# **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 23/11/2022 17:14 (SGT) Reported by Driver Date of Accident 22/11/2022 20:00 (SGT) Exact Location of Accident Woodlands Industrial Park E9, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GX9969L

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner LIAN SHING CONSTRUCTION PTE LTD Company Reg No 198803143N Email Address MICHELLE@LIANSHING.COM.SG Mobile Phone No (Phone) +65-90600942 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Liteace 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 1260

**INSURANCE COMPANY** 

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z22VC05012261

DRIVER

Name of Driver HARIKRISHNAN NIRAIRAJKUMAR Passport No/FIN G8835221T Date Of Birth 25/07/1999 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is 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	12/05/2021 1 YEAR AND 6 MONTHS Male (Phone) +65-97164661 - MICHELLE@LIANSHING.COM.SG 216 TAGORE LANE No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear 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	No 2 No - Yes 1 No
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 -
VEHICLE B IN FRONT OF ME SUDDENLY STOP. I CANNOT STO	OP IN TIME AND HIT VEHICLE B REAR PORTION.
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 Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number	SMA7667X Private car

Address	-
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	2

#### 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 sett/ement 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 Javy 151/34, 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

H-124

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

### Sketch Plan



Describe Circumstance of the Accident	
veh & infront on me suddenly stop, I cannot s intime , but weh & Near potion.	
10 h A was to describe	An
Well to sometime on the suddivide stop I compared s	101
	<i>U</i>
inter a 1 A VI all Illen alation	.00
mount of my very by fort-	
/	
	- 1

Declaration

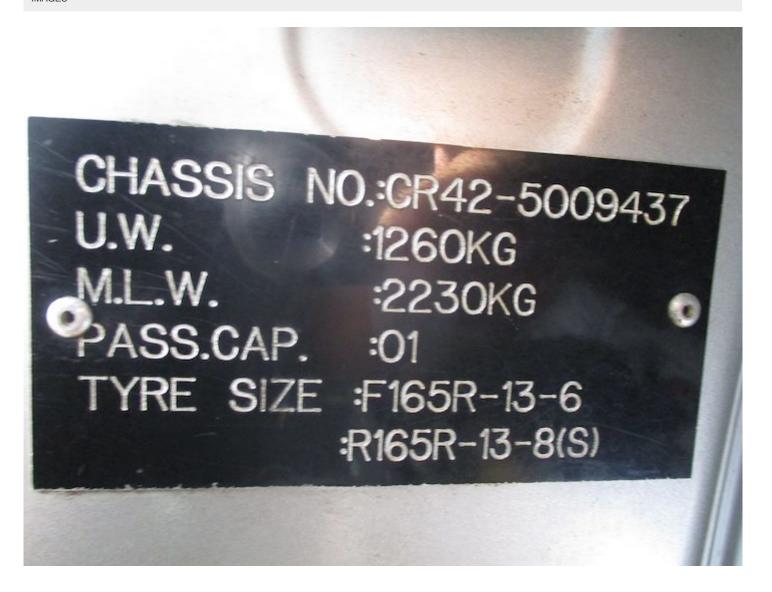
I/We declare the long particulars are true in every respect.

Policyholder's Signature / Date & Time

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

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

2













# LONPAC INSURANCE BHD (S98FC5635C)

MZ300

Singapore Office: 300, Beach Road #17-04/08, 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.: Z22VC05012261 Type of Cover: THIRD PARTY

1. Index Mark and Vehicle Registration Number TOYOTA LITEACE 4DR

- GX9969L

2. Name of Policy Holder LIAN SHING CONSTRUCTION CO PTE LTD

3. Effective Date of the Commencement of Insurance 21/07/2022

for the purpose of the Act

4. Date of Expiry of the Insurance

20/07/2023

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 TRIALOR SPEED TESTING.

USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

\* 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)

nele.

User ID: LEROI Date Issued: 10/06/2022

Certificate of Insurance - Page 1 of 1



10 Sin Ming Drive Singapore 575701 Tel: 1800-CALL LTA (1800-2255 582) Fax: [65] 6553 5329

29 May 2013

Our ref 2905130501N052275613

LIAN SHING CONSTRUCTION CO PTE LTD 216 TAGORE LANE

SINGAPORE 787598

14441144111144141414141

Dear Sir/Madam

# NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. GX9969L

We are pleased to inform you that your application to transfer ownership of the abovementioned vehicle has been approved. The Business Transaction Reference No. is 20130529172813646084. You are the registered owner of the vehicle with effect from 29 May 2013.

 The following are the key owner and vehicle particulars for the vehicle. The full particulars are given at Annex A. Please check and ensure that the details are correct.

1. Name : LIAN SHING CONSTRUCTION CO PTE LTD

Identification No. Type : Company
 Identification No. : 198803143N

4. Place Of Passport Issue : -

Vehicle No. : GX9969L

Vehicle Type : A50 - Goods (Closed) Van/Van Panel (Delivery)

7. Vehicle Scheme : Normal
8. Vehicle Make : TOYOTA
9. Vehicle Model : LITEACE 4DR

 Remarks : To renew the COE, the Prevailing Quota Premium payable is that of Category C.

3. You may use your NRIC number and SingPass or User ID and Password (for non-Singaporeans/PRs) to login to <a href="http://www.onemotoring.com.sg">http://www.onemotoring.com.sg</a> and see the details of the above transaction. For ACRA-registered businesses and companies with EASY accounts, your authorised staff may also access the wide range of vehicle-related services via <a href="http://www.onemotoring.com.sg">http://www.onemotoring.com.sg</a> using EASY. If you do not have an EASY account, you can apply for it at <a href="http://www.iras.gov.sg">http://www.iras.gov.sg</a>. For non-Singaporeans/PRs who do not have a User Password, please contact us at 1800-CALL LTA (1800-2255 582) to request for a new password. Please note that a separate Transaction PIN is required for the following transactions via the Internet or at our Electronic Service Agents. Before you perform these transactions, please request for your Transaction PIN. You may find out more information on how to obtain your Transaction PIN and the documents needed (such as Board Resolution for companies and businesses, etc) via <a href="http://www.onemotoring.com.sg">http://www.onemotoring.com.sg</a> > LTA Information & Guidelines > Transaction PIN & User Account.

- a. Vehicle PIN Transfer of Ownership and De-registration of Vehicle
- b. TCOE PIN Transfer of TCOE (For Category C and E COE bid under individual)
- Rebate PIN Transfer and Splitting of PARF/COE Rebate

Accident report SS2X22BN000A