

# KURUP & BOO

UEN 53130914B  
ADVOCATE & SOLICITOR  
COMMISSIONER FOR OATHS  
NOTARY PUBLIC

111 North Bridge Road  
#15-03 Peninsula Plaza  
Singapore 179098  
Tel. No. 6223 3343  
6221 8623  
Fax. No. 6225 7248  
Writer's e-mail :  
boo@kurupnboo.com.sg

Your ref: Insured vehicle no. YP 4570P  
Our ref: BMC.3567.20.wh

6 November 2020

**U R G E N T**

**Lonpac Insurance Bhd**  
300 Beach Road  
#17-04/07 The Concourse  
Singapore 199555

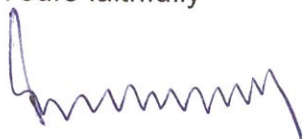
Via email only  
mt\_claim@lonpac.com

Dear Sirs

**ACCIDENT INVOLVING VEHICLE NOS. XD 1698A AND YP 4570P AT  
AYER RAJAH EXPRESSWAY, TOWARDS MCE, ON 4 NOVEMBER 2020**

1. We act for Eng Hup Engineering Pte Ltd in the above matter.
2. Our client is the owner of a lorry no. XD 1698A; fixed with a truck mounted attenuator ("**TMA Lorry**"). The TMA Lorry was involved in the above captioned accident with your insured vehicle YP 4570P.
3. We attach a copy of the Singapore Accident Statement lodged by the driver of the TMA Lorry for your immediate attention,
4. We hereby give you **two days'** notice for your representative to do a pre-repair inspection of the damage caused to the TMA Lorry.
5. Please contact our client's Mr. Albert Soh at his cellphone no. 9062 1686 to arrange for the pre-repair inspection urgently.

Yours faithfully



**BOO MOH CHEH**

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## 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	04/11/2020 15:25
Date Of Accident	04/11/2020 03:20
Exact Location Of Accident	AYER RAJAH EXPRESSWAYAYE TOWARDS MCE LPY38
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD1698A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ENG HUP ENGINEERING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84510172
<b>Vehicle Particulars</b>	
Manufacturer	ISUZU
Model	CYZ52K-15.7 D (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	THIRD PARTY
Vehicle Category	MOBILE EQUIPMENT
<b>Insurance Company</b>	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	
<b>Driver</b>	
Name of Driver	ARUMUGAM VEERAPPAN
Passport No/FIN	GXXXX195N
Date Of Birth	12/02/1975
Occupation	OUTDOOR
Date Of Driving Pass	22/03/2014
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84510172
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK506, SUNGEI TENGAH LODGE,#07-56
Postcode	698924
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	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NPP 25 SIN MING ROAD
Police Station Address	ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO 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	YP4570P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ALI HASSAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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## Accident Sketch Plan

### 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:

- (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:

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

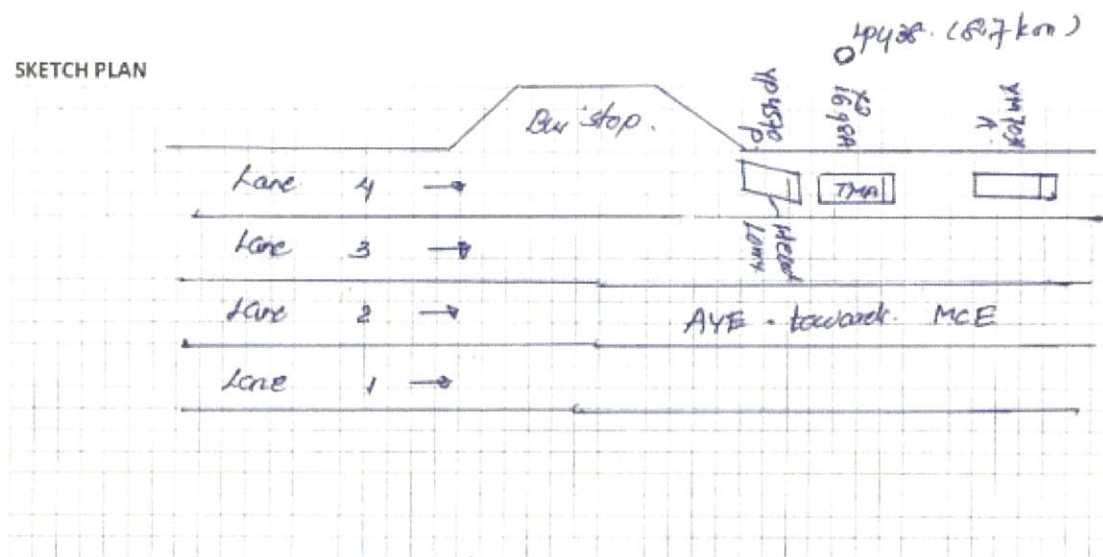
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**CITY AUTO PTE LTD**  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)



# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/11/2020, I Annamugam Vee/Kappan, G 7884195 N, was driving TMA KD 1698A and was working location at AYE towards MCE near 5.7km Lamp post 438. At the time we are closing Lane 4 and shoulder Lane and After job had completed, we make a u-turn to keep our signage and cones. So I heard sound bang on my TMA rear portion. So I came down saw Lorry YD 4570P hit my TMA rear portion and resulted my TMA badly damaged. and the accident happened time is 03.19 am.

## DECLARATION

I hereby 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:

## CITY AUTO PTE LTD

Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 576843  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)

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



MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
Co Reg No. 200412212G GST Reg. No. 20-0412212G  
A Member of **MS&AD** INSURANCE GROUP

### CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

#### COMMERCIAL VEHICLE

#### Third Party Fire and Theft

Certificate No. S 90526082 MKC

Excess : NIL

Windscreen Excess : NIL

1. **Index Mark and Registration Number of Vehicle**  
XD1698A
2. **Name of Policyholder**  
Eng Hup Engineering Pte Ltd
3. **Effective Date of the Commencement of Insurance for the purposes of the Act**  
07/05/2020
4. **Date of Expiry of Insurance**  
06/05/2021
5. **Persons or Classes of Persons entitled to drive\***  
Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.  
\* Provided that the person driving is permitted in accordance with the licensing or other laws or 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 to that behalf from driving the Motor Vehicle.
6. **Limitations as to Use \***  
Use in connection with the Policyholder's business. Whilst the Motor Vehicle is being so used the carriage of passengers is permitted. The Policy does not cover:  
(1) Use for racing pace-making reliability trial or speed-testing.  
(2) Use for the carriage of passengers for hire or reward.  
(3) Use whilst drawing a trailer except the towing (other than for reward) 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 Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

Craig Ellis  
Chief Executive Officer

SGSGFCY2202004220945

Annex  
D

NOTICE OF REPORTING

This is to confirm that Arumugam Veerappan H/P: 84510172, NRIC/FIN: G7884195N has reported to the Police a non-injury traffic accident which occurred along AYE towards MCE 8.7km lamp post 438 on 04/11/2020 at 0319hrs involving the following vehicles:

- A) XD1698A – Complainant's vehicle
- B) YP4570P – Other party vehicle

On 04/11/2020 at 0319hrs, I was driving my vehicle XD1698A along AYE towards MCE on the extreme left lane.

Later, I felt an impact on the rear of my vehicle. I then made a check and discovered that a vehicle (YP4570P) collided onto the rear of my vehicle. Both of us then exchanged each other's particulars. I do not have any in-car camera and on the point of time, no one was injured. No police attended to my scene as well. I wish to inform that the lorry was also displaying the right arrow.

Due to the collision, the lorry TMA was totally damaged.

I am filing this notice for record purpose and insurance claims.

Particulars of the driver:

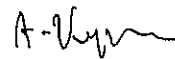
Name: Reeshan Khan Bin Ali Hassan (S9740523I)  
Contact: 87512486

2. If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.



THOMSON NPP  
BLK 25 SIN MING ROAD  
01-80  
SINGAPORE 570025  
Tel: 674452999

Rank/Name of Issuing Officer: SGT Pang Xiu Kang  
Date: 04/11/2020  
Time: 1520hrs  
S/D Ref: eSD 5  
Police Post/Unit: Thomson NPP



Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police