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 25/10/2022 17:46 (SGT) Reported by Driver Date of Accident 22/10/2022 21:07 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information Near Jalan Boon Lay Exit 36 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Isuzu

Vehicle Registration Number YP9454J

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Aik Koon Tyre & Battery Co. Pte Ltd Company Reg No 199804700Z Email Address a.k@pacific.net.sg Mobile Phone No (Phone) +65-62641611 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model

NNR85UH4A Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2999

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z22VC05014045

DRIVER

Name of Driver Asaithambi Ragunathan Passport No/FIN G5175651M Date Of Birth 07/07/1987 Occupation Outdoor

Date Of Driving Pass 08/02/2013 Driving experience 9 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-86701979 Alt. Phone Number Email Address a.k@pacific.net.sg Address C/O: 125 Pioneer Road Address complement Postcode 639592 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 Raining Road Surface Wet 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to attached 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 SHB3622E Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Taxi

Vehicle Category

Name of Driver
Contact Number

Address			
Address complement			
Postcode		 	 <u>-</u>
Insurance Company Name			<u>-</u>
Nature Of Damage			
Details of property damaged in a	accident	 	<u>-</u>
No. Of Passenger (Including Dri	ver)		 -

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 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.
- 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

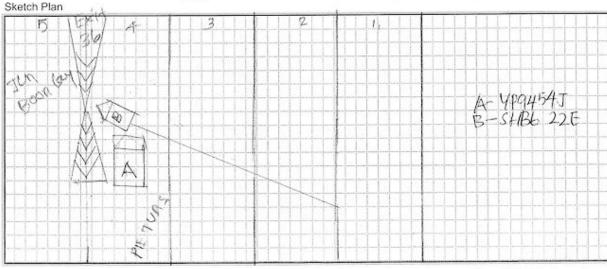
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

(1 01.318)

Policyholder's Signature / Date & Time

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

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



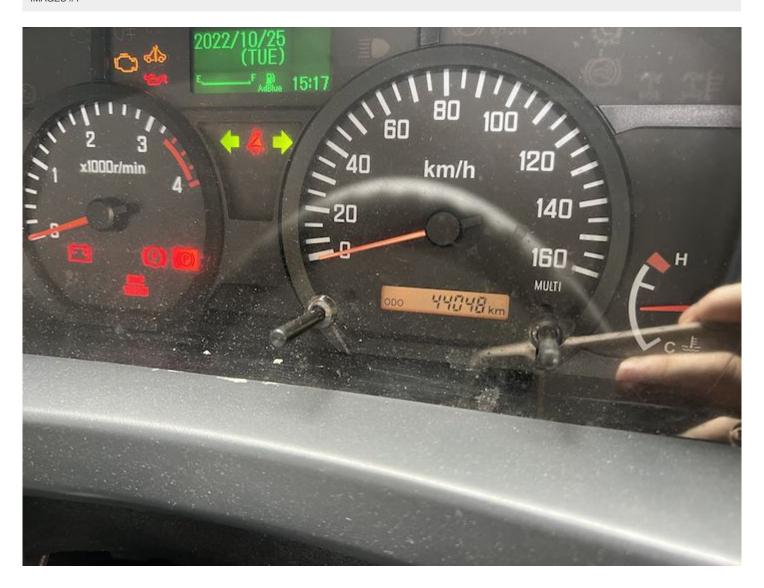
Please note that you might be able to submit an Own Damage Claim under your own policy within 14 days. 1
() Claim Own Damage () Claim Third Party () Reporting Only () Claim OD/ TP at other workshop

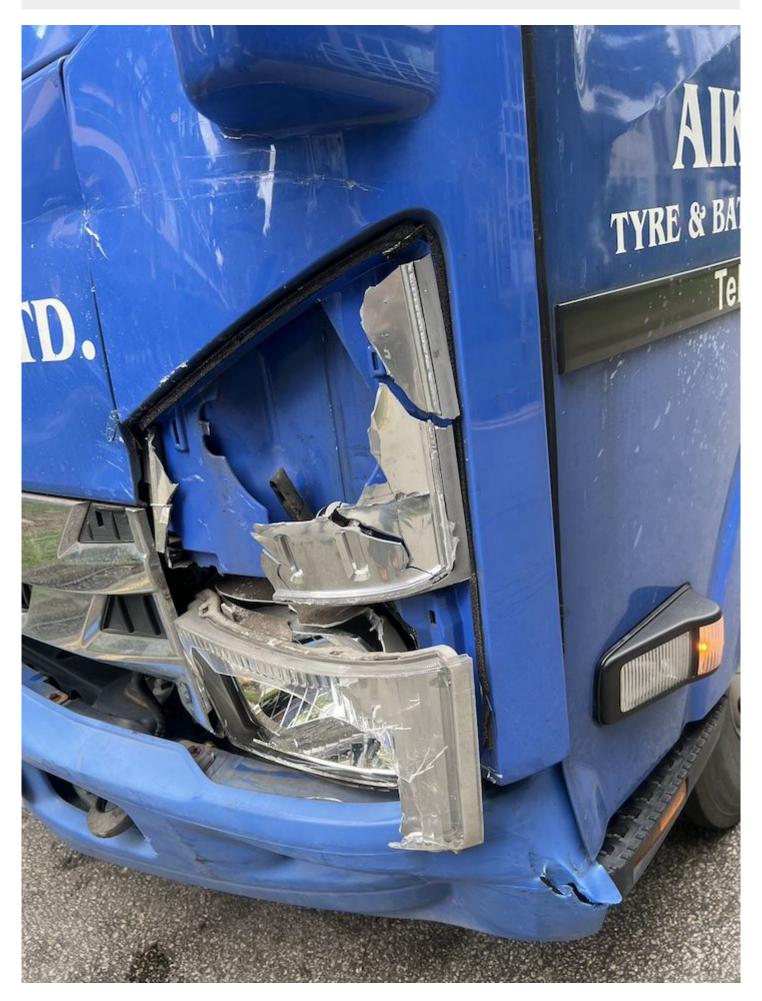
	Circumstance of the Accident
	as travelling straight along PIE C#F Jin Boon Lay Exit 36), when
gud	denly, a vehicle, SHB3622E travelled diagovally from my ravit vehicles still collided together mmedately emergency braked, but both ! was travelling along lane
1.1	immediately emergency braked, but both I was travelling along lane
4 0	at that point in time.
	Sur Room
	Dur. 2
1. Wa	s this statement translated from another language?
**) Yes (√) No
	f Yes, please assist to provide the original statement and the details of the translator below:
	NOTE: Translated statement is to be signed off by the Translator
2. Wł	nat is the original language used in the statement?
1	
-,-) English () Mandarin () Malay () Tamil () Others:
Tre	
IIdi	nslator Information (all information required to be provided)
	nslator Information (all Information required to be provided) ne of Translator:
Nar	
Nar Trai	me of Translator:
Nar Trai Trar	ne of Translator: nslator ID:
Nar Trar Trar Trar Declar	me of Translator: Inslator ID: Inslator Mobile No.: Inslator Email: Inslator Email:
Nar Trar Trar Trar Declar	me of Translator: nslator ID: nslator Mobile No.: nslator Email:
Nar Trar Trar Trar Declar	me of Translator: Inslator ID: Inslator Mobile No.: Inslator Email: Inslator Email:
Nar Trai Trai Trai Declai	me of Translator: Inslator ID: Inslator Mobile No.: Inslator Email: Inslator Email:



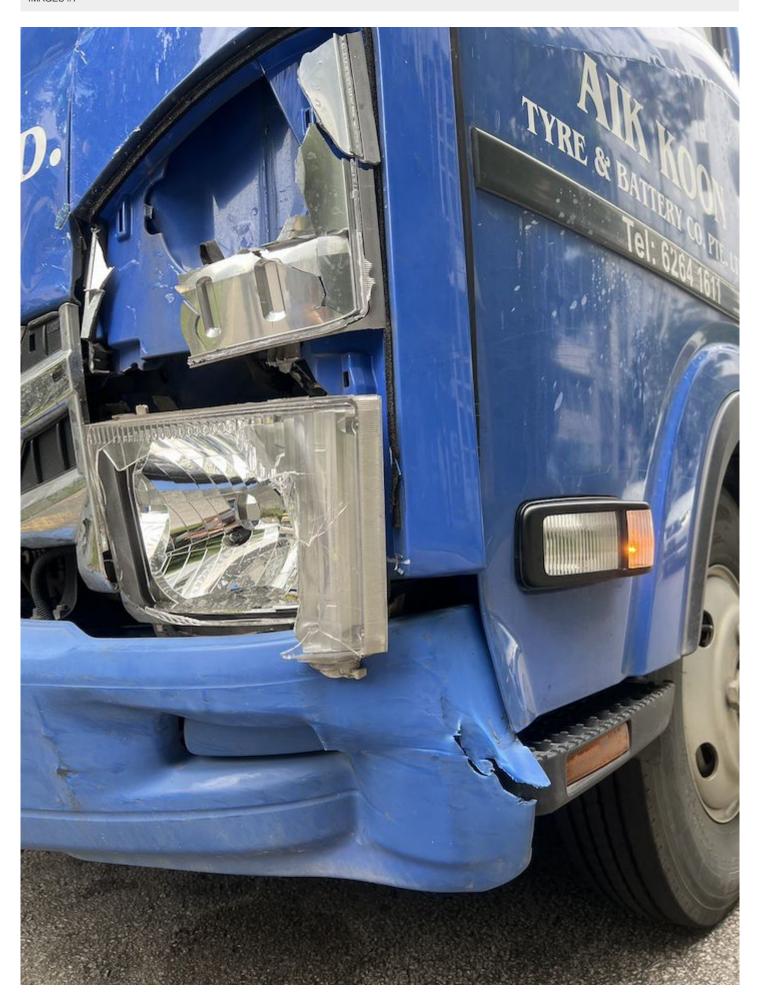






















MZ300

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 180) 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).

GST Reg No.: F0-0005635-C

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

Certificate No.: Z22VC05014045 Type of Cover: COMPREHENSIVE

Index Mark and Vehicle Registration Number / Chassis
 ISUZU NNR85 LORRY

YP9454J / JAANNR85HJ7100067

2. Name of Policy Holder Alk KOON TYRE & BATTERY CO. PTE LTD

3. Effective Date of the Commencement of insurance for the purpose of the Act 08/10/202:

4. Date of Expiry of the Insurance 07/10/2023

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/HER 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 USER 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 PUPPPOSE IN CONNECTION WITH THE MOTOR TRADE.

Excess : \$\$600.00 (I) & OTHERS PER POLICY

Condition : Accident repairs at Lonpac's Authorised Workshop or distributor-owned 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: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

Onele.

CHIEF EXECUTIVE (Singapore Branch)

User ID: AMYLAU Date Issued: 21/09/2022

ALYC

Certificate of Insurance - Page 1 of 1