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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.

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 30/08/2022 15:57 (SGT) Reported by Both Date of Accident 29/08/2022 18:20 (SGT) **Exact Location of Accident** Tampines Ave 10, Singapore Additional Location Information TOWARDS TPE (PIE) Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number YP8623U INSURED/POLICYHOLDER Is company? Yes CHEONG FATT PET SUPPLY Name Of Registered Owner Company Reg No 5XXXX289A Email Address chrisdesagon@gmail.com Mobile Phone No (Phone) +65-96864985 Alternative Phone No. VEHICLE PARTICULARS Manufacturer Hino Model XZU710R Variant Exact purpose for which vehicle was being used at time of Employment Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual 4009 INSURANCE COMPANY Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z22VC05010960 DRIVER Name of Driver ZHAO GUOWEI ALVIN

SXXXX888Z

20/06/1983

Outdoor

NRIC No

Date Of Birth

Occupation

Date Of Driving Pass 13/01/2005 Driving experience 17 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-96864985 Alt. Phone Number Email Address chrisdesagon@gmail.com Address BLK 636B SENJA ROAD #23-323 Address complement Postcode 672636 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **OWNER** 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 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? No 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? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV8189S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	
Contact Number	2

Address	
Address	_
Address complement	-
Postcode	-
nsurance 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.
- 72. This Form must be completed by the Policyholder and/or the Actual Driver.
- 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 Traffic Police Department for investigation.
- 6 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

CALCASTOR CONTRACTOR C

Policyholder's Signature / Date & Time

Sketch Plan

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

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

VEH. A - YP 8623U

VEH. B - SMV 81898

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scribe Circumstance of the Accident			
ON THE STATED DATE AND TIME.	I, VE	HICLE'H	'WAS
TRAVELLING STRAIGHT ON MY LANE	ON TH	E STAT	50
VENUE. VEHICLE 8' HAD CUT INTO MY	LANE	AND	DAMAGE
THE LEFT SIDE OF MY VEHICLE.			
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Declaration

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

ON OFFICE OF STANDS

Policyholder's Signature / Date & Time

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

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

Accident Place Insurace Company Insurace Passengers (Including Driver) Insurace Passengers (Including Driver) Insurace Post Passengers (Including Driver) Insurace Post Passengers (Including Driver) Insurace Post Passengers (Including Driver) Insurace Passengers (Including Driver) Insurace Passengers (Including Driver) Insurace Passengers (Including Driver) Insurace Post Passengers (Including Driver) Insurace Passenger	Date of Accident	: 29/08/202	Z Accident	l'ime:/	820 (24-HR-Format)
Insurace Company : LONDAC Policy No: Z22VCosolo960 Owner or Company Name /IC No. : CHEONG FATT PET SUPPLY (\$3204289A) Owner or Company Contact No. : 9884985	Accident Place	TAMPINES	AVG 10	TOWA	ROS TPE(PIE)
Owner or Company Name /IC No.	Vehicle. No. (Car Plate No.)	: YP8623U	Make/N	Iodel: H	INO XZUFIOR
Owner or Company Contact No. : 9686 4985 Owner's Hp Company Tel DRIVER'S Name / IC No. : 7MAO GUOWE ALVIN \$83183887 DRIVER'S Date Of Birth : 20/06/1983 DRIVER'S License Pass Date 13/01/2005 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: 6MAG DRIVER'S Address : 8LW 6368 SAJA POAD #23-323 5672636 DRIVER'S Contact No./ Alt No. :1) 7686 4985 2) DRIVER'S Occupation : INDOOR OUTDOOR (e.g., working inside or outside office) Email Address : CHRISDESAGON & GMAIL. COM Weather & Road Surface : CLEAR & DRY\ RAINING & WET \ AFTER RAIN & WET Reporting Type : Reporting Only Claim Other Party\ Claim Own Insurance Number of Passengers (Including Driver): 0/ Was there any video Captured by car camera: YES (NO) Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose Any Injury (If YES, Pls state): 10/0 Other Party Driver's Particular (if any) Vehicle. No: 10/0 Vehicle No: 10/0 Vehicle Make\Model: 10/0 No: 10/0 Vehicle Make\Model: 10/0 Nome Driver: 10/0	Insurace Company				
DRIVER'S Name / IC No. : THAO GUOWEL ALVIN \$83188887 DRIVER'S Date Of Birth : 20/06/1983 DRIVER'S License Pass Date 13/01/2005 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \(\frac{\text{DRVGR'S}}{\text{DRIVER'S}} \) DRIVER'S Address : \(\frac{\text{BLK}}{\text{636B}} \) \(\frac{\text{SENTA}}{\text{POPOLYTER'S}} \) \(\frac{\text{DRIVER'S}}{\text{Contact No.}} \) Alt No. :1) \(\frac{\text{9664985}}{\text{985}} \) 2) DRIVER'S Occupation : INDOOR OUTDOOR (e.g., working inside or outside office) Email Address : \(\frac{\text{LRISDESAGONGGMAIL.Com}}{\text{CLEAR & DRY}} \) \(\text{RAINING & WET \ AFTER RAIN & WET \) Reporting Type : Reporting Only \(\text{Claim Other Party} \) \(\text{Claim Own Insurance} \) Number of Passengers (Including Driver): \(\frac{\text{O}}{\text{D}} \) Was there any video Captured by car camera: YES \(\frac{\text{NO}}{\text{Exact purpose}} \) for which vehicle was being used at the time of accident: Private use \(\frac{\text{Work purpose}}{\text{Nork purpose}} \) Other Party Driver's Particular (if any) Vehicle. No: \(\frac{\text{SNV8189S}}{\text{Vehicle Make\Model:}} \) Vehicle Make\Model: \(\text{None} \)	Owner or Company Name /IC No.	: CHEONG FA	ATT PET	SUPPLY	y (53204289A)
DRIVER'S Date Of Birth :	Owner or Company Contact No.	: 96864985	Owner's	Нр	Company Tel
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: \(\frac{\text{DW G}}{\text{DRIVER'S}} \) DRIVER'S Address : \(\frac{\text{BLW} \ 636B \ SeNJA \ POPD \ \frac{\text{H} 23-323 \ 5672636}{\text{DRIVER'S}} \) DRIVER'S Contact No./ Alt No. :1) \(\frac{96864985}{9664985} \) 2) DRIVER'S Occupation : INDOOR (OUTDOOR) (e.g. working inside or outside office) Email Address : \(\frac{\text{CHRISDESAGON (B. GMAIL . COPT)} \) Weather & Road Surface : CLEAR & DRY) \ RAINING & WET \ AFTER RAIN & WET Reporting Type : Reporting Only Claim Other Party) \ Claim Own Insurance Number of Passengers (Including Driver): \(\frac{\text{O}}{\text{D}} \) Was there any video Captured by car camera: YES \(\frac{\text{NO}}{\text{Exact purpose}} \) Exact purpose for which vehicle was being used at the time of accident: Private use \(\frac{\text{Work purpose}}{\text{DONE}} \) Any Injury (If YES, Pls state): \(\frac{\text{NO}}{\text{Exact purpose}} \) Other Party Driver's Particular (if any) Vehicle No: \(\frac{\text{Vehicle}}{\text{Name Driver:}} \) Vehicle Make\(\text{Model:} \) Name Driver: \(\frac{\text{Name Driver:}}{\text{Name Driver:}} \)	DRIVER'S Name / IC No.	: THAO GO	10WET	12012	583188882
DRIVER'S Address : BUX 636B SENTA ROAD #23-323 \$642636 DRIVER'S Contact No./ Alt No. :1) 9686 4985 2) DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office) Email Address Weather & Road Surface : CLEAR & DRY RAINING & WET AFTER RAIN & WET Reporting Type : Reporting Only Claim Other Party Claim Own Insurance Number of Passengers (Including Driver): 0/ Was there any video Captured by car camera: YES NO Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose Any Injury (If YES, Pls state): NO Other Party Driver's Particular (if any) Vehicle No: SMV81895 Vehicle No: Vehicle Make Model: No: Name Driver: Name Driver: Name Driver:	DRIVER'S Date Of Birth	: 20/06/1983	_DRIVER	S License	e Pass Date 13/01/2005
DRIVER'S Contact No./ Alt No. :1) 76864985 2) DRIVER'S Occupation : INDOOR OUTDOOR (c.g. working inside or outside office) Email Address : CHPISDESAGON @ GMAIL . COM Weather & Road Surface : CLEAR & DRY RAINING & WET AFTER RAIN & WET Reporting Type : Reporting Only Claim Other Party Claim Own Insurance Number of Passengers (Including Driver): O/ Was there any video Captured by car camera: YES (NO) Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose Any Injury (If YES, Pls state): NO Other Party Driver's Particular (if any) Vehicle. No: SMV 81895 Vehicle No: Vehicle Make Model: No: Name Driver: Name Driver:	Relationship of Owner & Driver	: Spouse \ Parents	\ Children \	Sibling \ I	Employee\ Others: bwHERC
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office) Email Address :	DRIVER'S Address	: BLK 636B	SENJA	ROAD	#23-323 5672636
Email Address :	DRIVER'S Contact No./ Alt No.	:1) 968649	85	2)	
Weather & Road Surface Reporting Type : Reporting Only Claim Other Party Claim Own Insurance Number of Passengers (Including Driver): Was there any video Captured by car camera: YES (No) Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose Any Injury (If YES, Pls state): Other Party Driver's Particular (if any) Vehicle. No: Vehicle No: Vehicle Make Model: Name Driver: Name Driver:	DRIVER'S Occupation	: INDOOR OUT	DOOR (e.g.	working i	inside or outside office)
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Any Injury (If YES, Pls state):	Number of Passengers (Including D	river): <i>O</i> /			
Vehicle. No: SMV81895 Vehicle. No: Vehicle Make\Model: Vehicle Make\Model: Name Driver: Name Driver:	Exact purpose for which vehicle was	s being used at the t	ime of accid	ent: Priva	te use Work purpose
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Name Driver: Name Driver:	Vehicle. No: <u>SMV8189</u>	5	Vehicle	. No:	
	Vehicle Make\Model:	The second second	Vehicle	Make\Mo	odel:
	Name Driver:		Name I	river:	
IC No. Driver/Contact: IC No. Driver/Contact:	IC No. Driver/Contact:	****************	IC No.	Driver/Co	ontact:

^{*} NEW - Passenger's name & gender:



LONPAC INSURANCE BHD (S98FC5635C)

ncorporated 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

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

Certificate No.: Z22VC05010960

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

HINO XZU710R 14FT WIDE CAB 7T

Name of Policy Holder

CHEONG FATT PET SUPPLY

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

11/04/2022

Date of Expiry of the Insurance

10/04/2023

Person 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.

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 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)

SS 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) 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: UNITED OVERSEAS BANK LIMITED

CHIEF EXECUTIVE (Singapore Branch)

User ID: T12002 Date Issued: 23/03/2022