

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 | 29/03/2023 17:29 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 29/03/2023 07:20 (SGT) |
| Exact Location of Accident | Victoria Park Rd, Singapore |
| Additional Location Information | TWD CORONATION ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|--------|
| Vehicle Registration Number | YQ506Y |
|-----------------------------------|--------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-----------------------------|
| Is company? | Yes |
| Name Of Registered Owner | TOWNER CONSTRUCTION PTE LTD |
| Company Reg No | 199200490D |
| Email Address | KIEWKUINKIONG@GMAIL.COM |
| Mobile Phone No | (Phone) +65-98515385 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mitsubishi |
| Model | Canter |
| 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 - Claiming third party |
| Vehicle Category | Commercial vehicle |
| Transmission | Manual |
| CC | 3000 |

INSURANCE COMPANY

| | |
|---|----------------------|
| Name of Insurance Company | Lonpac Insurance Bhd |
| Policy Number / Cover Note Number | Z22VC05010452 |

DRIVER

| | |
|----------------------|-----------------|
| Name of Driver | KIEW KUIN KIONG |
| NRIC No | S2590791D |
| Date Of Birth | 12/09/1967 |
| Occupation | Outdoor |

| | |
|--|---------------------------------|
| Date Of Driving Pass | 28/08/1989 |
| Driving experience | 33 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98515385 |
| Alt. Phone Number | - |
| Email Address | KIEWKUINKIONG@GMAIL.COM |
| Address | BLK 488 YISHUN RING ROAD #05-72 |
| Address complement | - |
| Postcode | 760448 |
| 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 | Side Swipe |
| 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) | 9 |
| 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 | CHINNATHAMBI GNANASEKARAN |
| Gender | Male |

PASSENGER 2

| | |
|--------------|-------------------|
| Name | SIVALINGAM SURESH |
| Gender | Male |

PASSENGER 3

| | |
|--------------|------|
| Name | DILA |
| Gender | Male |

PASSENGER 4

| | |
|--------------|-------------------------|
| Name | SELVANTHAMBI ANBAZHAGAN |
| Gender | Male |

PASSENGER 5

| | |
|--------------|-----------------------|
| Name | NARAYANAN KARTHIKRAJA |
| Gender | Male |

PASSENGER 6

| | |
|--------------|----------------------|
| Name | ISLAM MOHAMMAD NURUL |
| Gender | Male |

PASSENGER 7

| | |
|--------------|--------------------|
| Name | GANESAN MANIKANDAM |
| Gender | Male |

PASSENGER 8

Name RAHMAN
Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name Woodlands Division Headquarters
Police Station Phone No (Phone) +65-18004660000
Police Station Address 1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: L/20230329/7031.

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 SJS19D
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 VEHICLE B
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

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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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT

PASSENGER NAMES IN VEHICLE A

1. CHINNATHAMBI GHANASEKARAN
2. SIVALINGAM SURESH
3. DILA
4. SELVANTHAMI ANBARHAGAN
5. NARAYANAN KARTHIKASA
6. ISLAM MOHAMMAD NURUL
7. GANESAN MANICANDAM
8. RAHMAN

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

























SINGAPORE
POLICE FORCE



L/20230329/7031

1 of 2

POLICE REPORT (NP299)

Report No. L/20230329/7031

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

| | | |
|---|---|-------------------|
| Date/Time Report Made 29/03/2023 14:33 | Vide Report No. | Station Diary No. |
| Name Of Informant KIEW KUIN KIONG | Address 448 YISHUN RING ROAD #05-72 JADE SPRING @ YISHUN SINGAPORE 760448 | |
| ID Type / ID No. NRIC NO / S2590791D | Contact No. Home/Office: Mobile: 98515385 | |
| Nationality SINGAPORE CITIZEN | Email Address kiewkuinkiong@gmail.com | |
| Occupation Lorry driver | Sex Male | Age 55 |
| Institution/School Name | Date of Birth 12/09/1967 | Race Chinese |
| Date/Time Of Incident 29/03/2023 07:20 | Location Of Incident VICTORIA PARK ROAD | |

Brief details.

1. I am lodging this report for record purpose to forward to vehicle insurance company.
2. On 29/03/2023 at about 0720 hrs, I was driving my company vehicle Reg No: YQ506Y (lorry) along Victoria Park Road towards Coronation Road. One of my company worker (Chinnathambi Gnanasekaran, Fin No: G7667179L) was seated at the front passenger seat, and about seven other workers seated behind this lorry.

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 29/03/2023 14:33 |
| Officer In-Charge Of Case: | Classification Of Case: |

This report is lodged at Yishun North NPC Kiosk 1



SINGAPORE
POLICE FORCE



L/20230329/7031

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230329/7031

2. While driving, my vehicle slightly crossed the white which caused the right side of my company vehicle to side-swipe against the right side of another on-coming vehicle Reg No: SJS19D (Silver/Car) on the opposite side,

3. Nobody was injured. My company lorry does not have any damage and the other vehicle slight damage. The driver of this vehicle was not injured.

4. We both alighted and exchange particular before leaving the scene. No ambulance/Police was called in. No government property was damage. Particular of the other driver as follow:

Name: Not mentioned

NRIC: S6944818F

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 29/03/2023 14:33 |
| Officer In-Charge Of Case: | Classification Of Case: |

This report is lodged at Yishun North NPC Kiosk 1


LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia)

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

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.: Z22VC05010452

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

 MITSUBISHI CANTER FEB21ER4SDEN
 - YQ505Y

2. Name of Policy Holder

TOWNER CONSTRUCTION PTE LTD

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

01/04/2022

4. Date of Expiry of the Insurance

31/03/2023

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 WHILE DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess

: 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: GOLDBELL FINANCIAL SERVICES PTE LTD

 CHIEF EXECUTIVE
 (Singapore Branch)

User ID: ZHANGNAN

Date Issued: 23/02/2022

