Your NCD will be affected due to late reporting

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	08/12/2020 13:28 (SGT)
Date of Accident	03/12/2020 16:20 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS CHANGI AIRPORT NEAR ALEXANDRA EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC2208R

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KENYON PTE LTD
Company Reg No	1XXXXX457K
Email Address	lyelc@kenyon.com.sg
Mobile Phone No	(Phone) +65-97151685
Alternative Phone No	(Office) +65-65428888

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00062422000
Cover Note Number	-

DRIVER

Name of Driver	HOSSAIN LOKMAN
Passport No/FIN	GXXXX888L
Date Of Birth	07/05/1987
Occupation	Outdoor

Date Of Driving Pass	28/07/2015
Driving experience	5 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97151685
Alt. Phone Number	-
Email Address	hassainlokman777@gmail.com
Address	8 LOYANG CRESCENT
Address complement	-
Postcode	509016
Is the driver the policyholder?	No
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

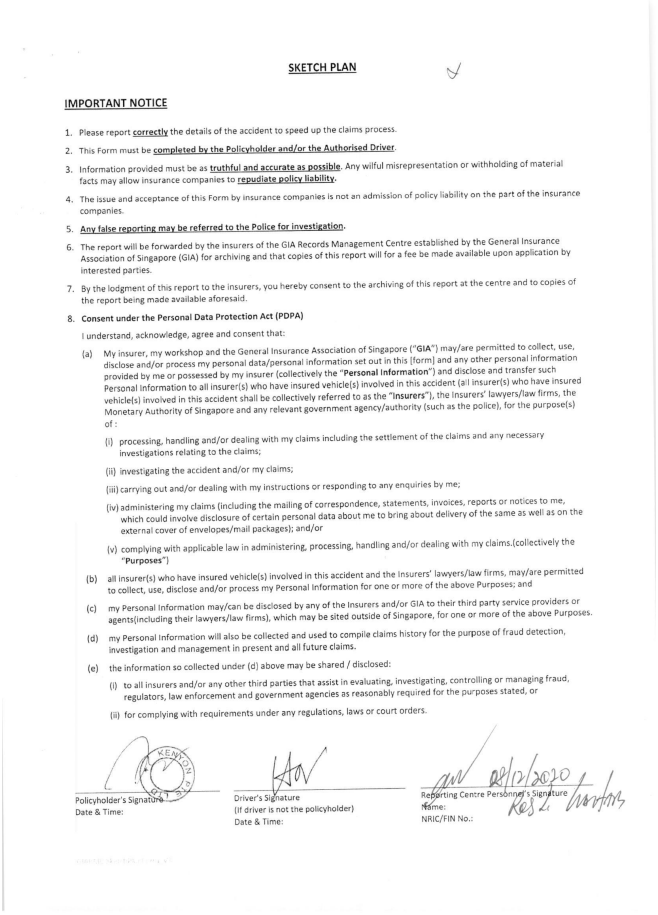
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH1356B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBJ1111E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



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**.
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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

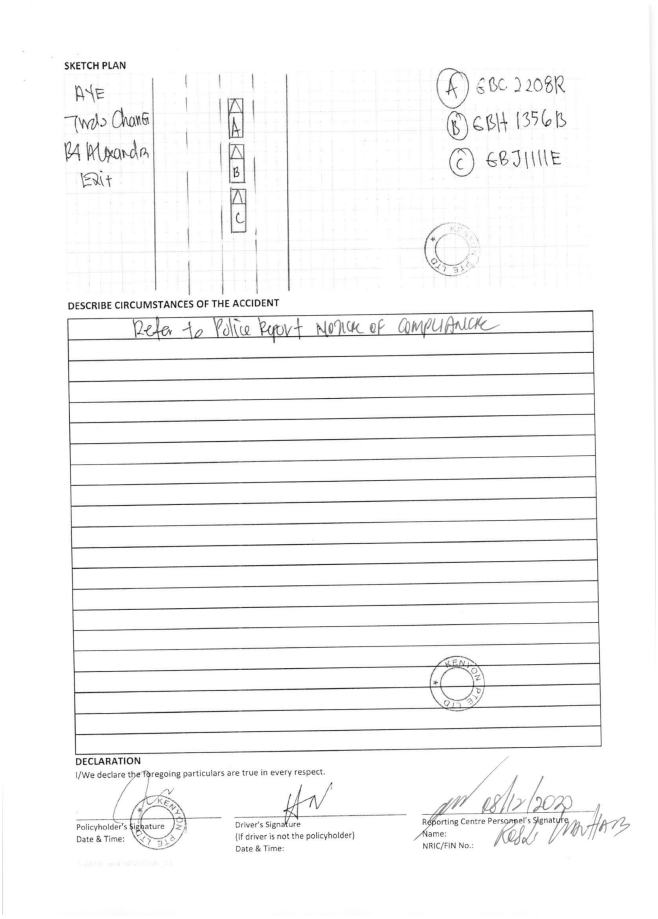
   (ii) for complying with requirements under any regulations, laws or court orders.

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 #2



SKETCH PLAN

A4E
Two's Chante
Rd Alexandra
Exit

A
B
C

A GBC 1208R
B GBH 1356B
C GBJ1111E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report Notice of Compliance

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.:

08/12/2022

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4


CHASSIS NUMBER
JN1SC2F24Z0850095
U.W : 1800 KG
M.L.W : 3500 KG
TYRE : (F) 175
SIZE
1 DRIVER
日産自動車株式会社

IMAGES #5


CALTEX
OIL CHANGE
ENGINE REPAIRS
AUTO TRANSMISSION
SHOCK ABSORBER
KENYON
KENYON
CABSTAR
NISSAN
GBC 2208R

IMAGES #6

IMAGES #7

IMAGES #8


KENYON PTE LTD
8 LOYANG CRESCENT
S'PORE 509016
CO REG NO : 198804457K PAX : 02

IMAGES #9

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Hossain Lokman, HP: 97151685 NRIC/FIN G6909888L , has reported to the Police a non-injury traffic accident which occurred at AYE (towards Changi Airport) near Alexandra exit on 03/12/2020 at 4.20 pm involving the following vehicles:

GBC2208R – Complainant's vehicle (silver Nissan Cabstar lorry)
GBH1356B (silver Toyota Hiace van)
GBJ1111E (white Toyota Hiace van)

On 03/12/2020 at about 4.20pm, I was driving my company's lorry, a silver Nissan Cabstar bearing the registration plate number GBC2208R, along AYE towards Changi Airport. I was travelling on the second lane of the 4-lane road. While I was driving, there was a car in front of my lorry. Suddenly, the car made an abrupt lane change from the second lane to the third lane. I pressed my brake to avoid hitting the car. A few seconds later, I felt an impact coming from the rear of my lorry. A silver Toyota Hiace van bearing the registration plate number GBH1356B had collided into the rear part of my lorry, after a white Toyota Hiace van bearing the registration plate number GBJ1111E had collided into it. The accident happened near Alexandra exit.

Due to the accident, the metal piece which is fixed below the rear registration plate of my lorry is damaged.

No one was injured due to the accident.

I do not have the particulars of the other drivers as it was raining at that time. We only took photos of the vehicles involved in the accident.

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.

Rank/Name of Issuing Officer: Sgt(3) Sharifah Amira

Date: 04/12/2020 Time: 1015hrs

S/D Ref: 8

Police Post/Unit: Pasir Ris NPC

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

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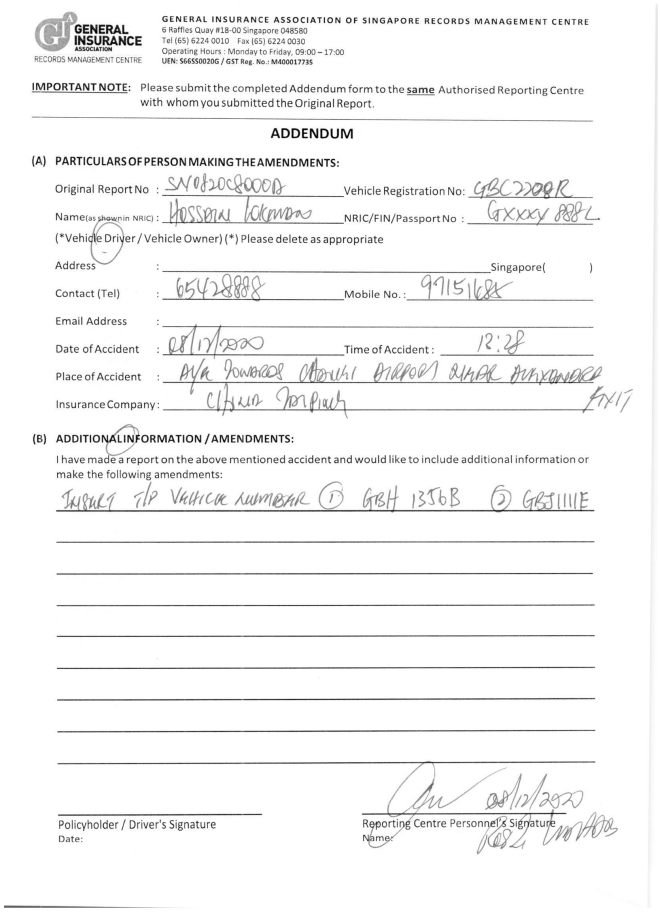
Pasir Ris NPC
No. 1 Pasir Ris Drive 4
#01-01 Singapore 519457
Tel: 1800-5452999



GENERAL INSURANCE ASSOCIATION RECORDS MANAGEMENT CENTRE

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: S66SS0020G / 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 : SN0820C8000A Vehicle Registration No: GBC7208R

Name(as shown in NRIC) : HOSSAIN Lokman NRIC/FIN/Passport No : GXXXY 888L

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : 65428888 Mobile No. : 97151684

Email Address :

Date of Accident : 08/12/2020 Time of Accident : 12:28

Place of Accident : AYE TOWARDS CHANGI AIRPORT AHEAD TUAS LINK EXIT

Insurance Company : CHUBB INSURANCE

(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:

INSURED TP VEHICLE NUMBER (1) GBH 1356B (2) GBJ1111E

Policyholder / Driver's Signature
Date:

08/12/2020
Reporting Centre Personnel's Signature
Name: