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## 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.

- 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 22/02/2023 17:37 (SGT) Reported by Driver Date of Accident 21/02/2023 18:20 (SGT) **Exact Location of Accident** Sembawang, Singapore Additional Location Information JUNCTION WITH YISHUN AVENUE 5 Country/State of Loss Singapore

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

Vehicle Registration Number **GBC6682C** 

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner THE EXPERTS GROUP PTE. LTD. Company Reg No .... 2XXXXX199G **Email Address** ask.sg@theexperts.asia Mobile Phone No (Phone) +65-96482738 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Nissan Model Urvan 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 your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 2953

#### INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z22VC5011673

#### DRIVER

Name of Driver MUHAMMAD FARIZ BIN KASIM Passport No/FIN GXXXX434K Date Of Birth 12/01/1992 Occupation Outdoor

Date Of Driving Pass 01/12/2017 Driving experience 5 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-80307202 Alt. Phone Number Email Address ask.sg@theexperts.asia Address BLK 967B JURONG WEST STREET 93 #13-851 Address complement Postcode 642967 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) 2 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 PASSENGER 1 Name COLLEQUE Gender Male 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 PLEASE REFER TO 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 SMR4429Y Vehicle Manufacturer Honda

Jazz

Vehicle Variant

Vehicle Model

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	POH CHUN SEN
NRIC No	SXXXX038A
Contact Number	<b>■</b> 2
Address	<b>=</b> 1
Address complement	
Postcode	
Insurance Company Name	-
Nature Of Damage	-)
Details of property damaged in accident	<del>-</del> 2
No. Of Passenger (Including Driver)	

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- Please report <u>correctly</u> 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

The Experts Group Pte Ltd

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

FMRAWBUG ROPD

AVE 5

AVE 5

vJun2022

Describe Circumstance of the Accident
ON 21/02/2023 AT ABOUT 18:20/PS 7 WAS AT SEMBAWAN
RODO, FUST BEFORE THE VISHUSH AVEC 5 THE CAR SMR 4429 y
SUDDENLY JAM THE BRAKE WHERE THE LIGHT CHANGE
10 AMBIEL 74th STOP & I COULD NOT STOP ON TIME
BUT MANIAGE TO SWEEVE TO THE LEFT & HIT THE REAR
GET OF THE CAR.

Declaration

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

Tel: +65 6297 5665 | +65 6337 2183

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder)
The Experts Group Pte Ltd / Date & Time (Name as in NRIC/ID card)

# ACCIDENT STATEMENT. 18. 20 (HH:MM)

ACCIDENT DATE: ( - ) 3 (OD/MM/. 1111), III	
LOCATION: SEMBAWANG ROAD.	A Miles
alvehicle NUMBER GBC 6682 C blinsurance Company: Londac Insura	NCE-
CIPOLICY TYPE: 106MPREHENSIVE / THIRD PARTY	/ THIRD PARTY FIRE, &THEFT)
ELYPENSALOOM COURE (MPV MANY LORRY /	MOTOROYOLE, OTHERS
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL	MOTOROTOGET
"" I) ARE YOU CLAIMING UNDER YOUR OWN INSURA	JKIING CHAIL
2. INSURED / POLICY HOLDER GROUP PIZ LT	CONTACTE 1648 138
DINRIC/FIN/PASSPORT: 2067201996. CIADDRESS: SO GAMBAS CRECCENT	710-41
* CONTINUE TO S.d IF DRIVER ALSO POUCY HOLD	
(Including driver) DRIVER CINAME: MUHAMMAN FARLZ BIN FASI  (Including driver) BINRIC/FIN/PASSPORTI G 2886434 E  CIADDRESS: 967B JUROUS WEST ST	MALEY FEMALE) CONTACTI 80307202 T93, 13-851
ODATE OF DIRTH: (12 01 1992) (DD/N	8 2002. 01/12/2017
1) DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURE 1F NO, RELATIONSHIP OF THE DRIVER WITH 5. C) WEATHER CONDITION: (CLEAR) RAINING / C	I INSURED!
6. WAS ANYBODY INJURED (YES (NO) 7. a) REPORTED TO POUCE (YES (NO) 1 IF YES, PLEASE STATE WHICH POLICE STATION:	,
8. THIRD PARTY VEHICLE SMR 4429 Y	MODEL HONDA JAZZ.
("Induding driver") O HRIC/FIN/PASSPORTIS8853038 A	CONTACTI
d) VEHICLE NUMBER!	MODELI
(Industry, distres)   DRIVER'S NAME:  (Industry, distres)   NRIC/FIN/PASSPORT!	CONTACTIL
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email = ask sg @ the experts asig



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). ROAD TRANSPORT ACT 1987 (MALAYSIA). ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA). THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z22VC05011673

Type of Cover : COMPREHENSIVE

Index Mark and Vehicle Registration Number

NISSAN URVAN 3.0 5MT ABS AB 5DR LWB PANEL

- GBC6682C

Name of Policy Holder

THE EXPERTS GROUP PTE LTD

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

28/05/2022

Date of Expiry of the Insurance

27/05/2023

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.

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

CHIEF EXECUTIVE (Singapore Branch)

User ID: EMOTORHAZE Date Issued: 10/05/2022