#### 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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	31/12/2018 14:27
Date Of Accident	29/12/2018 19:00
Exact Location Of Accident	ALONG PIE TOWARDS TUAS BEFORE KPE EXIT AT KALLANG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC2828B
Insured/Policyholder	
Name Of Registered Owner	THAN CONSTRUCTION & ENGINEERING PTE LTD
Co Reg No	201305215M
Email Address	THANCONSTRUCTION13@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62661518
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 150-3.0 D 5MT (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	Z18VC05001008
Cover Note Number	
Driver	
Name of Driver	SUBBAIAH CHANDRAN

Name of Driver SUBBAIAH CHANDRAN

 NRIC No
 G8260426Q

 Date Of Birth
 05/06/1988

 Occupation
 OUTDOOR

 Date Of Driving Pass
 24/01/2018

Driving Experience 0 YEAR AND 11 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96455091

Fax Number
Contact Number

EMail Address NOEMAIL

18 BOON LAY WAY Address

#10-138C TRADE HUB 21

Postcode 609966

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

**COLLISION - HEAD TO REAR** Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : GOVINDHARAJ BHASKAR

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

Please refer to the attached Sketch Plan and the accident details

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SLN6623Y Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE HIRE

Name of Driver ZUL KIFFLE BIN S SALIM

NRIC/Passport Number S1783479G **Contact Number** 85753381

Address

Postcode

NTUC INCOME INSURANCE CO-OPERATIVE LTD Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### **SKETCH PLAN**

#### **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 Authorised 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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

× S. d= 31/12/2018

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

ONSTR

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Sketch Plan Pg. 2 KPB Kniewy RABBI SKETCH PLAN Typs. TO DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Date: 29/12/2018 TIME: m Suddenly emercener 11)hen breake emerceny the rechile preale Wook rechile **DECLARATION** 

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

S. C. 112 72018

Policyholders Signature Date & Fime:

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

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARIAL ShetenManCook V.

FWPOL363e - Notification Letter - Issue (Reporting)



SUBBAIAH CHANDRAN THAN CONSTRUCTION & ENGINEERING PTE. LTD. 415 JURONG WEST STREET 42 #05-761 SINGAPORE 640415 MINISTRY OF MANPOWER



For Immigration Use (To clear by FIN)

G82604260

31 Dec 2018

# You need to make an appointment for Card Registration

Dear SUBBAIAH CHANDRAN

We have received a request to issue your work permit on 31 Dec 2018. Now you need to come to the MOM Services Centre – Hall C by **07 Jan 2019** for card registration.

Please go to https://services.mom.gov.sg/appointment to make an appointment for Work Pass Card Registration. At registration, we will check your documents (listed on page 2), register your fingerprints and take your photograph. We can only deliver your work permit card to the authorised recipient(s) 4 working days after you have successfully registered. An SMS / email with the delivery details will be sent to your authorised recipient(s) at least 1 working day before the delivery.

This Notification Letter allows you to work and stay in Singapore until you get your card. It is valid from 31 Dec 2018 till 30 Jan 2019.

Yours sincerely

()
Mdm Chow Choon Yen
for Controller of Work Passes

YOUR NAME SUBBAIAH CHANDRAN

G8260426Q WORK PERMIT NO.

O 34269505

DATE OF APPLICATION

29 Nov 2018 DATE OF ISSUE

31 DEC 2018
WORK PERMIT EXPIRY DATE

10 Dec 2019
DATE OF BIRTH

05 Jun 1988

sex MALE

NATIONALITY

INDIAN

TRAVEL DOCUMENT NO.

N0834447

TRAVEL DOCUMENT EXPIRY DATE

26 Oct 2025

YOUR EMPLOYER'S NAME

THAN CONSTRUCTION & ENGINEERING PTE. LTD.

SECTOR

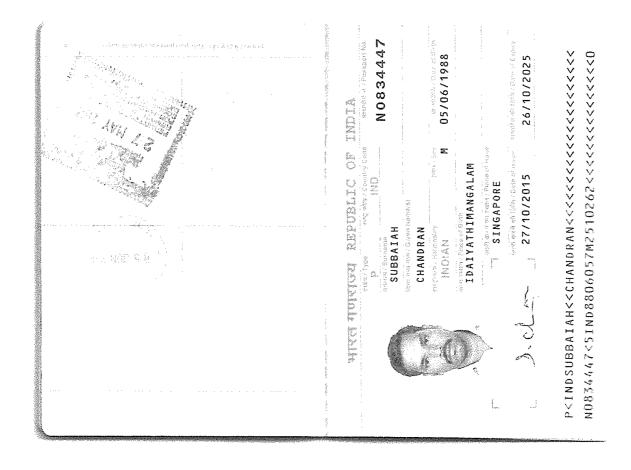
CONSTRUCTION

OCCUPATION

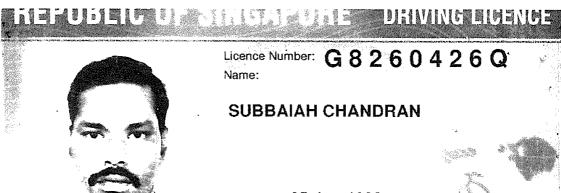
CONSTRUCTION WORKER-CUM-DRIVER

### A IMPORTANT

- If you fail to report to the MOM Services Centre Hall C for card registration, your work permit may be cancelled.
- You must keep this Notification Letter with you until you get your card. If you need to leave I enter Singapore, you will have to show this letter at the Immigration Checkpoints.



### Driving License Pg. 1



Birth Date: 05 Jun 1988 Issue Date: 02 Aug 2016 Valid Till 02/08/2021



## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles =< 200 CC 03 Aug 2011 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the Class 3 24 Jan 2018 driver; and motor tractors/vehicles =< 2500 kg

30 : 3/8/2011 6

S / No.9000312509

G8260426Q

Licence No:G8260426Q NP 428A

Page 8 of 11



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

ROC: 201305215M Email: Hanconstruction 1305 Smail

# **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). MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z18VC05001008

Type of Cover: THIRD PARTY

Index Mark and Vehicle Registration Number

TOYOTA DYNA 150 D - GBC2828B

2 Name of Policy Holder

THAN CONSTRUCTION & ENGINEERING PTE LTD

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

08/11/2018

4. Date of Expiry of the Insurance

07/11/2019

5. Person To Drive (A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/THER 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

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

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.

VWE 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: ETHOZ CAPITAL LTD

CHIEF EXECUTIVE (Singapore Branch)

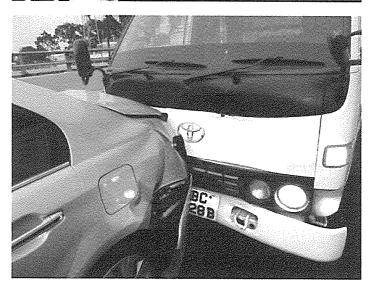
User ID: TIMESINSBRK1 Date Issued: 22/10/2018



## Scene Photos Pg. 1







## Scene Photos Pg. 2



