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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 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

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	03/05/2022 14:20 (0.07)
Reported by	03/05/2023 14:36 (SGT)
Date of Accident	Actual Driver
Date of Accident	30/04/2023 12:03 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	
Country/State of Loss	CLEMENTI LOOP
omanamamamamamamamamamamamamamamamamamam	Singapore
	• .

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2407M	
INSURED/POLICYHOLDER		
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes TARGET SERVICES ENGINEERING CO PTE LTD 1XXXXX417M sales.vtechwaterproofing@gmail.com (Phone) +65-90281496	

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	
Variant	Cabstar
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to	Employment
V-L: 1 0 .	No - Reporting only
T	Commercial vehicle
	Manual
CC	2953

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number	Lonpac Insurance Bhd Z22VC05012269
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DRIVER

Name of Driver Passport No/FIN	JAHAR UDDIN ABDUL KADIR GXXXX306X
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14/10/2022 6 MONTHS Male (Phone) +65-93981334 - sales.vtechwaterproofing@gmail.com ATRIX , 82 LORONG 23 GEYLANG # 03-01 388409
(Phone) +65-93981334 - sales.vtechwaterproofing@gmail.com ATRIX , 82 LORONG 23 GEYLANG # 03-01 388409
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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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	
Vehicle Manufacturer	XB8480A
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vohiolo Cotanana	•
Name of Driver	Commercial vehicle
Passport No/FIN	TAO XIAOJIAN
Contact Number	GXXXX547T
Address	(Phone) +65-91908480
	-
Address complement	_
Postcode	
Insurance Company Name	-
	-
Details of property damaged in accident	-
No. Of Passanger (Including Discount)	A STATE OF THE STA
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORT TNOTICE

- 1. Pleas report correctly the details of the accident to speed up the claims process,
- 2. This ____mmust 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
- 4. The i se and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any lise reporting may be referred to the Traffic Police Department for investigation.
- 6. This restablished by the insurers to the GIA Records Management Centre established by the General Insurance Association of Sing

 The (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the logement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the
- B. Conse-miunder the Personal Data Protection Act (PDPA)

I understant, acknowledge, agree and consent that:

- (a) My ins UFI, 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 tertain 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 Filewyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

olicyholder's Signature / Date & Time

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

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vJun2022

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Google Maps Clementi Ave 6

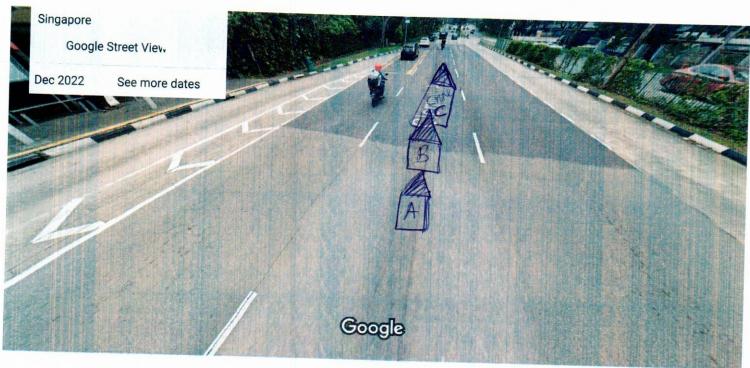
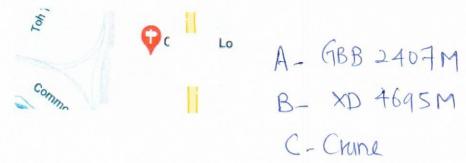


Image capture: Dec 2022 © 2023 Google





On the above stated date and time, I was travelling along clementi avenue 6. I was on the 3rd lane and vehicle C was in front of me towing vehicle B. The traffic signal ahead of me was red so vehicle C slowed down and came to a complete stop. At that point of time, my water bottle fell to my brake pedal. I tried to brake but I couldn't brake on time, and I hit Vehicle vehicle B. no damages to vehicle C.

A - GBB2407M

B - XD 4695M

C- XB 8480A

D.O.A- 30/04/2023 @ 12.03PM

N02-05-2023

ACCIDENT STATEMENT

DETAILS OF VEHICLE DIVERICLE NUMBER: GBB 2407M DIVERICLE COMPANY: GIPOLICY NUMBER: GIPOLICY NUMBE	ACCIDENT DATE O 04, 2023 DD MHMMM TIME 12. 03 HHMM
1. DETAILS OF VENICLE GIVENICLE NUMBER GIRB 2407M DINSURANCE COMPANY: POPPAC CIPOUCY NUMBER: 22 VC 05072060 GIPOUCY TYPE (COMPREHENSIVE / THIRD PARTY FREATHER) BIMAKE & MODEL: NISKAN (ANSTALL 3) 0 AUTO (MINURAL GITTES (SALIDON / GOUTE / MPV VAN AUGUSTAL 3) 0 AUTO (MINURAL GITTES (SALIDON / GOUTE / MPV VAN AUGUSTAL MOTORCYCLE) OTTESS SIVENICLE CATEGORY: (PRIVATE / COMMERCIAL/MOTORCYCLE) II ARE YOU CLAMING UNDER YOUR OWN INSURANCE PREADOL IF NO, PLEASE STATE (HIRD PARTY CLAMI/REPORTING DNLY) ANAME TOWN AUTOUR (MINURANCE) CONTINUE O S. of FDRIVER ALSO POUCY HOLDER COMMINUE TO S. of FDRIVER ALSO POUCY HOLDER COMMERCE HOLDERS: ARE SOLITOR TO SALID (MALE) FEMALE CIADDRESS: ANAME WAY AND ADDRESS CONTACT. 1398 1334 CIADDRESS: ANAME SPORT: (SEE SALIDON) COMMERCE FOR THE INSURED'S COMPANYT (YES) NO) IF NO, RELATIONSHIP OF THE INSURED'S COMPANYT (YES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED'S COMPANYT (YES) NO) IF NO, RELATIONSHIP OF THE PRIVER WITH INSURED'S COMPANYT (YES) NO) IF NO, RELATIONSHIP OF THE PRIVER WITH INSURED'S COMPANYT (YES) NO) IF YES, PLEASE STATE WHICH POUCE STATION: B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: XD 4605 M MODEL: CONTACT: CONTACT: CONTACT: CONTACT: CONTACT: CIPOURY PARTY CHICLE CONTACT: CONTACT: CIPOURY PARTY CHICLE CONTACT: CONTACT: CONTACT: CIPOURY CHICLE CONTACT: CON	
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IF NO, PLEASE STATE (THIRD PARTY CLAIM TREDRING ONLY) 2. INSURED / POLICY HOLDER A) NAME TOWN YOUR CONTACT: 4000 MALE / FEMALE D) NRIC/FIN/RASSPORT: 4830 141 M CONTACT: 4000 MALE / FEMALE C) ADDRESS: CONTINUE TO S. of F DRIVER ALSO POUCY HOLDER DIRIVER C) ANAME TOWN WORLD A DAWN (AND MALE FEMALE) DIRIVER C) ANAME TOWN WORLD A DAWN (AND MALE FEMALE) DIRIVER C) ADDRESS: C) ADDRESS: C) ADDRESS: DIRIVER C) ANAME TOWN WORLD A DAWN (AND MALE FEMALE) DIRIVER C) ADDRESS:	BIVE-IICLE CATEGORY: [PRIVATE / COMMERCIAL MOTORCYCLE / OTHERS]
A) NAME TOWART VINUES (MINUMA) (O PRE HAD DE MALE / FEMALE) DINNECTINIASSPORT: 1830 141 M CONTACT: 4000 1496 C) ADDRESS: CONTINUETO S. OF DRIVER ALSO POLICY HOLDER C) NAME WALV WICH ADOLD KOOT 1998 1998 1334 C) DINNECTINIASSPORT: 18180306 X CONTACT: 1398 1334 C) DATE OF BIRTH: 12 106 / 1988 10D/MM/YYYY B) OCCUPATION: [INDOOR / OUTDOOR] JYEAR SOFT DRIVING EXPRENENCE 14 10 1022 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO) S. CIWEATHER CONDIDON: (CLEAR / RAINING / OTHERS D) ROAD SURFACE (DRY) WET / OTHERS 7. CIREPORTED TO POLICE (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: O) VEHICLE NUMBER: XD 4605 M MODEL: INCLUDING PARTY VEHICLE O) PRIVER'S NAME C) NEIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE CONTACT: CON	17.00 100 C ATTAIN TO THE
D) NRIC/FIN/RASPORT: 1830 141 M CONTACT: 9008 1996 C) ADDRESS: C) ADDRESS: C) AND WALE JAMAN WORLD A DOWN MALE / FEMALE ON THE CONTACT: 9008 1996 C) AND WELL JAMAN WORLD A DOWN MALE / FEMALE ON THE CONTACT: 9398 1334 C) AND C FIN/PASSPORT: 18 180306x CONTACT: 9398 1334 C) ADDRESS: MAX 8 100000 3 Grylang # 03-01 C) ADDRESS: MAX 8 100000 3 Grylang # 03-01 C) ADDRESS: MAX 8 100000 3 Grylang # 03-01 C) ADDRESS: MAX 8 100000 3 Grylang # 03-01 C) ADDRESS: MAX 8 100000 3 Grylang # 03-01 C) ADDRESS: MAX 8 100000 3 Grylang # 03-01 C) ADDRESS: MAX 8 100000 3 Grylang # 03-01 C) ADDRESS: MAX 8 100000 3 Grylang # 03-01 C) ADDRESS: MAX 8 100000 3 Grylang # 03-01 C) ADDRESS: MAX 8 100000 3 Grylang # 03-01 MAX 9 100000 100000 1000000 10000000000000	IF NO. PLEASE STATE (THIRD PARTY CLAIM PERCONAL)
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CONTINUE TO 3-0 IF DRIVER ALSO POLICY HOLDER C) MAKE WHOLL WORK ADDRESS FEMALE DINRIC/FIN/PASSPORT: 18 180806 CONTACT: 1398 1334 C) DATE OF BIRTH: 12/06/1983 (DD/MMYYYY) B) OCCUPATION: (INDOOR / QUIDOOR) IN WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIROOM SURFACE (DRY) WEI JOHNERS WAS ANYBODY INJURED (YES ANO) FYES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: XD 4605 M MODEL: J. DRIVER'S NAME C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE CONTACT: CON	MALE / FEMALE
C) SIDE OF DIRTH: 12 /06 / 188 (DD/MM/YYY) B) OCCUPATION: [INDOOR / OUTDOOR] IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D)ROAD SURFACE (DRY) WEI CHERS C) WAS DAIYER TO POLICE (YES (NO)) IF YES, PLEASE STATE WHICH POUCE STATION: D) RIVER'S NAME O VEHICLE NUMBER: XD 4605 M MODEL: O RICC/FIN/PASSPORT: CLANA CONTACT: CONTACT: CLANA MALE FEMALE 1334 CONTACT: DIRROR ALE TEMALE 1334 CONTACT: DIRROR	
C) SIDE OF DIRTH: 12 /06 / 188 (DD/MM/YYY) B) OCCUPATION: (INDOOR / OUTDOOR) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D)ROAD SURFACE (DRY) WEI CHERS C) WAS ANYBODY INJURED (YES /NO) IF YES, PLEASE STATE WHICH POUCE STATION: D) PARTY VEHICLE O) VEHICLE NUMBER: XD 4695 M MODEL: O) RICHIN/PASSPORT: C) NRIC/FIN/PASSPORT: C) ONTACT: C) ONTACT: C) NRIC/FIN/PASSPORT: C) ONTACT: C) ONTACT: C) AND SURFACE (DRY) WEI CONTACT: C) NRIC/FIN/PASSPORT: C) NRIC/FIN/PASSPORT: C) ONTACT: C) NRIC/FIN/PASSPORT: C) CONTACT:	COMMUNE TO 3-4 IF DRIVER ALSO POUCY HOLDER
CJADDRESS: MY 8 180306 CONTACT: 9398 1334 "d)DATE OF BIRTH: [12 106 / 1985](DD/MM/YYYY) B)OCCUPATION: [INDOOR / OUTDOOR! 10 22 "MAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YEST NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIROND SURFACE (DRY / WEI / OTHERS "MAS ANYBODY INJURED (YES MO) "YES, PLEASE STATE WHICH POLICE STATION: "HIRD PARTY VEHICLE O) VEHICLE NUMBER: XD 4605 M MODEL: DRIVER'S NAME C) NRIC/FIN/PASSPORT: CONTACT:	b) side dig distar) a) NAME Jahar addin Abdul Kadir
d) DATE OF BIRTH: 12 106 / 188 J(DD/MM/YYY) E) OCCUPATION: (INDOOR / QUIDOOR) I) YEARSOF DRIVING EXPRENENCE MAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIROND SURFACE (DRY / WET LOTHERS WAS ANYBODY INJURED (YES / NO) E YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: XD 4605 M MODEL: PRICE PARTY VEHICLE O) NRIC/FIN/PASSPORT: CONTACT:	CIADDRESS: MYX 82 CONTACT: 9398 T334
B) OCCUPATION: [INDOOR / QUIDOOR] 1) YEARSOF DRIVING EXPRENIENCE 1/10/222 11. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO) 15. CIWEATHER CONDITION: (CLEAR / RAINING / OTHERS 16. WAS ANYBODY INJURED (YES AND) 17. CIREPORTED TO POLICE (YES AND) 18. THIRD PARTY VEHICLE 19. VEHICLE NUMBER: XD 4605 M MODEL: 19. THIRD PARTY VEHICLE	338840 = 3 CRUIGNO # 63-01
MAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSUFED: DIROND SURFACE (DRY) WEI LOTHERS WAS ANYBODY INJURED (YES MO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: XD 4605 M MODEL: INCLUDING STATION OF THE INSURED STATION: O) VEHICLE NUMBER: XD 4605 M MODEL: O) NRIC/FIN/PASSPORT: CONTACT:	E)OCCUPATION: IIIIDOOD (DD/MM/YYYY)
DIROND SURFACE (DRY / WET / OTHERS 4. WAS ANYBODY INJURED (YES MO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: XD 4605 M MODEL: Induding driver) b) DRIVER'S NAME C) NRIC/FIN/PASSPORT: CONTACT:	WAS DETICE A 10/2022
B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: XD 4605 M DIROND SURFACE (DRY / WET / OTHERS TO REPORTED TO POLICE (YES / NO) B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: XD 4605 M MODEL: O) NRIC/FIN/PASSPORT: C) NRIC/FIN/PASSPORT: O) THIRD PARTY VEHICLE O) THIRD PARTY VEHICLE C) NRIC/FIN/PASSPORT: CONTACT:	IF NO, RELATIONSHIP OF THE DRIVED S COMPANY? (YES) NO)
WAS ANYBODY INJURED (YES WO) IF YES, PLEASE STATE WHICH POUCE STATION: B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: XD 4605 M MODEL: Including chiver) b) DRIVER'S NAME C) NRIC/FIN/PASSPORT: C) NRIC/FIN/PASSPORT: CONTACT:	DIROND SURFACE (DEV)
B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: XD 4605 M MODEL: Induding driver) b) DRIVER'S NAME C) NRIC/FIN/PASSPORT: CONTACT:	7. O)REPORTED TO POLICE (YES AND)
MODEL: 1 MODE	" LES, PLEASE STATE WHICH POLICE TIATOR.
() PARTY VEHICLE MODEL: MODEL: MODEL: CONTACT:	O) VEHICLE WILLIAMS
9. THIRD PARTY VEHICLE CONTACT:	Induding driver) b) DRIVER'S NAME MODEL:
TIMEDIPARTY VEHICLE	() NRIC/FIN/PASSPORT
Live Exposition O VEHICLE MUNDED.	120 = PROSERAGE O) VEHICLE NUMBER: XB 8480A
Induding driver) F) NRIC/FIN/PASSPORT	Including districts of DRIVER'S NAME TOO X OO LIAD MODEL:
() HRIC/FIN/PASSPORT: 982005471 CONTAGT: 91968480	MRIC/FIN/PASSPORT
1 1 10 0 0 480	1 1 10 0 0 480
Email - Solar Votach	Email - Color Votant
Email = Sales. Ytech wuter proofing @gmail-cor	P. Sules. Tech water proofing @gmail-c





LONPAC INSURANCE BHD

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF STROAPCHE MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) PULES 1960 (REPUBLIC OF STROAPCHE) ROAD TRANSPORT ACT 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1989 (MALAYSIA)

Certificate No. : Z22VC05012269

Type of Cover : THIRD PARTY FIRE & THEFT

1. Index Mark and Vehicle Registration Number

NISSAN CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T

2. Name of Policy Holder

TARGET SERVICES ENGINEERING CO PTE LTD

3. Effective Date of the Comm ent of Insurance for the purpose of the Act

10/06/2022

4. Date of Expiry of the Insura

07/06/2023

Person To Drive
 (A) THE POLICYHOLDER.
 (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDEN'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 a 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.

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.

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.

Umitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks a ompensation) Act (Cap 189) Republic of Singapore are not included under heading.

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 1 hicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner: GF MOTOR TRADING ENTER