

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 15/12/2022 12:11 (SGT)
Reported by Driver
Date of Accident 14/12/2022 12:03 (SGT)
Exact Location of Accident Singapore
Additional Location Information Jalan Bahar
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE7892K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Unity Contractors Pte Ltd
Company Reg No 201307518C
Email Address unity_cons@yahoo.com.sg
Mobile Phone No (Phone) +65-81839760
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer CAMC
Model HN3251X40D1M6
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 11813

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Policy Number / Cover Note Number Cover Note No.: 26052

DRIVER

Name of Driver Lovepreet Singh
Passport No/FIN G6589746L
Date Of Birth 10/07/1992
Occupation Outdoor

Date Of Driving Pass	27/12/2021
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-81839760
Alt. Phone Number	-
Email Address	unity_cons@yahoo.com.sg
Address	43 Bendemeer Road
Address complement	-
Postcode	330043
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	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

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	SLG8724M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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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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.
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.

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.

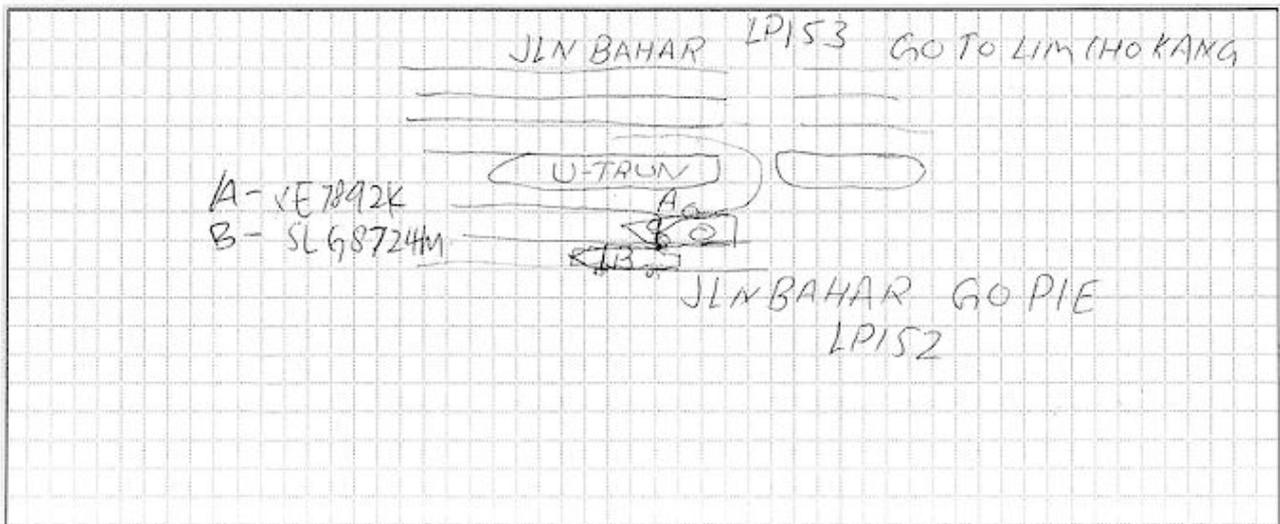


Policyholder's Signature / Date & Time

LF 15-12-2022
 Driver's Signature (if driver is not the policyholder) / Date & Time

M. S. J. J.
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



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



Describe Circumstance of the Accident

WHEN MY VEHICLE WAS MAKE A U TURN AT JLN BAHAR GO TO LIM CHO KANG NEAR LP153 MY VEHICLE XE7892K CANT MAKE IT THEN I REVERSE A BIT TO COMPLETE U TURN. THEN OTHER VEHICLE NO WAIT TO LEFT ME COMPLETE U TURN. SHE WANT TO PASS THROU THE 3RD LINE BUT NO ENOUGH SPACE THEN HIT MY VEHICLE.

1. Was this statement translated from another language?

() Yes () No

**** If 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. What is the original language used in the statement?

() English () Mandarin () Malay () Tamil () Others: _____

2. Translator Information (all information required to be provided)

Name of Translator:

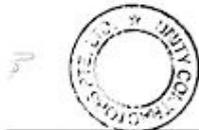
Translator ID:

Translator Mobile No.:

Translator Email:

Declaration

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



Policyholder's Signature / Date & Time

[Signature] 15-12-2022

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

[Signature] 15/12/22

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


















LONPAC INSURANCE BHD (S98FC5635C)

 (Incorporated in Malaysia)
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 Tel: (65) 6250 7338 Fax: (65) 6256 3767 Website: www.lonpac.com.sg
 GST Reg No.: F0-0005635-C

CONFIDENTIAL

MOTOR COVER NOTE
Insured's Copy

	Cover Note No.	: 26052
	Issued Date	: 29/11/2022
	Account No.	: Z10449

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Name of Policy Holder	:	UNITY CONTRACTORS PTE LTD
Chargee/Lessor/Hire Purchase	:	MAYBANK SINGAPORE LIMITED
Type of Vehicle	:	COMMERCIAL VEHICLE
Year of Manufacture	:	2020 2021
Make/Model	:	CAMC HN3251X40D1M5
Tonnage	:	14.02
Chassis No.	:	LZ5N2DD39MB012256
Engine No.	:	CM5D2840060121F03058
Type of Cover	:	COMPREHENSIVE
Sum Insured	:	MARKET VALUE AT THE TIME OF LOSS (INCLUDING ACCESSORIES AND SPARE PARTS)
Period of Insurance	:	FROM DATE OF REGISTRATION OF VEHICLE WITH THE LAND TRANSPORT AUTHORITY FOR 1 YEAR
Excess	:	AS PER QUOTATION

LONPAC INSURANCE BHD



 CHIEF EXECUTIVE
 (Singapore Branch)

Important Notice:
 This Motor Cover Note is issued for temporary use only and is valid for a period of thirty (30) days from the date of issue unless the vehicle has been registered with The Land Transport Authority and this Temporary Motor Cover Note has been replaced by a Certificate of Insurance with the respective vehicle registration number indicated.

User ID : esinyeo
 Date Issued : 29/11/2022

Z10449 - AY1
 Z10449 - AY1