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\$N0923270004 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 07/02/2023 14:35 (SGT) **SUBMITTED BY: AKID** VERSION: 1 (07/02/2023 14:35 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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

oblicy 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 07/02/2023 14:35 (SGT) Driver Reported by 03/02/2023 16:40 (SGT) Date of Accident Exact Location of Accident Singapore PIE (Near lamppost number 563F) Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

YN7644B Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner IT Meng Landscape and Construction Pte Ltd Company Reg No 2XXXXXX376Z comm.itmeng@gmail.com Email Address (Phone) +65-67626879 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Model NPR75UK5A Variant Exact purpose for which vehicle was being used at time of **Employment** Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Commercial vehicle Vehicle Category Transmission Auto 5193

INSURANCE COMPANY

Lonpac Insurance Bhd Name of Insurance Company Policy Number / Cover Note Number Z22VC05010916

DRIVER

Tharsees Cyril Joseph Name of Driver Passport No/FIN GXXXX192Q Date Of Birth 19/03/1979 Occupation Outdoor

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	19/06/2019 3 YEARS AND 8 MONTHS Male (Phone) +65-97881076 - comm.itmeng@gmail.com 30 Jalan Lekar - 698943 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Raining Wet
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	
PASSENGER 1	
Name Gender	Passenger Male
PASSENGER 2 Name Gender	Passenger Male
PASSENGER 3 Name Gender	Passenger Male
PASSENGER 4 Name Gender	Passenger Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	

Refer to the attached statement.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNB6512Z
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)	2
PASSENGER 1	
Name	Passenger
Gender	Female

ACCIDENT STATEMENT

	(DD/MM/YYYY), TIME (16: 40) (HH:MM)
	LOCATION: PIE (Near lamppost number 563F)
	1. DETAILS OF VEHICLE
	OVEHICLE NUMBER: YN 76448
	DINGURANCE COMPANY: Lange
P. Control of the Con	C)POUCY NUMBER: 712 VC OFFICE VC
	OF OUCH TIPE (COMPREHINGIVE / THIPD BARTY / THIPD
	F)TYPE-(SALDON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)
	h)PURPOSE OF USING AT A CORPELETURE
	THE TRANSPORT OF THE PROPERTY
	IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER
	A) NAME IT Meng Landscape and Control
	A) NAME IT Meng Landscape and Contraction [MALE / FEMALE] b) NRIC/FIN/RASSPORT: 200504376Z CONTACT: 6762 6879 c) ADDRESS: 30 Jalon Laker (1881)
	CJADDRESS: 30 Jalan Lekar 698943
and I to	CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
	Judicia S GINAME Tharsees Coul Tour
	OF THE CHINIPASSPORT (-8332) 191 (9)
	CJADDRESS: 30 Jalan Lekar 698943
٠ - مشد.	"d) DATE OF BIRTH: [19 / 03 / 1979] (DD/MM/YYYY)
	COCCUPATION: INDOOR / OTTER OR
	1) LAKS OF DRIVING EXPRERIENCE 19 16(1991)
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YEST NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
	5. GIWEATHER CONDINON: (CLEAR / RATINING / OTHERS DIROAD SURFACE: (DRY / WOT / OTHERS
.•	D. VVAS ANYRODY IN DEED WEEK V. A.
	V. DIMEPORTED TO: POLICE (YES I NO)
	IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE
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CINCING	ing driver) b) DRIVER'S NAME: () DRIVER'S NAME: () CONTACT: (CONTACT:
(IM	9. THIRD PARTY VEHICLE
300 1.20 0	PRSSZINGER DI VEHICLE NUMBER: MODEL:
(Indus	ing driver a line to the
() HRIC/FIN/PASSPORT: CONTAGT:
-	

email = commitmeng@gmailcom

fax = -

SKETCH PLAN

IMPORTANT NOTICE

- 1. Pleas ereport correctly the details of the accident to speed up the claims process.
- 2. This Firm 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 lalse 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 Singepore (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. Consert 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 their lawers are 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

07/02/2023

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

Sketch Plan

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Descri	be Circumstance of the Accident
On	03/02/2022 at approximately 1640hrs. Vehicle A was travelling
alon	g PIE towards Tuas. It was heavy rain at that day and
traff	fic was building up. Out of Sudden Vehicle 13 brake and
Vehic	cle A could not stop in time and hit the rear portion
40	Vehicle 13. Upon alighting and checking Vehicle 14 front
porti	on were damaged from the impact.
r	

Declaration

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

STATE OF THE PROPERTY OF

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel

0710212023 (Name as in NRIC/ID card)

vJun2022



LONPAC INSURANCE BHD (S98FC5635C)

Singapore Office: 300, Beach Road #17-04/07, 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). BOAD TRANSPORT ACT 1987 (MALAYSIA). ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA). THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z22VC05010916

Type of Cover : COMPREHENSIVE

Index Mark and Vehicle Registration Number

ISUZU NPR75UK5A - YN7644B

Name of Policy Holder

IT MENG LANDSCAPE & CONSTRUCTION PTE LTD

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

01/04/2022

Date of Expiry of the Insurance

31/03/2023

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.

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.

: S\$ 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.

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: UNITED OVERSEAS BANK LIMITED

CHIEF EXECUTIVE (Singapore Branch)

User ID: XLCHEN Date Issued: 21/03/2022