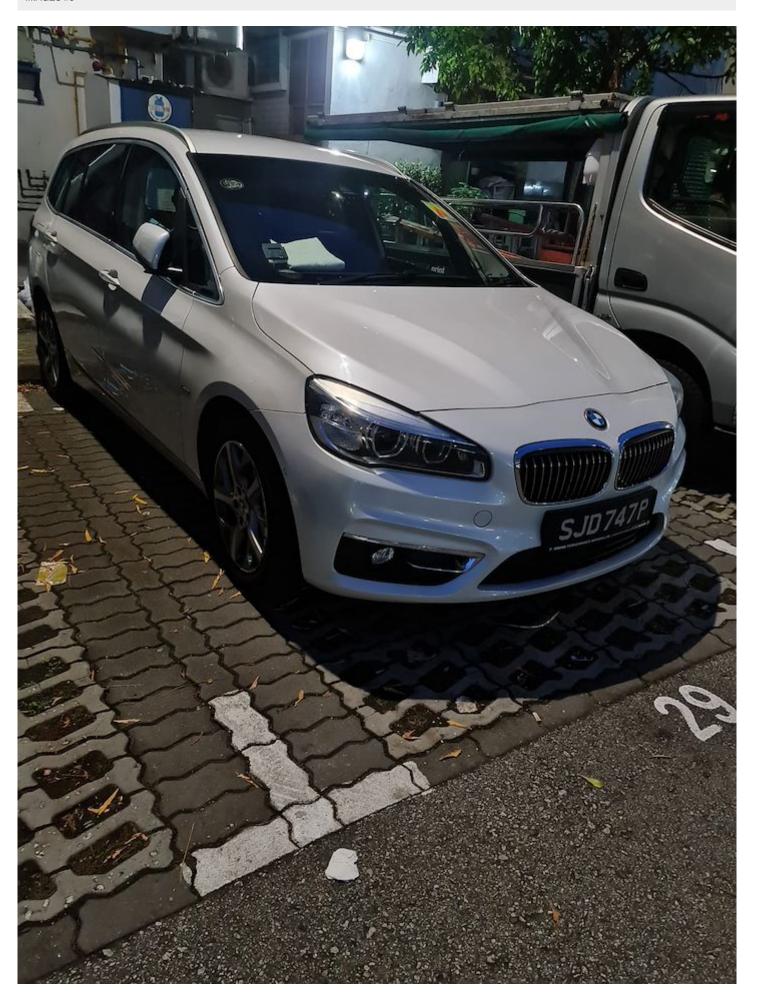


Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

























LONPAC INSURANCE BHD (S98FC5635C)

Singapore Office: 300, Beach Road #17-04/07. The Concourse, Singapore 155555 Tel: (65) 6250-7388 - Fax: (65) 6296-3767 - Website: www.lonpuc.com.sg GST Reg No.: F0-0005635-C

THE SCHEDULE

Class of Policy

: COMMERCIAL VEHICLE

Policy No.

Z21VC05009141

Insured

: LI KIONG FURNITURE & INTERIOR

Type of Cover

: COMPREHENSIVE

Address

8 KAKI BUKIT AVENUE 4 #06-46 PREMIER

@KAKI BUKIT SINGAPORE 415875

Replacing CN/Policy No.

: Z20VC00109281

Nature of Business

OTHERS - CARPENTER & INTERIOR RENOVATION

Account No

: Z70154(D)

Period of Insurance

(a) From 21/11/2021 To 20/11/2022 (both dates inclusive)

(b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.

H.P. Owner

UNITED OVERSEAS BANK LIMITED

| Descr | iption of | venicie |
|-------|-----------|---------|
| Vehic | le/Traile | r Regn. |

GBF5116L

The Policy's Premium **Premium Component**

Amount Total (S\$)

Make & Model of Vehicle

: TOYOTA DYNA 3.0 MANUAL

Gross Premium

1,785,95

Basic Premium NCD

-357.19

Type of Body

LORRY WITH HOOD/CANOPY

Engine No

20.00%

7.00%

: 1KD2641560

1,428.76 1,428.76

Chassis No

Tonnage

KDY2318026411

1,428.76 100.01

Year of Registration

2016

Actual Gross Premium GST

Premium After Discount

Seating Capacity

Sum Insured

1,64

: 2

: MARKET VALUE

Total Premium Payable

1.528.77

Excess

S\$ 600.00 (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

Policy Schedule - Page 1 of 2