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 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.

ACCIDENT STATEMENT

Date of Submission 19/10/2020 19:50 (SGT) Date of Accident 17/10/2020 09:40 (SGT) Exact Location of Accident 1 Joo Yee Rd, Singapore 619197 Additional Location Information **ENTRANCE** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN5345C

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner LINCOTRADE & ASSOCIATES PTE LTD Company Reg No 1XXXXX725K Email Address cindy@lincotrade.com.sq Mobile Phone No (Phone) +65-88895524 Alternative Phone No +65-88895524

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model CANTER FEB21ER4SDEB (CBU) Variant undefined Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

Vehicle Category Commercial vehicle Transmission Manual CC 2977

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNW00038862002 Cover Note Number

DRIVER

Name of Driver HOSSAIN MOHAMMAD MONIR Passport No/FIN GXXXXX981M

Date Of Birth 01/05/1988 Occupation Outdoor Date Of Driving Pass 04/04/2018 Driving experience 2 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-88895524 Alt. Phone Number (Office) +65-63668500 Email Address cindy@lincotrade.com.sg Address 39 SUNGEI KADUT LOOP Address complement Postcode 729494 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GZ9255C Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Commercial vehicle

Accident report MNA120091614

Vehicle Category

Name of Driver
Contact Number

Address complement

Postcode	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	HOSSAIN MOHAMMAD MONIR
Phone No	-
Address	
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	YN5345C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 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 flability on the part of the insurance
- 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
- (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 Persons

NRIC/FIN No.:

Scanned with CamScanner

Buildand Builda			
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT To my vehicle, (YN 5345°C), On the stated time a date, I was stationary watting to enter the building compand. A vehicle B, leaving (G3 925°C) sudding reversed and brocked arts the front portion of my corny. We exchanged particulars and decided to powed with incurance claims. CLARATION We declare the foregoing still beauty are true in every respect. When the control of the control of the potential of the position of the potential of	KETCH PLAN		
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT To my vehicle, (YN 5345°C), On the stated time a date, I was stationary watting to enter the building compand. A vehicle B, leaving (G3 925°C) sudding reversed and brocked arts the front portion of my corny. We exchanged particulars and decided to powed with incurance claims. CLARATION We declare the foregoing still beauty are true in every respect. When the control of the control of the potential of the position of the potential of	11	Lance	A > VN 5345 C
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT In my behicle, (YN 5345C), On the stated fines a date, I was stationary walting to enter the building compound. A vehicle B, bearing (G2 9255 C) Industry reversed and knocked anto the front portion of my comy. We exchanged particulars and decided to proceed with insurance claim. Exchanged particulars and decided to proceed with insurance claim. CLARATION le declare the foregood spittlessing are true in every respect. Driver's signature of driver is not the policyholder) Driver's signature of driver is not the policyholder) Reporting Centre Personnal's Signature Name:	Bulling	_	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT On the stated time a date, I was stationary, watting to enter the building compand. A vehicle B, bearing (G2 9255 C) shaddary reversed and knowled arts the front portion of my (orny. we exchanged particulars and ducated to proceed with insurance claims. CLARATION le declare the foregood pattlement are true in every respect. Driver's signature of division to the policyholder) Driver's signature of division to the policyholder) Reporting Centre Personny's Signature Name:	Barrono	-	
SCRIBE CIRCUMSTANCES OF THE ACCIDENT In my webster, (YM 5345C), On the stocked time a date, I was stationary, waiting to enter the building compound. A vehicle B, bearing (G2 9255 C) suddenly reversed and knotked onto the front portion of my cony. We exchanged particulars and devoted to proceed with incurrence claim CLARATION le doctare the foregoing substant are true in every respect. Sometimes of driver's Signature to a Time: Oriver's Signature of driver is not the poteyholder) Reporting Centre Personner's Signature Name: Name:		8 1	
SCRIBE CIRCUMSTANCES OF THE ACCIDENT In my website, (YN 5345C), On the stocked time a date, I was stationary, watting to enter the building compound. A vehicle B, leaving (G2 925°C) sudding reversed and knowled anto the story portion of my (ong. We exchanged particulars and duided to society with incurance claim CLARATION le declare the foregoing spills with are true in every respect. Society Signature To Driver's Signature To distribute on the policyholder) Reporting Centre Personne's Signature Signa		Z	
SCRIBE CIRCUMSTANCES OF THE ACCIDENT In my website, (YM 5345C), On the stocked time se date, I was stationary, waiting to enter the building compound. A vehicle 8, leaving (G2 9255 C) sudding reversed and beneked anto the front portion of my (orny. We exchanged particulars and durided to proceed with incurrence claims. CLARATION Redectors the forego application are true in every respect. CLARATION Redectors the forego application are true in every respect. CLARATION Redectors the forego application are true in every respect. CLARATION Redectors Signature (of driver's Signature (of driv	[4)	
SCRIBE CIRCUMSTANCES OF THE ACCIDENT In my webiele, (yN 5345C), On the stated time a date, I was stationary, waiting to enter the building compound. A vehicle o, bearing (G2 9255 C) madeing revised and knowled anto the front portion of my (orng. We exchanged particulars and decided to proceed with insurance claim CLARATION re declare the foregoing publishmans are true in every respect. The following is particular to the policyholder of the foregoing publishmans are true in every respect. Driver's Signature of driver is not the policyholder of the foregoing centre Personnel's Signature of driver is not the policyholder of the foregoing is signature. Reporting Centre Personnel's Signature of driver is not the policyholder of the foregoing is signature.	- -		
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT In my webiele, (yh 5345c), On the stated time a date, I was stationary, watting to enter the building compound. A vehicle to, bearing (G2 9255 C) shadenly reversed and brooked anto the front portion of my (orng. we exchanged particulars and decided to proceed with insurance claim CLARATION We declare the foregoing paths sain, are true in every respect. CLARATION We declare the foregoing paths sain, are true in every respect. CLARATION We declare the foregoing paths sain, are true in every respect. Driver's Signature of driver is not the policyholder) Reporting Centre Personnel's Signature Name: Name:	←		
On the stated time a date, I was stationary, watting to enter the building compound. A vehicle B, bearing (G2 9255 C) suddenly revised and brocked arts the front portion of my (orny. We exchanged particulars and decided to proceed with incurrance claims. CLARATION Ve declare the foregologophic particular are true in every respect. Driver's Signature (If driver is not the policyholder) Driver's Signature (If driver is not the policyholder) Reporting Centre Personnal's Signature Name:			
On the stated time a date, I was stationary, watting to enter the building compound. A vehicle B, bearing (G2 9255 C) suddenly revised and brocked arts the front portion of my (orny. We exchanged particulars and decided to proceed with incurrance claims. CLARATION Ve declare the foregologophic particular are true in every respect. Driver's Signature (If driver is not the policyholder) Driver's Signature (If driver is not the policyholder) Reporting Centre Personnal's Signature Name:	SCRIBE CIRCUMSTANCES	OF THE ACCIDENT	In my vehicle, (YN 5345C),
building compound. A vehicle is, bearing (G2 9255 C) shadding reversed and knowed anto the front portion of my (orny. We exchanged particulars and decided to pound with insurance claims. CLARATION be declare the foregoing alliterators are true in every respect. Driver's Signature of driver is not the policyholder) Reporting Centre Personne's Signature Name:	an the stated	time a date, I wa	28 Stationary, walting to enter the
exchanged particulars and durided to nowed with incurance claim. CLARATION We declare the foregoing pill the sates are true in every respect. Driver's Signature Oriver's Signature Oriver's Signature Oriver's Signature Oriver's Inot the policyholder) Reporting Centre Personnel's Signature Name:			
exchanged particulars and durided to nowed with incurance claim. CLARATION We declare the foregoing paths was are true in every respect. Oriver's Signature Oriver's Signature Oriver's Signature Oriver's Individed is not the policyholder) Reporting Centre Personnel's Signature Name:	building compa	and. A vehicle B, bec	ining (GZ 9255 C) Suddenly
Exchanged particulars and decided to poceed with insurance claim CLARATION Ve declare the foregon a philippains are true in every respect. Orivo. Driver's Signature of driver is not the policyholder) Reporting Centre Personne's Signature Name:	,		
Exchanged particulars and decided to poceed with insurance claim CLARATION Ve declare the foregon a philippains are true in every respect. Orivo. Driver's Signature of driver is not the policyholder) Reporting Centre Personne's Signature Name:	reversed and lev	nocked anto the front	portion of my cony. We
Icyholder's Signature The first of driver is not the policyholder) Reporting Centre Personnel's Signature			
Icyholder's Signature The first of driver is not the policyholder) Reporting Centre Personnel's Signature		1	I would talk incorpore alcim -
Icyholder's Signature The first of driver is not the policyholder) Reporting Centre Personnel's Signature	exchanged part	culars and devoted.	to nocced with how with commit
Ve declare the foregol (a.p.H.H. Fabre are true in every respect. Comparison of the control o			
Ve declare the foregol (a.p.H.H. Fabre are true in every respect. Comparison of the control o			
Ve declare the foregol (a.p.H.H. Fabre are true in every respect. Comparison of the control o			
Ve declare the foregol (a.p.H.H. Fabre are true in every respect. Comparison of the control o			
Ve declare the foregol (a.p.H.H. Fabre are true in every respect. Comparison of the control o			
Ve declare the foregol (a.p.H.H. Fabre are true in every respect. Comparison of the control o			
Ve declare the foregol (a.p.H.H. Fabre are true in every respect. Comparison of the control o			
le declare the foregol (a pHit Prior) are true in every respect. Only - Oriver's Signature Of driver is not the policyholder) Reporting Centre Personnel's Signature Nome:			
le declare the foregol (a pHit Prior) are true in every respect. Only - Oriver's Signature Of driver is not the policyholder) Reporting Centre Personnel's Signature Nome:			
le declare the foregol (a pHit Prior) are true in every respect. Only - Oriver's Signature Of driver is not the policyholder) Reporting Centre Personnel's Signature Nome:			
Ve declare the foregol (a.p.H.H. Fabre are true in every respect. Comparison of the control o			
Ve declare the foregol (a.p.H.H. Fabre are true in every respect. Comparison of the control o			
Ve declare the foregol (a.p.H.H. Fabre are true in every respect. Comparison of the control o			
Ve declare the foregol (a.p.H.H. Fabre are true in every respect. Comparison of the control o			
Ve declare the foregol (a.p.H.H. Fabre are true in every respect. Comparison of the control o			
Ve declare the foregol (a.p.H.H. Fabre are true in every respect. Comparison of the control o			
Ve declare the foregol (a.p.H.H. Fabre are true in every respect. Comparison of the control o			
Ve declare the foregol (a.p.H.H. Fabre are true in every respect. Comparison of the control o			
Ve declare the foregol (a.p.H.H. Fabre are true in every respect. Comparison of the control o			
Ve declare the foregol (a.p.H.H. Fabre are true in every respect. Comparison of the control o	CLARATION		
Icyholder's Signature Driver's Signature (if driver is not the policyholder) Reporting Centre Personnel's Signature Nome:	Ve declare the foregoing pulle	dars are true in every respect.	
te & Time: (if driver is not the policyholder) Name:	17	12/ 1	
te & Time: (if driver is not the policyholder) Name:	(*()5) Om?	(An)
te & Time: (if driver is not the policyholder) Name:	[3]		Recognice Contra Personne à Canatura
	licyholder's Signature		
Date & Time: NRC/FIN No.:	te & Time:		AUDIC (TIM No.)

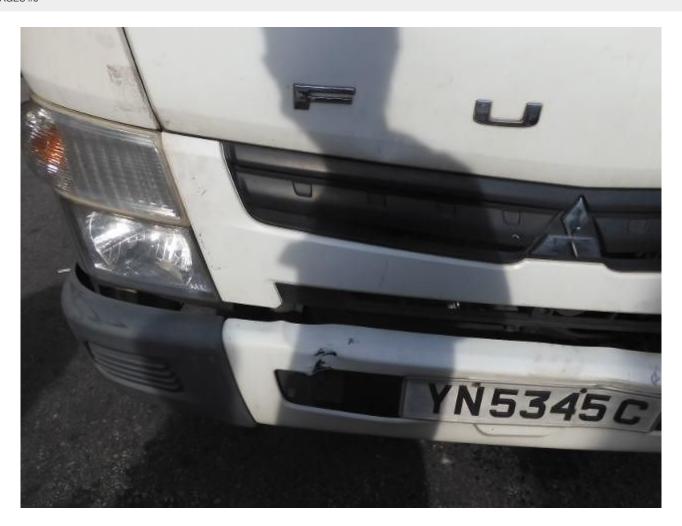
Scanned with CamScanner























IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MNA120091614 Vehicle Registration No: YN 5345C Lin cotracte & Associates Ptc 1-til Name (as shown in NRIC): NRIC/FIN/Passport No: 199105725K (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate 39 Sungei Kaduf Loop Email Address: 10 2620 (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: ddress as follow:-Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name: Date: NRIC/FIN No.: Date:

GIARMC Addendum Form