

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 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 Report | 16/05/2019 17:33 |
| Date Of Accident | 15/05/2019 15:45 |
| Exact Location Of Accident | ANG MO KIO INDUSTRIAL PARK 2 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | YN9152R |
| Insured/Policyholder | |
| Name Of Registered Owner | HOE HUAT EQUIPMENT PTE. LTD. |
| Co Reg No | 201615389H |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-63855397 |

Vehicle Particulars

| | |
|--|---------------------------|
| Manufacturer | MITSUBISHI |
| Model | CANTER FEB21ER4SDEB (CBU) |
| 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 | THIRD PARTY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5103650312 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | ISLAM AKIDUL |
| Passport No/FIN | G2282617X |
| Date Of Birth | 17/01/1994 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 09/04/2018 |
| Driving Experience | 1 YEAR AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83555661 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | 15 CHANGI NORTH STREET 1 #01-03 |
| Postcode | 498765 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|----------------------------|
| Type Of Accident | COLLISION - MAJOR/MINOR RD |
| 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 | 3 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO THE STATEMENT ON THE 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? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|--------------------------|
| Vehicle Registration Number | GBD8436D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | RETHINAM BALASUBRAMANIAN |
| NRIC/Passport Number | 0 35171568 |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SFA9928M |
|-----------------------------|----------|

| | |
|-------------------------------------|---------------------|
| Vehicle Make/Model/Colour | MERCEDES BENZ R300L |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | CHAN SOON KHEONG |
| NRIC/Passport Number | |
| Contact Number | 96740860 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN

IMPORTANT NOTICE

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

Policyholder's Signature
Date & Time:



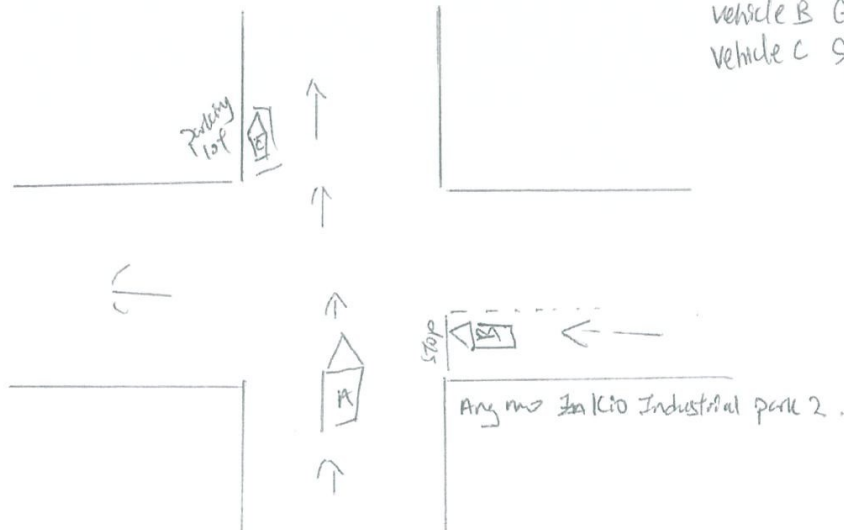
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

SKETCH PLAN



Vehicle A YN9152R
Vehicle B G8D8490D
Vehicle C SFAP9188M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| | |
|--|--|
| LICENSE PLATE: YN9152R | ACCIDENT DATE & TIME: 15/05/19, 1545hrs. |
| CONTACT NUMBER: | E-MAIL ADDRESS: |
| LOCATION: Ang Mo Kio Industrial Park 2. | |
| <p>On 15/05/19 around 1545hrs, Vehicle A driving straight at Ang Mo Kio Industrial Park 2, Suddenly Vehicle B was turning out from right side, Vehicle B did not stop before turning out, so vehicle B crashed to vehicle A and also crashed to vehicle C which parked at the parking lot.</p> | |
| NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION | |
| Please state: | |
| <input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only | |

DECLARATION

I/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:



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



Sketch Plan Pg. 3

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G 2 2 8 2 6 1 7 X**
Name: **ISLAM AKIDUL**

Birth Date: 17 Jan 1994
Issue Date: 09 Apr 2018
Valid Till 08/04/2023

002791183F


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

| | | EFFECTIVE DATE |
|---------|--|----------------|
| Class 3 | Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg | 09 Apr 2018 |

NP 428A



Sketch Plan Pg. 4

| WORK PERMIT | |
|---|------------------------------------|
| Employment of Foreign Manpower Act (Chapter 91A) | |
| Republic of Singapore | |
| Employer: SHENG KEONG CONSTRUCTION PTE. LTD. | |
| Sector: CONSTRUCTION | Name: ISLAM AKIDUL |
| | Occupation: CONSTRUCTION WORKER |
| Work Permit No. O 64012274 | Date of Application 23-05-2013 |
| | Date of Issue 29-05-2017 |
| | Date of Expiry 12-06-2019 |
|  | |
| L7971674 | |

| VISA PASS | | | |
|---|---------------|---------------|----------------|
| Immigration Regulations | | | |
| Name: ISLAM AKIDUL | | | |
|  | Date of Birth | Sex | Nationality |
| | 17-01-1994 | M | BANGLADESHI |
| | FIN | Date of Issue | Date of Expiry |
| | G2282617X | 29-05-2017 | 12-05-2019 |
| MULTIPLE JOURNEY VISA ISSUED | | | |
| YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU. | | | |
|  | | | |



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 Number : 5103650312

Cover : Third Party

1. Index mark and Registration Number of Vehicle : YN9152R
Chassis Number : FEB21EA10422
 2. Name of Policyholder : HOE HUAT EQUIPMENT PTE. LTD.
 3. Effective Date of Insurance : 09 Sep 2018
 4. Expiry Date of Insurance : 08 Sep 2019
 5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her 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#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- This Policy does not cover
- (a) Use for hire or reward.
 - (b) Use for racing, pace-making, reliability trial or speed-testing.
 - (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

| | |
|-----------------------|-------|
| EXCESS (SECTION 1) | : N/A |
| EXCESS (SECTION 2) | : N/A |
| INSURE WITH COE | : N/A |
| HIRE PURCHASE COMPANY | : N/A |
| SUM INSURED | : N/A |

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)

Agency : TIMES INS BROKERS (MOTOR BUSINESS) (00000690643)
Date of Issue : 06 Sep 2018 11:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

