

8108231-DOVO

Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )		Fax: ( )	
TP Particulars: ( )		Yeli No: ( )		INC ( ) / Non-INC ( )	
Owner / Driver: ( )		Tel: ( )		( )	
Policy No: ( )		Period: ( )		Cover Type: ( )	
Confirmed by: ( )		Date: ( )		Time: ( )	
Insured/Driver Liability: ( )		95) (Note-Use Status (WO): N: 0-30%, P: 21-79%, F: 80-100%)			
Year of Registration: ( )		Warranty: YES ( ) / NO ( )			
Excess: \$ ( )		Loading: \$1,000 ( ) / \$2,000 ( )			

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repeter.

( ) Total Loss Case ; to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: AUNG Hlaing (0788-6619)	Date-Time-Completed	Done by
----------------------------------	---------------------	---------

- |   |  |
|---|--|
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |  |
| 2) QC Check / Post Repair Inspection ( )                |  |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |  |

*Injury:*

Date: \_\_\_\_\_ Action: \_\_\_\_\_

[illegible]

Invoice Preparation Charge		Invoice	
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$50)		
3) TP: Towing Fee	\$10/\$40		
4) PT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Fees only)	\$30		
Excluded from report (NT Only) (Nov 10, 2003)			
6) TR: Re-inspection	\$75		
7) NI: New DA, DMPT Survey	\$140		
8) NTUC Additional Services			
GR:			
*NI: Courtesy Car / Tot Allowance	\$5		
*NI: Repair Coordination	\$10		
*NI: Post Repair Inspection	\$25		
*NI: DV / Collect Excess Coordination	\$5		
*TP (NI): TP (NI) (INC) against INC	\$10		
BY: [Signature]			
Invoice dated		Fee Charged	
Invoice dated		Due Amount	

# 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	13/01/2023 15:24 (SGT)
Reported by	Driver
Date of Accident	13/01/2023 10:35 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS PIE EXIT TOWARDS CHANGI
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number GY7958B

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AAA INTEGRATE PTE. LTD.
Company Reg No	2XXXXX470K
Email Address	sellmuthusenthil.ari@gmail.com
Mobile Phone No	(Phone) +65-97883556
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	L300
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	2477

### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22V05012625

### DRIVER

Name of Driver	SELLAMUTHU SENTHIL
Passport No/FIN	GXXXX868K
Date Of Birth	15/03/1983
Occupation	Outdoor

Date Of Driving Pass .....	26/02/2013
Driving experience .....	9 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82603000
Alt. Phone Number .....	-
Email Address .....	sellmuthusenthil.arl@gmail.com
Address .....	BLK 680C JURONG WEST CENTRAL 1 #03-56
Address complement .....	-
Postcode .....	643680
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

ON 13/01/2023 AT ABOUT I WAS DRIVING ALONG CTE TOWARDS PIE EXIT CHANGI THE LORRY GY5868R JAM BRAKE AND I COULD NOT BRAKE ON TIME AND HIT THE REAR OF THE LORRY AND NOBODY WAS INJURED THAT ALL.

#### 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 .....	GY5868R
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	LIM KIM POK

Passport No/FIN .....	FXXXX860W
Contact Number .....	(Phone) +65-90169440
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.**
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

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

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

Sketch Plan

C7E TOWARD (PIE EXIT (TOWARD))

A) GY7958B

B) GY5268R

Describe Circumstance of the Accident

REFER TO STATEMENT.

Declaration

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

\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

18/02/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



# ACCIDENT STATEMENT

ACCIDENT DATE: 13/01/2023 (DD/MM/YYYY), TIME: 10:35 (HH:MM)

LOCATION: CTE (PIE EXIT Changi)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G Y 7958 B  
 b) INSURANCE COMPANY: LDN PAC  
 c) POLICY NUMBER: Z99VCDFD12625  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Mitsubishi L300 HRM  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: 10:35 AM  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: AAA INTEGRATE PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 201015470K CONTACT: 67639581  
 c) ADDRESS: ND-1 Tdk Turb. Link #03-00  
596222

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger  
(including driver)  
(1)

- DRIVER  
 a) NAME: Sellamuthu Senthil (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 88226868K CONTACT: 82602000  
 c) ADDRESS: 680C Turong West Central-1  
#03-56 642690

- d) DATE OF BIRTH: 15/03/1983 (DD/MM/YYYY)  
 e) OCCUPATION: INDOOR / OUTDOOR  
 f) DATE OF DRIVING PASS: 5 PASS  
 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  
 5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS  
 b) ROAD SURFACE: DRY / WET / OTHERS  
 6. WAS ANYBODY INJURED (YES/NO)  
 7. a) REPORTED TO POLICE (YES/NO)  
 IF YES, PLEASE STATE WHICH POLICE STATION:

No of passenger  
(including driver)  
(1)

8. THIRD PARTY VEHICLE  
 a) VEHICLE NUMBER: G Y 5868 R MODEL: Toyota  
 b) DRIVER'S NAME: Lim Kim POK  
 c) NRIC/FIN/PASSPORT: E 8101860W CONTACT: 90169440

No of passenger  
(including driver)  
( )

9. THIRD PARTY VEHICLE  
 a) VEHICLE NUMBER: G Y MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

Email: Sellamuthu Senthil.arl  
VIDAO @ Gmail. Com

**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/06, The Concourse, Singapore 199555.

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

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. : Z22VC05012625

Type of Cover : THIRD PARTY FIRE &amp; THEFT

1. Index Mark and Vehicle Registration Number

MITSUBISHI L300 HR M  
- GY7958B

2. Name of Policy Holder

AAA INTEGRATE PTE LTD

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

06/08/2022

4. Date of Expiry of the Insurance

05/08/2023

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.

\* 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)

User ID: HLEE

Date Issued: 04/07/2022