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

 By the loagement of this report to the insurers, you nereby con- aforesaid. 	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	20/02/2019 14:52
Date Of Accident	18/02/2019 13:25
Exact Location Of Accident	SLIP RD TO UPPER BT TIMAH RD FROM LOR SESUAI
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBA1446L
Insured/Policyholder	
Name Of Registered Owner	TPE ENGINEERING PTE LTD
Co Reg No	200800119M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81210409
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number P2205570

Cover Note Number

Driver

Name of Driver RANA MD SHOHEL

NRIC No G8437195K

Date Of Birth 25/03/1981

Occupation OUTDOOR

Date Of Driving Pass 14/02/2012

Driving Experience 7 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82120409

Fax Number

Contact Number

EMail Address NOEMAIL

70 TUAS SOUTH AVE 1 SINGAPORE 637285 Address

Postcode

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

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

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

3

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : WORKERS

GENDER: : MALE

Passenger 2

Number of Passengers (Including Driver)

: WORKERS NAME: GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE ROAD: 21 BUKIT BATOK EAST AVE 4, POSTCODE: 659840, COUNTRY:

NO

YES

Police Station Address **SINGAPORE**

Police Station Contact TEL NO: 1800-6659999 - FAX NO: 66655793

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT/ SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

SJJ9036S

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

Page 2 of 23

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

AXA INSURANCE PTE LTD

8 Shenton Way, #24-01

.AXA Tower, Singapore 068811

Customer Centre #01-21 Tel:1800 8804888 Fax:-

Website:www.axa.com.sg

GST Registration Number: 199903512M

customer.care@axa.com.sg



CERTIFICATE OF INSURANCE

■ Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 ■ Road Transport Act. 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO.

: VFX/P2205570

Account No.: 03180

Coverage

: Third Party Fire & Theft Only

Sum Insured

: Market Value At The Time Of Loss

Name of Policy Holder

: TPE ENGINEERING PTE LTD

Vehicle Registration No. : GBA1446L

Period of Insurance

: From 23/11/2018 To 22/11/2019 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Policyholder's order or with 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*

(a) Use in connection with the Policyholder's business

- (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- (c) Use for social, domestic and pleasure purposes

- This Policy does not cover
 (a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing
 (b) Use whilst drawing a trailer except the towing of any one disabled
 - mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

ACER INSURANCE AGENCY

21 Woodlands Close #08-44 Primz Bizhub Singapore 737854 Tel: 6777 8323 Fax: 6776 8323

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOVKRS

on 26/11/2018

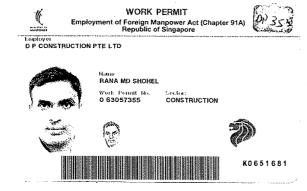
TMPORTANT .

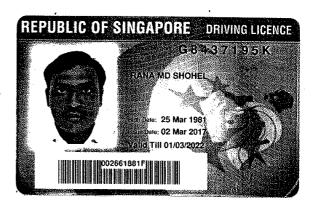
IMPORTANT:
Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of
Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or
destroyed a Statutory Declaration to the effect must be made. Failure to comply with this
obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189).

FOR INDIVIDUAL CUSTOMERS

:Cover Under the policy is valid only upon the $\ payment$ of the full premium stated on the policy.

FOR NON-INDIVIDUAL CUSTOMERS: Please refer to the Premium Warranty Clause on the policy





VISIT PASS

Name RANA MD SHOHEL



Date of Birth 25-03-1981

Nationality BANGLADESH

MULTIPLE JOURNEY VISA ISSUED

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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

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:

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

Policyholder's Signature Date & Time:

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

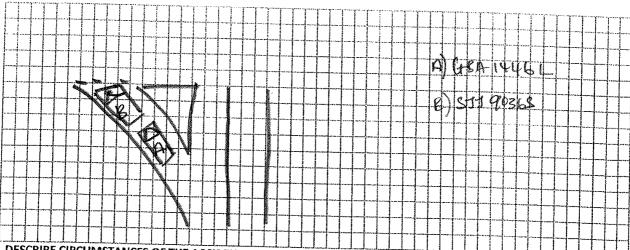
Date & Time: 20.02 249

12:39 PM.

GIARMC SkeichPlanForm V3

ersonnel's Signature

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As police report.		
The point report		
	······································	
	··········	
Important:		
You have been advised by the workshop that in the event that you wish as	 ✓	- Reporting Only
Committee of the control of the cont		- Claim OD
DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.		- Claim TP
DECLARATION		- Claim OD/ TP at other workshop

DECLARATION

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

Policyholder's signature Date & Time

Driver's Signature

(if driver not the policyholder) Date & Time 20.02. 2019

12:39 pm

Reporting Centre Personnel's Signature

Nric/Fin No.

Transfer Fee Enquiry Page 1 of 1

> Back to OneMotoring

Enquire Transfer Fee Vehicle Details			
Vehicle No.:	GBA1446L		
Vehicle Type :	B31 - Goods (Open) Lorry (Metal Body)/Pickup	p	
Vehicle Attachment 1:	With Hood		
Vehicle Scheme :	Normal		
Vehicle Make:	TOYOTA		
Vehicle Model:	DYNA 150 MANUAL		
Chassis No.:	JTFAT35Y103000445		
Propellant:	Diesel		tim alder a trail trail of the left three transmission in the many
Engine No.:	1KD1588198		
Engine Capacity:	2982 cc		**** *** * * * * * * * * * * * * * * * *
Maximum Power Output:			
Maximum Laden Weight :	3500 kg	marine (10 cm) in the control of the	SAME OF STANKER OF COLUMN STANKERS AND
Unladen Weight :	1800 kg		
Year Of Manufacture :	2007		
Original Registration Date :	07 Mar 2007		
Lifespan Expiry Date :	06 Mar 2027		
COE Category:	C - Goods Vehicle & Bus		
PQP Paid:	\$24,394.00		
COE Expiry Date :	06 Mar 2022		antana andrew menter menter the medical designation of the control
Road Tax Expiry Date:	06 Mar 2019		
Inspection Due Date:	06 Sep 2019	e e e e e e e e e e e e e e e e e e e	An instrument terms from the court of the contract of the cont
Intended Transfer Date :	21 Feb 2019		
CO2 Emission :	-		
CO Emission:	······		
HC Emission:	=		en e
NOx Emission:	-		
PM Emission:	·		· · · · · · · · · · · · · · · · · · ·
renewed after 06 Mar 2019, late	Mar 2019. You may renew the road tax from 07 De renewal fee(s) will be imposed. Please use Enquire I at (if any), of a vehicle will follow the vehicle to the no lar 2019 to 06 Sep 2019)	Road Tax Payable to check on the I	late fee(s) payable.
21 11 11 11 11 11 11 11 11 11 11 11 11 1	Amount Before GST	GST Amount	Amount After GST
	(S\$)	(S\$)	(S\$)
Transfer Fee:	25.00	-	25.00
Sub Total :			25.00
Nett Road Tax Amount (After	98.00		98.00
Offsetting Over Payment):			
Total Amount Payable :	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		123.00
Message	ALIVADERATE ALIVA PARANCE MATERIAL SANCA PARENCE AND A SILVA PARENCE AND A SILVA PARANCE AND A SILVA PARANCE A	A CANTAN A CANTAN AND A CANTAN AND A CONTRACT TO A PARTICULAR SINCE ANAMORS AND A PARTICULAR SINCE	
Please note that all future COE revehicle.	enewals for this vehicle can only be for a 5-year peri	od, subject to the statutory lifespa	n (if applicable) of the
Variable was a few and the ball of the second of the secon			

You may print this page for reference.

OK Print





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 1 of 3 Report No. T/20190218/2111

659840 Tel No: 1800-6659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2019 16:01		lade:	Vide Report No.:	Station Diary No.: 63		
Informan	t's Particu	ilars				
Name of I	nformant:		Address:			
RANA MD SHOHEL		-	90 TUAS SOUTH AVENUE 9 TUAS LODGE 1 SINGAPORE 637397			
ID Type / ID No.:			Contact No.:			
FIN NO / G8437195K		K	Home/Office: 6291 0032 Mobile: 8212 0409			
Nationality: BANGLADESHI			Email:			
Sex:	Age:	Date of Birth:	Type of Informant:			
Male	37	25/03/1981	Driver			
Race:			Language:	Institution / School Name:		
Indian						
Occupatio	n:		Driving Licence Information:			
SITE SUPERVISOR		<u> </u>	Class:	Date of Expiry:		

General Inford	mation of the Accident		•		
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/02/2019 13:25	Type of Location:	
Location:					
LORONG SES	SUAI				
Slip-road to U	pper Bukit Timah Road f	rom Lorong Sesuai			
		Road Surface:	R	Road Speed Limit:	
Traffic Flow:	Flow: Traffic (Tr	affic Volume:	
Type of Collisi	ion:	1		nyone conveyed by nbulance:	

Details of Ve	shicle involved					
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBA1446L	Lorry					0
SJJ9036S	Cor					•
31190303	Car					U





T/20190218/2111

2 of 3

Report No. T/20190218/2111

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999

CONTINUATION OF REPORT

Brief Details.

On 18-02-2019 at about 1:27 pm, I was the driver of GBA 1446 L, I was at the slip-road after Lorong Sesuai, entering the main road of Upper Bukit Timah Road. There was another vehicle in front of me; as I was making a check on the right side blind-spot, my vehicle moved forward, and collided with the front vehicle, later established to be SJJ 9036 S. Due to the accident, the car driver, a female Indian, was conveyed to hospital by an ambulance, as she claimed that she sustained a neck injury. Police also came, reference number J/20190218/0063, and after, I was advised to lodge a police report, for the accident.





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840 3 of 3 Report No. T/20190218/2111

Tel No: 1800-6659999

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J 14 State Sgt MUHAMMAD ISA BIN SULAIMAN Signature Of Interpreter: Not applicable	Date/Time: 18/02/2019 16:01
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232 Authentication Stamp	Classification Of Case:



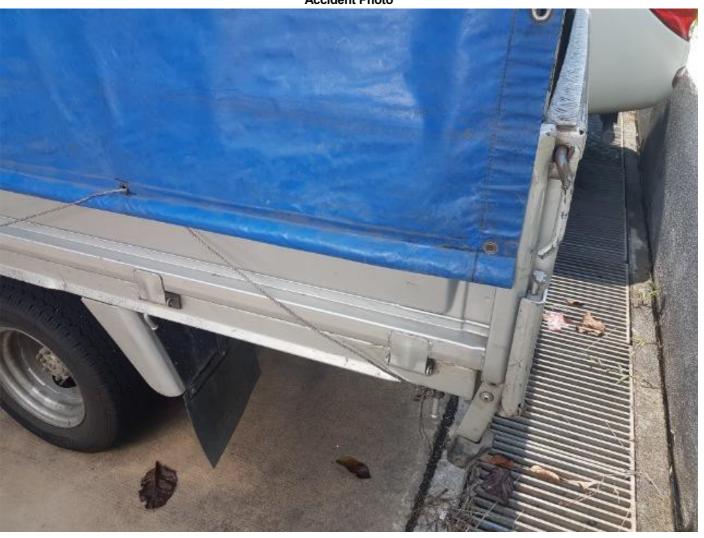


















REPORTING MILEAGE



