Vehicle GBD 8 425K  Vehicle GBD 8 425K  DOA 13 00 2023 07:45  I-Notor Claim Form I-Motor W/O (Within: OD 2hrs. TP 4hrs) I-Photo Uploaded  Assessment/Survey Report  Ass't Report by Fax/Hand to Owner/Wksp  Preferred Wksp/INC Assign Wksp/QW: {  Tot: Fax:  Particulars: Veh No: \$ KC 5676 X INC ( )/Non-INC ( )  Counter/ Driver: (  Policy No: ( ) Period: ( ) Cover Type: (  Confirmed by: ( ) Date: Time:  Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 30-100%]  Year of Registration: ( ) Warranty: YES ( )/NO ( )  Excess: (\$ ) Loading: \$1,000 ( )/\$2,000 ( )  eneral Remarks:-  Value: Volume Continuer: Customer's information strictly Confidential & Strictly NO refer of repairer.  Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) Y Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. (  Transcription:  QNO not the state of Research Continuers of Research Co	Done by
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c/Time Actions	Done by
nant's Particulars (\$30);	Amt (S) : Amt (S St Bill : Add Bi
7/Owner: 3) TF: Towing Fee . \$40/\$45	
ct No: 4) FT: Follow-Through Survey \$120	
Bed Portion: For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75	
7) N1 : Idae DA + SMRT Survey S160 5) NTUC Additional Services:-	
hecked by (Engr-In-Charge):  *NS: Courses Cas/ Tpt Allowance \$5	
	2

# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   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 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 14/02/2023 09:02 (SGT) Reported by Driver Date of Accident 13/02/2023 07:45 (SGT) Exact Location of Accident Singapore Additional Location Information **BUANGKOK EAST DRIVE** Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBD8425K

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner PENG DESIGN & WOOD WORKS Company Reg No 5XXXX553K **Email Address** pengdesignstudio@gmail.com Mobile Phone No (Phone) +65-68752744 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2982

#### INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z22VC05012029

#### DRIVER

Name of Driver NG HOCK PENG SXXXX812Z Date Of Birth 26/11/1956 Occupation Outdoor

Date Of Driving Pass	08/03/1983
Driving experience	39 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90687777
Alt. Phone Number	
Email Address	pengdesignstudio@gmail.com
Address	APT BLK 200D SENGKANG EAST ROAD
Address complement	# 06-36
Postcode Is the driver the policyholder?	544200
If No, Relationship of the Driver with the Insured	No OWNER
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	140
	•
Insurance Company of Other Vehicle Owned by Driver	*
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	DRIZZLING
Road Surface	Wet
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	NO
Translator's ID	
Translator's phone number	
Translator's email	
Original language used in the statement	···
DETAILS OF POLICE ACTION	
March and desired	
Was the accident reported to the police?  Was notice of intended Prosecution given?	No No
If yes, against whom?	No
n yes, against whem:	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
parameter and the second secon	
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SKC5676X
Vehicle Manufacturer	•
Vehicle Model	
Vehicle Variant	2
Vehicle Colour	
Vehicle Category	Private car
Name of Driver Contact Number	HENRY SIOW
Contact Number	(Phone) +65-96668778

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

- Pleas ereport 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 jalse 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 reportbeing made available aforesaid.
- 8. Consest under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that:
- (a) My ins arer, 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
- (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
- (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.

Peng Design ar	1d Wood diese
Was: (65) 9068 7777	Fax: (65)6875 2744

Policyholder's Signature / Date & Time

- 13/2/2023

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

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

Buangkok East Sketch Plan 8

Describe Circumstance of the Accident
on the above stated date and time I was heading to work and were twelling Atong Buangkok East Drive and vehicle B infront of me suddanly jum break and I follow suit and hit his rear partion of his vehicle. Both of us got no Injuries but he just mentioned he have necle pain but I am not sure. I am just making for a safety report.
and was tructling Atoma Rugnalak Fact Dies hending to work
of me suddenly icon break East Drive and vehicle B infront
suit and hit his
rear partial of his venicle. Both of us got no injunes but he
just mentioned he have necle pain but I'am not sure. I amiliest
making for a safety report.

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

Peng Design and Wood Works alk 9010, Tampines St 93, #01-75, Singapore 52884 432: 16519068 7777 Fax: 16516875 2744

13/2/2023

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder)

/ Date & Time

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

grund 14/02/2023

## AGCIDENT STATEMENT

16875 274

ACCIDENT DATE (13 , 02 ) 2023 (DD/MM/YYYY), TIME (07 : 45 ) (HH:MM)
LOCATION: Bucingkok East Drive
7. DETAILS OF VEHICLE
OVEHICLE NUMBER: GBD 8425K
17 In the transfer of the second
DINSURANCE COMPANY: JONPUC
CIPOLICY NUMBER: Z22 VC050 12029
B) MAKE & MODEL: TOLOGO PARTY FIRE ATHER
THE BALLON COURTS THE PLANT ALL
AIPURPOSE DE USULA : COMMERCIAL/MOTORCYCLE);
DARE YOU CLASHAMA IS IN TO WORK
The state of the s
2. INSURED / POLICY HOLDER
DINRIC/FIN/BASSPORT: 52947553K CONTACT: 91068 7777
DIADDRESS: S2947553K CONTACT: 9068 7777
CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER
Chadde to a giname Na Hock Dona
DINRIC /FINIP & CCD CDT - COCKE COLO
CALDRESS: MI BLK 2000 Sena vana Guel D. Harris
"d) DATE OF BIRTH: 26 / 11 / 1956 ) (DD/MM/YYYY)
eloccupation: [INDOOR TOUTDOOR]
1) EARS OF DRIVING EXPRERIENCE OF 103110K2
4. WAS DRIVER AN EMPLOYEE OF THE INCIDENT
TOTAL OF THE DRIVER WITH INSURED.
DIROND SURFACE (DRY (WET POTHERS
6. WAS ANYBODY INJURED (YES IND) 7. GIREPORTED TO POLICE (YES IND)
IF YES, PLEASE STATE WHICH POLICE STATION;
A THE PARTY STATE OF THE PARTY
THIRD PARTY VEHICLE NUMBER: SKC 5676× MODEL:
[ Including chiver ] b) DRIVER'S NAME HENRY SIOW
(_) C) NRIC/FIN/PASSPORT: CONTACT: 96668778
I'd of passanger of VEHICLE NUMBER: MODEL:
MODEL:
(Including driver) f) INRIC/FIN/PASSPORT: CONTACT:
Email = pengdesign studio@gmail.com
fax =

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

### 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.: Z22VC05012029

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

TOYOTA DYNA 150 MANUAL

- GBD8425K

2. Name of Policy Holder

PENG DESIGN & WOOD WORKS

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

19/06/2022

4. Date of Expiry of the Insurance

18/06/2023

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.

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.

Excess

: \$\$ 600.00 (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

User ID: ZJINS2 Date Issued: 30/05/2022