

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 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	22/11/2022 14:41 (SGT)
Reported by	Driver
Date of Accident	21/11/2022 16:40 (SGT)
Exact Location of Accident	176 Orchard Rd, Singapore 238843
Additional Location Information	CENTREPOINT LOADING BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG981H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HYPER SMART TRANSPORTATION
Company Reg No	5XXXX057J
Email Address	stevenchen5790@gmail.com
Mobile Phone No	(Phone) +65-81810935
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05011811

DRIVER

Name of Driver	CHEN HESHUN
NRIC No	SXXXX836A
Date Of Birth	22/06/1983
Occupation	Outdoor

Date Of Driving Pass	12/10/2004
Driving experience	18 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81810935
Alt. Phone Number	-
Email Address	stevenchen5790@gmail.com
Address	BLK 606 HOUGANG AVENUE 4 #07-167
Address complement	-
Postcode	530606
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	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
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	GBJ4772C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name 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

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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.

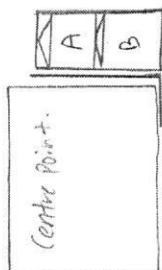


Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



VEH A: 6B6 981H

VEH B: 6B5 4772C

Describe Circumstances of the Accident

On the stated date and time, my vehicle number G06 981 H was stationary at Centrepoint loading bay. Suddenly vehicle number G0J 4772C came behind and collided onto my vehicle rear portion.

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

Date of Accident : 21/11/22 Accident Time: 16:40pm. (24-HR-FORMAT)
Accident Place : Centropoint Loading bay.
Vehicle Reg. No (Car plate No.) : G86 981 H. Vehicle Make/Model: TOYOTA HIACE 3.0m.
Insurance Company : Lompac. Policy No. Z22VC05011811
Name of Registered Owner : Company / Individual HYPER SMART TRANSPORTATION
ID of Registered Owner : Co Reg No: 53363057J Owner's NRIC No: S8317836A
: Co Contact No: _____ Owner's Contact No: 81810935
DRIVER'S Name : chen HE SHUN DRIVER'S NRIC No: _____
DRIVER'S Date of Birth : 22-06-1983. DRIVER'S License Pass Date 12 Oct 2009.
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER.
DRIVER'S Address : Blk 606 Hougang Avenue 4 #07-167 5(530606).
DRIVER'S Contact No / Alt No. : 1) 81810935. 2) _____
DRIVER'S Occupation : INDOOR INDOOR (eg. working inside or outside of an ofc)
Email Address : Steven.chen.5790@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): 1 Passenger Name: _____ Gender: M/F
Was the accident reported to the police? YES NO Passenger Name: _____ Gender: M/F
Was there any video Captured by car camera: YES NO Any Injuries: YES / NO Injured Name: _____
Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>G8J4772C</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



LONPAC INSURANCE BHD (S98FC5635C)
(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 189555.
Tel: (65) 6250 7388 Fax: (65) 6256 3757 Website: www.lonpac.com.sg
GST Reg No.: F0-0005635-C

MTZ300

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. : Z22VC05011811

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

TOYOTA HIACE 3.0 DX M
- GBG981H

2. Name of Policy Holder

HYPER SMART TRANSPORTATION

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

31/05/2022

4. Date of Expiry of the Insurance

30/05/2023

5. 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.

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\$ 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

* 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 : INDEX CREDIT PTE LTD

Amek

CHIEF EXECUTIVE
(Singapore Branch)

User ID: ABLIM2

Date Issued: 18/05/2022