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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 witholding of material facts may allow insurance companies to repudiate policy liability.

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.

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 02/01/2021 12:02 (SGT) Date of Accident 02/01/2021 08:30 (SGT) Lor 8 Geylang, Singapore Exact Location of Accident Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

GBA8235H

Employment

Vehicle Registration Number

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner JX CONSTRUCTION Company Reg No. 5XXXX136M

Email Address jxcostructionwoo@gmail.com Mobile Phone No (Phone) +65-91053853

Alternative Phone No +65-84144337

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna

Variant

Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

No - Reporting only your vehicle? Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company India International

Type of Coverage ThirdParty Fleet Policy No

Policy Number D18MCV0001290_02

Cover Note Number

DRIVER

Name of Driver BHUIYAN MOHAMMOD SHAMIM Passport No/FIN GXXXX977L

Date Of Birth 01/02/1979 Occupation Outdoor

Date Of Driving Pass 13/06/2017 Driving experience 3 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-84144337 Alt. Phone Number Email Address jxcostructionwoo@gmail.com Address NO, 17 LORONG 8 GEYLANG Address complement Postcode 399086 Is the driver the policyholder? 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 Weather Conditions Road Surface Side Swipe Raining Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident
Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No 2 No -Yes 1

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

No No

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Postcode

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Passport No/FIN
Contact Number
Address
Address complement

GBG2727M Toyota

Commercial vehicle PATHAM MOHAMMAD KAMRUL HAQUE

GXXXX991N

(Phone) +65-92710005

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust 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>.
- 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.
- 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

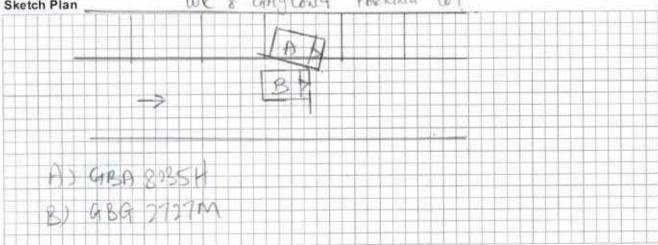
Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date Personnel

OC & Griff Land Parking (B)

Sketch Plan

OC & Griff Land Parking (B)



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Declaration

We declare the foregoing particulars are true in every respect.

Shamim 02/01/21 10.05 Am

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

Witnessed by Reporting Centre

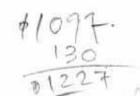
Policyholder's Signature / Date & Time

ACCIDENT STATEMENT

ACCIDENT DATE: 02/01/2021 (DD/MM/YYYY), TIME: 08:30 AY(HH:MM)
- LOCATION: Long & Geyland
1. DETAILS OF VEHICLE
GIVEHICLE NUMBER: CABASIST H
DINSURANCE COMPANY: 1210110
c)POUCY NUMBER:
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
CIMAKE & MODEL:
FITYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
ON LOCAL CONTROL OF THE PROPERTY OF THE PROPER
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES AND)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
A)NAME: X (ENSTEACHED) (MALE / FEMALE)
C)ADDRESS: 5326013 OM CONTACT: 91053853
CIADURESS:
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
The of passange Driver Office
Cladeding diseas ONAME: STUT AND VIOLATION CAME
() COMPACE SUIVIZZZZ
CIADDRESS: 100 E GAY COUR (399086)
*d)DATE OF BIRTH: (//)(DD/MM/YYYY)
e/OCCUPATION: (INDOOR / OUTDOOR)
TYPEARS OF DRIVING EXPRERIENCE: 12/04/2017
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. g)WEATHER CONDITION: (CLEAR / RAINING / OTHERS
DIROAD SURFACE: (DRY /(WET)) OTHERS
6. WAS ANYBODY INJURED LYES (NO)
7. DIREPORTED TO POLICE (YES (NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
No of passenger of VEHICLE NUMBER: (159 2727m NODER TOWNS
Including drivery b) DRIVER'S NAME: POTHAM MOHAMMAN KOMPILL HAGUE
() NRIC/FIN/PASSPORT: (+21/0991) (CONTACT COLLEGE
The state of the s
MODEL:
Including driver) f) NRIC/FIN/PASSPORT:CONTACT:
COMPAGE
and to a sund one of the
email = Jx construction woo @ GMAIL - Com
Par -

VIDEO =





INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. Nn. M2-0078806-X 64 | Cocil Street | #04 | #05 | #06-02 | IOB Building | singapore 049711

Office (65) 63476100 Fax (65) 62244174

Emall Insure@iii.com.sg Website www.lit.com.sg

COVER: Third Party Only

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D18MCV0001290_02

1. Index Mark and Registration Number of Vehicle

GBA8235H

SEAS IN CHIEF CONT.

: JTFAT35Y103001580

Chassis No

: JX CONSTRUCTION

2. Name of Policyholder
3 Effective date of Insurance

22 Aug 2020

4. Expiry date of Insurance

21 Aug 2021

5. Persons or Classes of Persons entitled to drive?

Any person who is driving on the Policyholder's order or with 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"

a) Use in connection with the Policyholder's business.

b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

c) Use for social, domestic and pleasure purposes.

The Policy does not cover

a) Use for hire or reward.

b) Use for racing, pace-making, reliability trial or speed-testing.

c) Use whilst drawing a trailer except the towing 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 Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500/- ON SECTION II WILL BE APPLICABLE.

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).

Agent/Broker

: A000050/Sunmex Enterprise

Date of Issue : 05

: 05/08/2020 16.16.22

M.Z. 300C - GOODS CARRYING (ORGANIZATION)

For India International Insurance Pte Ltd

Authorised Signatory

SUNMEX ENTERPRISE 8 ENGGOR STREET #24-02 SINGAPORE 079718

TEL: 6220 5977 FAX: 6220 1698