

## 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	08/01/2020 10:18
Date Of Accident	21/11/2019 10:20
Exact Location Of Accident	BUKIT TIMAH ROAD SHELL STATION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6618Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SURE CONSTRUCTION PTE LTD
Co Reg No	200202504N
Email Address	JASIMUDDINSURE@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-82620130

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEA01BR2SDEB (CBU) (M)
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/19/VC00/104081
Cover Note Number	

### Driver

Name of Driver	HOSSAIN MD KAUSAR
Passport No/FIN	S8033119W
Date Of Birth	10/08/1984
Occupation	OUTDOOR
Date Of Driving Pass	21/06/2018
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	+65-90358315
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	22 YISHUN INDUSTRIAL STREET 1 #03-21
Postcode	768159
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	2
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 POLICE REPORT FOR ACCIDENT DETAILS.

#### 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	SLG1468Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

### Sketch Plan

### SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the police report.

## DECLARATION

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



Policyholder's Signature  
Date & Time:

Kant

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN

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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.

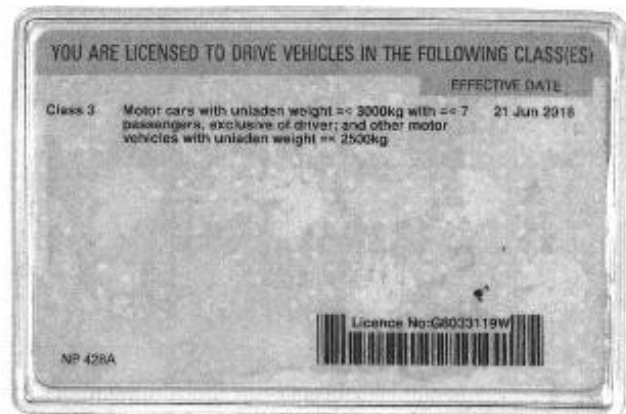
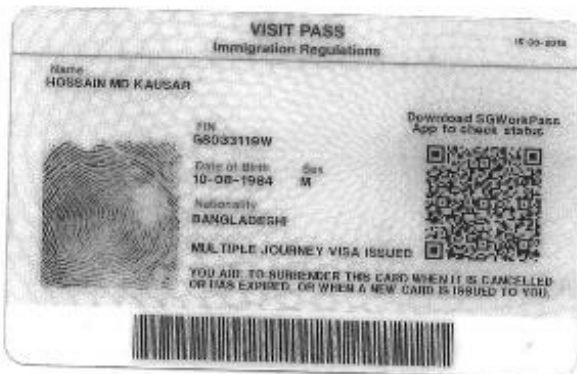
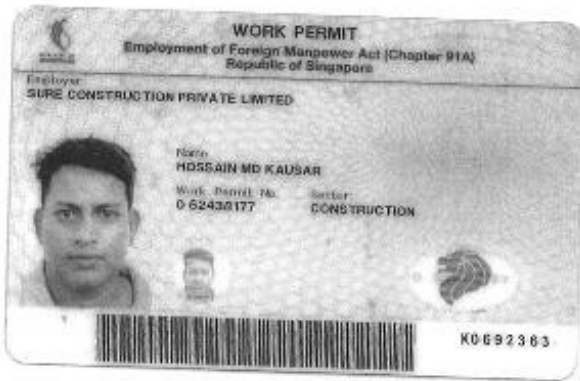


Policyholder's Signature  
Date & Time:

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

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

## Identification Card & Driving License




**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

Tel: (65) 8250 7388 Fax: (65) 6298 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0006635-C

MZ300

**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. : Z/19/vc00/104081

Type of Cover : COMPREHENSIVE

**1. Index Mark and Vehicle Registration Number**

MITSUBISHI CANTER FEB21ER4SDEB  
 (CBU)  
 - YP 6618Z

**2. Name of Policy Holder**

SURE CONSTRUCTION PRIVATE LIMITED

**3. Effective date of the Commencement of Insurance for the purpose of the Act.**

31/07/2019

**4. Date of Expiry of the Insurance**

28/06/2020

**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/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.

**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 TRIAL OR SPEED TESTING. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess : S\$700.00 (SECTION 1)

S\$2500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON 2ND AND SUBSEQUENT CLAIMS)

**Condition**

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

\* 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.

H.P. Owner : ETHOZ CAPITAL LTD

CHIEF EXECUTIVE  
 (Singapore Branch)

User ID : eelinyeo / mhchan  
 Date Issued : 24-06-2019

 210001 - YE1  
 18/06/2019 v5.0.2

police report

NOTICE OF COMPLIANCE

1. This is to confirm that HOSSAIN MD KAUSAR (NRIC no: G8033119W) has reported to the police a traffic accident which occurred at BLK 150 BUKIT TIMAH ROAD SHELL STATION. On 21/11/2019 at around 1017hrs, I was driving my vehicle, a company lorry bearing registration number YP 6618Z at Bukit timah road shell station. After refilling diesel on to my lorry, I wanted to move out of the lot. However there was a car in front and I am unable to move forward. I checked my rear mirror and did not see any vehicle. I then reversed my lorry in order to move out from the lot. Suddenly I heard a loud bang from the rear of my lorry. I proceeded down to make a check. I noticed that the rear of my lorry had hit on to the front bumper of an fast incoming car bearing car plate no: SLG1468Z. The car suffered minor dents on it front bumper. My lorry did not suffer any damages. There is no foreign vehicle involved. No one was injured in the incident. I am lodging this report for record purpose.

Particulars of the drivers involved: -

A1) HOSSAIN MD KAUSAR  
G8033119W  
VEHICLE NO.: YP 6618Z  
HP: 9009 7565

- 2 He has therefore complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Date: 21/11/2019 Name of Issuing Officer: SC Nicholas  
eS/D Ref: 399 Police Post/ Unit: Nanyang NPC

Original \* to be issued to informant

Duplicate \* to be retained at police post or unit

NANYANG NPC  
2 JURONG WEST AVE 5  
SINGAPORE 649482  
TEL : 1800-7929999

Kaus



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MWHM20003231 Vehicle Registration No: YP6618Z  
Name(as shown in NRIC) : Hossain MD Kausar NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 22 Yishun Industrial Street 1 #02-21 Singapore (768159)  
Contact (Tel) : - Mobile No.: 90358315  
Email Address : -  
Date of Accident : 21/11/19 Time of Accident : 1020hrs.  
Place of Accident : Bukit Timah Road Shell station  
Insurance Company: Longac

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add in police report.  
Reporting Center miss out attach police report.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

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