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tt. 1: TP (N11): TP (N21 INC) against INC S20	9) N12: Idea Makiii 320	Remarks: (INC horline: o768 6616) 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury: Date/Lime Actions Laimant's Particulars river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): uthitors! Comments:	rtesy Car (Involve Pri 1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow For claiming 6) TR: Re-insp 7) N1: Idao DA 8) NTUC Addi OD* *N5: Courte *N6: Repair *N7: Fost Re *N8: DV / C TP (N11): T	Eparation C Eparation C Ent Reporting (S ge Assessment (S ge Assessment (S A + SMRT Survey Litinal Services: sy Car / Tpt Allow Co-ordination epair Inspection collect Excess Coo T (N'm INC) again	necklist 30); 100); INC (\$8: (Resurvey) (wef 10 Jan 2005)	Ant (\$) Tst.Biff Tst.Bif	
t 1. No. 10 / College Date of the College Date		Remarks: (INC horline: o768 6616) 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury: Date/Lime Actions Laimant's Particulars river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): uthitors! Comments:	rtesy Car (Involve Pr 1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow For claiming 6) TR: Re-ins, 7) N1: Idao DA 8) NTUC Addi OD* *N5: Courte. *N6: Repair *N7: Fost Re *N8: DV / C TP (N11): T 9) N12: Idao M	Eparation C Eparation C Ent Reporting (S ge Assessment (S ge Assessment (S A + SMRT Survey Litinal Services: sy Car / Tpt Allow Co-ordination epair Inspection collect Excess Coo T (N'm INC) again	ne Completed () ne Chlist 30); 100); INC (\$80 \$40, (Wef 10 Jan 2005) Ance rdination inst INC	Ant (\$) Jat Bill	

SN09237J000A-01 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 19/07/2023 16:54 (SGT)
SUBMITTED BY: NIVITHA VERSION: 2 (24/07/2023 11:29 (SGT))

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 <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

- A. 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 19/07/2023 16:54 (SGT) Reported by **Actual Driver** Date of Accident 18/07/2023 16:55 (SGT) Exact Location of Accident Singapore Additional Location Information WEST MALL LOADING BAY B1 Country/State of Loss Singapore DETAILS OF OWN VEHICLE Vehicle Registration Number GBA787J INSURED/POLICYHOLDER Is company? Yes Name Of Registered Owner LEGACY OFFICE SUPPLIES PTE LTD Company Reg No 2XXXXX914R Email Address SLIENTPROPHET2019@GMAIL.COM Mobile Phone No (Phone) +65-98358111 Alternative Phone No VEHICLE PARTICULARS Manufacturer Toyota Model Dyna Variant Exact purpose for which vehicle was being used at time of **Employment** Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 2892 INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z22VC05009788

DRIVER

Name of Driver MOHAMMAD RIDZUAN BIN MOHD ISA NRIC No SXXXX191F

Date Of Driving Pass	23/01/2013
briving experience	
delider	- I I I I I I I I I I I I I I I I I I I
Mobile Number	
Alt. Flione Number	(**************************************
Lindi Address	CLIENTED CO.
Address	TETETE GOMAIL.COM
Address complement	7 DER 103 BEDOK RESERVOIR ROAD
rosicode	20 p
is the driver the policyholder?	W. O. San Carlotte and Carlotte
in to, relationship of the Driver with the Insured	
oes briver Own Other Vehicles?	
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swine
weather Conditions	Side Swipe
Road Surface	Clear
	Dry
OTHER INFORMATION	
Was any ferritor and the	
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?	NO
was any other vehicle or property damaged?	- V
Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(c)	1
3011011119/01101111111111111111111111111	No
rialislator's name	NO
ranslators ID	•
rialisator's phone number	
ranslators email	
Original language used in the statement	
DETAILS OF POLICE ACTION	
Mas the agaident records to the	
Was notice of intended B.	No
Was notice of intended Prosecution given?	No
f yes, against whom?	-10
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
re accident photos available for attachment?	
/as there any video captured by Car Camera?	Yes No
DETAILS OF OTHER \	/EHICLE PROPERTY 1
obiele D	
ehicle Registration Number ehicle Manufacturer	SKP2553T
111 Manuacturer	5
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ehicle Variant	-
ehicle Variant ehicle Colour	-
ehicle Variant ehicle Colour ehicle Category	- - - Private car

Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	(4)
Details of property damaged in accident	33
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised 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 Police for investigation.
- 6. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

OFFICE OF THE PARTY OF THE PART

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

e Circ	ımstance	of the A	ccident									4		
I	Was	(ever	5.19	My	Veh	icle	at	Wast	mall	bi	1200	rg b	N	
Sm	the	Per	Port	rion	0+	m	4	1017-1	Size	SWI	(p.o.)	Vehi	cle	
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IWe declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnal (Name as in NRIC/ID card)

.2

vJun2022

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 18/1123	TIME OF ACCIDENT: 4558m
VEHICLE NO: GRAJETT	TIME OF ACCIDENT: 455Pm TRANSMISION: AUTO / MANUAL
MAKE & MODEL: Totato dyna	LOCATION: West mail lowing boy b)
EXACT PURPOSE USE DURING ACCIDENT EMPLOYMENT	MARY WALL LOOKING PM P)
/ PRIVATE USE / PRIVATE HIRE	CLAIM TYPE:
INSURANCE COMPANY: Langac	OD / THIRD PARTY / REPORTING ONLY
TYPE OF COVERAGE :	POLICY NO: 222VC 05009180
The state of the s	VEHICLE TYPE :
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	(SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER: Legucy office supplies PTELTO	NRIC: 20000 89140
ADDRESS:	CONTACT NO:
56 Senony Crescent	
EMAIL ADDRESS: Slight Prophet 2019 @ gmwil. com	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO .	NRIC: 58916191F CONTACT NO: 9835 8111
Mohamnas Ridzuan Bin Mohs Isa	CONTACTIVO: 4833 GITT
DRIVER OWNER RELATIONSHIP:	PASSENGER: MALE() FEMALE()
DATE OF BIRTH: 0 / 5 / 1989	DRIVING PASSING DATE: 23 / 2 / 2013 ADDRESS: #09-424
OCCUPATION: INDOOR / OUTDOOR	APT BIK 103 belok reservior roud 40103
ANY INJURIES: NO, IF YES :	POLICE REPORT : NO) IF YES WHERE ?
WEATHER CONDITION: CLEAR / RAINING / OTHERS:	ROAD SURFACE: DRY / WET / OTHERS
VEHICLE R DEG NO.	
VEHICLE B REG NO: SKP 2553 T	VEHICLE C REG NO :
DRIVER NAME: EE PULL KULL	DRIVER NAME :
NRIC: 588448092	NRIC:
CONTACT: 9752 2189	CONTACT:
	ANY WITNESS ? NO, IF YES :
EHICLE D REG NO :	
DRIVER NAME :	NAME :
NRIC:	CONTACT
ONTACT:	CONTACT:
-	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO)	
IF YES, AGAINST WHOM:	WERE SEAT BELTS WORN ? : YES / NO
	WERE INITIRY CONVEYED BY ANADYS AND THE
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / NO	WERE INJURY CONVEYED BY AMBULANCE : YES / NO
VEHICLE NUMBER:	HANDLING INSURER:

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.: Z23VC05015027

Type of Cover: THIRD PARTY FIRE & THEFT

1. Index Mark and Vehicle Registration Number

TOYOTA DYNA 100 MANUAL (VAN)

- GBA787J

2. Name of Policy Holder

LEGACY OFFICE SUPPLIES PTE LTD

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

01/02/2023

4. Date of Expiry of the Insurance

31/01/2024

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

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 TRIALOR SPEED TESTING.

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

* 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: ABLIM3 Date Issued: 18/11/2022