Oriver/Owner: Contact No: Damaged Portion: C Checked by (Engr-In-Churge): Conditors Comments::	5) PT: I Forel 6) TR: I 7) NI: I 8) NTU QD: •N5: •N6: •N6: •N6: •N6:	ollow-Through Survey (Readinging against UNC Only (w. le-inspection) les DA + SMRT Survey Cadditional Services: Courtesy Cer / Tpt Allowance Lapair Co-ordination Post Repair Inspection DV / Collect Excess Coordin [11]: TP (Non INC) against I Idao Mobils	575 5160 e	
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Driver/Owner: ,	. S) PT : P	iming against INC Only (w.	of 10 Jon 6/30)	
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3) Upload Resurvey Photo [Repair Cost > \$30	000] ()			
2) QC Check / Post Repair Inspection	.(-)			
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TP Particulars: Veh No: G	BE 1357 p 1	NC()/Non-INC	().	
Professed Wisp / IMC Assign Wisp / QW: (Tol: f	Fax:	
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(11) - (19)! Reporting Only	i-Photo Uploaded			
	I-Motor W/O (Willin:	OD 2hrs, TP 4hrs)		·
1111A 22/10/20 09:50.	I-Motor Claim Form	<u> </u>		
Val No YN 6782 5	E-mail (etdia mas, AIC	Zhrs)		
Refile MAI LPG 200116481 44	SAS c-filing	i		
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Date In: 22/10/20 14:08	Harris Committee	I Proper De Proper C	The same between 1	Done by

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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.

aforesaid.	
HERE WAS A STREET OF THE STREET	ACCIDENT STATEMENT
Date Of Report	22/10/2020 14:08
Date Of Accident	22/10/2020 09:50
Exact Location Of Accident	CTE TWDS AYE AT SLIP RD AMK AVE 5 EXIT TWD HOUGANG
Country/State of Loss	SINGAPORE
The second secon	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YN6782S
Insured/Policyholder	
Name Of Registered Owner	JSR CONSTRUCTION PTE LTD
Co Reg No	2XXXXX599H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96880538
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER
Exact Purpose for which vehicle was being used at time of accident	WORK
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z20VC05004627
Cover Note Number	
Driver	
Name of Driver	NIROB HOSSEN MOHAMMAD
NRIC No	GXXXX979N
Date Of Birth	01/06/1989
Occupation	OUTDOOR
Date Of Driving Pass	15/03/2018
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96880538
Gender	MALE

NOEMAIL

232 TUAS SOUTH AVE 2 WEST POINT BIZHUB Address

637221 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

COLLISION - HEAD TO REAR Type Of Accident

AFTER RAINED Weather Conditions

Road Surface WET

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by NO

ambulance?

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)

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

GBE1357P

DETAILS OF OTHER VEHICLE PROPERTY 1

COMMERCIAL VEHICLE

YES NO

NO

NO

NO

NO

1

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

NIROB HOSSEN MOHAMMAD

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

YN6782S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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.

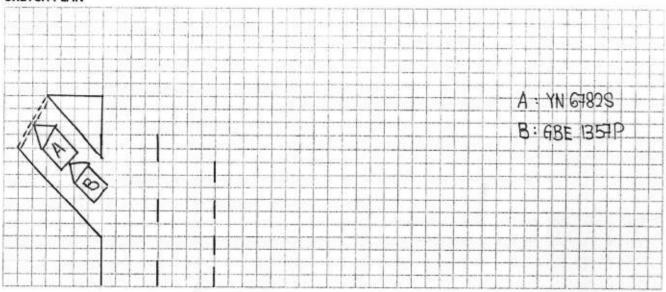
Policyholder's Signature Date & Time:

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

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE	CIRCUIVI	3 I AINCES	JF THE ACC	IDENT							
On	22.10.2	1020 at	about (09:50 am.	I was	travellin	ng along	CTE tou	ords AYE	of other to	ad
Ang Mo	Kto Av	e 5 Exit	toward	8 Hougan	g. The	vehicle	in from	slow	down	and stop	ed
I follo	w slow	down .	and stop	ped. Sud	denly ,	vehicle	B hit my	rear	portion.		
	- 7										THE PERSON
						10.00		Anne se			
		- 111	- 11		-//						
					- 2005						

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: H

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



LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Melaysia)

Singapore Office: 300, Beech Road #17-0407, The Concourse, Singapore 199555. Tel: (65) 6250 7388 Pax: (65) 6296 3767 Website: www.looper.com.ag GST Reg No.: F0-0005635-C

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). ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA). THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z26VC05004627

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MITSUBISHI CANTER FEB21ER3SDEB

- YN5782S

2. Name of Policy Holder

JSR CONSTRUCTION PTE, LTD.

 Effective Date of the Commencement of Insurance for the purpose of the Act 10/02/2020

4. Date of Expiry of the Insurance

09/02/2021

5. Person 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 TRIALOR SPEED TESTING.

USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess

: \$\$ 700.00 (SECTION 1)

S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

\$\$ 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON 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: GOLDBELL FINANCIAL SERVICES PTE LTD

ance.

CHIEF EXECUTIVE (Singapore Branch)

User ID: ELAINELEE Date Issued: 07/02/2020

Date of Accident	: 22.10.2020 Accident Time: 09:50 0m (24-HR-Format)					
Accident Place	: CTE towards AYE at Ang Mo Kio Ave 5 Exit towards Hougang					
Vehicle. No. (Car Plate No.)	: YN G782S Make/Model: Mitsubishi Conter					
Insurace Company	: lonpac Policy No: Z20VC 0500 4627					
Owner or Company Name /IC No.	: JSR Construction Pte. Ltd. (2012025994)					
Owner or Company Contact No.	:Owner's HpCompany Tel					
DRIVER'S Name / IC No.	: Nirob Hossen Mohammad (G2031979N)					
DRIVER'S Date Of Birth	: 01 Jun 1989 DRIVER'S License Pass Date 15 Mar 2018					
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:					
DRIVER'S Address	: 232 Tuas South Avenue 2 West Point Bizhuh Singapore 63722					
DRIVER'S Contact No./ Alt No.	No./ Alt No. :1) 9688 0538 2)					
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)					
Email Address						
Weather & Road Surface	ather & Road Surface : CLEAR & DRY\RAINING & WET\AFTER RAIN & WET					
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance					
Number of Passengers (Including D	river): Driver					
Any Injury (If YES, Pls state):	s being used at the time of accident: Private use \ Work purpose					
Vehicle. No: GBE 1357P (V	Phicle B) Vehicle. No:					
Vehicle Make\Model:	Vehicle Make\Model:					
Name Driver:	Name Driver:					
IC No. Driver/Contact:	IC No. Driver/Contact:					
* NEW - Passenger's name &	gender:					

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