# **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 12/12/2022 14:06 (SGT) Reported by Both Date of Accident 11/12/2022 11:10 (SGT) Exact Location of Accident Near 46 Yung Sheng Rd, Singapore Additional Location Information CORPORATION ROAD (INSIDE KOUFU CAR PARK) Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number YP3574K

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner AFCO EAST DEVELOPMENT PTE LTD Company Reg No 201413024N Email Address KAREN@AFCOEAST.COM Mobile Phone No (Phone) +65-83431567 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer Isuzu Model NPR75UH5A 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 - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 5193

#### **INSURANCE COMPANY**

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z22VC05013083

#### DRIVER

Name of Driver LOH BEE LAN NRIC No S6831470D Date Of Birth 24/08/1968 Occupation Outdoor

Date Of Driving Pass 08/07/1992 Driving experience 30 YEARS AND 5 MONTHS Gender Female Mobile Number (Phone) +65-83431567 Alt. Phone Number Email Address KAREN9388@GMAIL.COM Address BLK 656D JURONG WEST ST 61 Address complement 05-333 Postcode 644656 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 Collided into Parked Vehicle 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 SUMMARY & 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 SKQ4311G Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

Vehicle Category

Name of Driver
Contact Number

Address			 	
Address complement				
Postcode				 _
Insurance Company Name .			 	
Nature Of Damage				
Details of property damaged i	in accide	nt		. <u>-</u>
No. Of Passenger (Including	Driver) .			 

Describe Circumstance of the Accident
ON ILLISTORS AT BROWN ILLO HER. I WAS BRIVING INY VEH A LYPRATURE PARKING MENDE KOLIFU @ CORPORATION BD. I REVERSED MY VEHICLE TO MOVE BUT MUD UNDISOLUDED COLLIDED DUTO VEH B (SKQ 43/16) FRONT.

# Declaration

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



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



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

2

#### SKETCH PLAN

# IMPORTANT NOTICE

- 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)

Lunderstand, 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.

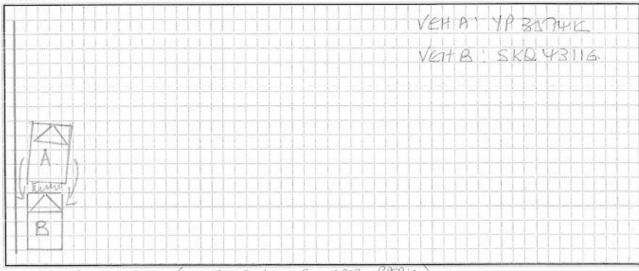
(M250)

Policyholder's Signature / Date & Time

Can for

Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



CORPORATION RD (INSIDE KOLIFLI CAR PAPER)

1



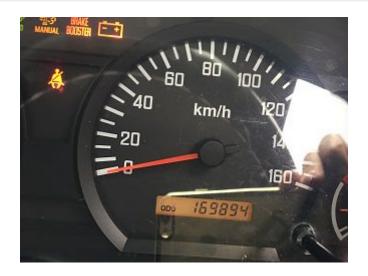














MZ300

# 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.: Z22VC05013083

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

ISUZU NPR75UH5A - YP3574K

2. Name of Policy Holder

AFCO EAST DEVELOPMENT PTELTD

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

02/08/2022

01/08/2023

4. Date of Expiry of the Insurance

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 Vulnicle 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 Mutur Vehicle.

Limitations as to use
USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARDIIN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

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 MCCIANICALLY PROPELLED VEHICLE.

Excess

: \$\$ 700.00 (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.

UWE hereby certify that this covering Note is jugued 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.

Oucle. CHIEF EXCOUTIVE (Singapore Branch)

User ID: ALLANGOH Date Issued: 30/07/2022

Certificate of Insurance - Page 1 of 1