

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 Submission	26/02/2021 17:39 (SGT)
Date of Accident	26/02/2021 11:00 (SGT)
Exact Location of Accident	Bedok Reservoir Rd, Singapore
Additional Location Information	BLK 106 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2987J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KHIAN HENG CONSTRUCTION PTE LTD
Company Reg No	1XXXXX623M
Email Address	khcpl@khianheng.com.sg
Mobile Phone No	(Phone) +65-66609220
Alternative Phone No	(Office) +65-66609220

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NMR85UH5A
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 - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	Lonpac
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z/20/VC00/107322
Cover Note Number	-

DRIVER

Name of Driver	ADAIKKAN ATHARAMILAGI
Passport No/FIN	GXXXX947Q
Date Of Birth	12/04/1975
Occupation	Outdoor

Date Of Driving Pass	04/01/2021
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90265074
Alt. Phone Number	-
Email Address	KUMAR0311KK@GMAIL.COM
Address	12 GENTING ROAD
Address complement	-
Postcode	349474
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	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

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	SLU770H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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) -

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SKETCH PLAN

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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.



Policyholder's Signature / Date & Time

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

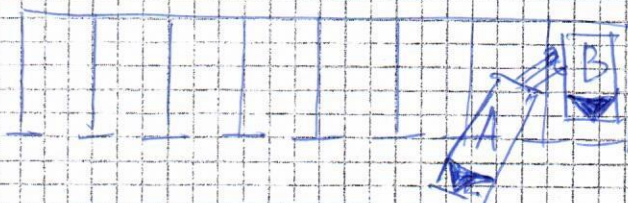
26/02/21
Witnessed by Reporting Centre Personnel

Sketch Plan

BLK 106 BEDOK RESERVOIR RD
CARPARK

A - 4P2987J

B - 5L4770H



Describe Circumstances of the Accident

I was exiting my veh from the carpark lot at
BLK 106 BEDOK RESERVOIR Rd carpark. ~~when~~ While
moving out the GI pipe grazed onto veh B rear
right side portion. I left a note at the driver
door mirror.

Declaration

I/We declare the foregoing particulars are true in every respect.



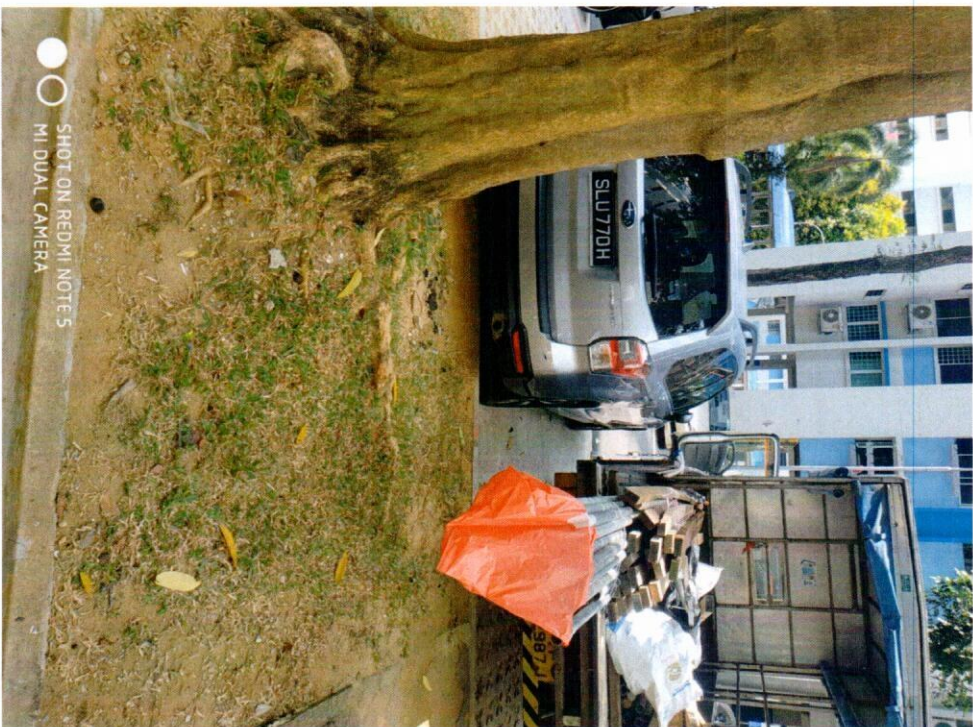
Policyholder's Signature / Date &
Time

A. Aramiah

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

26/02/21

Witnessed by Reporting Centre
Personnel



ACCIDENT STATEMENT

ACCIDENT DATE: (26/02/21) (DD/MM/YYYY), TIME: (11:00) (HH:MM)

LOCATION: BLK 106 BEDOK RESERVOIR RD CARPARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 4P2987J
b) INSURANCE COMPANY: LONPAC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: 1542U NISSAN HATA (M)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: KHIAN HENG CONSTRUCTION PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 66609220
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ADAIKKAN ATHARAMILAGI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G6518947Q CONTACT: 9026507X
c) ADDRESS: _____

*d) DATE OF BIRTH: (12/04/1975) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 04/01/21

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLU 770H MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

26/02/21
waiting for the
stamp ✓

email = kumag0311KK@gmail.com

fax =

video =

**LONPAC INSURANCE BHD (S98FC5635C)**

(Incorporated in Malaysia)
Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.
Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg
GST Reg No.: F0-0005635-C

MZ300

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. : Z/20/VC00/107322**Type of Cover** : COMPREHENSIVE**1. Index Mark and Vehicle Registration Number**ISUZU NMR85UH5A
- YP 2987J**2. Name of Policy Holder**

KHIAN HENG CONSTRUCTION PTE LTD

3. Effective date of the Commencement of Insurance for the purpose of the Act.

15/06/2020

4. Date of Expiry of the Insurance

14/06/2021

5. Persons or Classes of Persons entitled 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 TRIAL OR SPEED TESTING. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess : S\$700.00 (SECTION 1)
S\$2500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS
S\$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.

CHIEF EXECUTIVE
(Singapore Branch)

陳保險經紀私營有限公司
TAN INSURANCE BROKERS PTE LTD
3A/5A Aliwal Street, Chenn Leonn Building
Singapore 199896
www.tib.com.sg
Tel: (65) 6742 6766 Fax: (65) 6742 6669

User ID : ambika / pltan
Date Issued : 26-05-2020

19/VC00/Nov v-5.10.0
Z70603(D) - BH3

**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

TAX INVOICE

Name : KHIAN HENG CONSTRUCTION PTE LTD **Date** : 26/05/2020

Address : 12 GENTING ROAD
SINGAPORE 349474

Account No : Z70603(D) L/A
Class Of Policy : COMMERCIAL VEHICLE
Invoice No./ Policy No. : Z/20/VC00/107322 **Sum Insured** : MARKET VALUE

Period of Insurance : 15/06/2020 To 14/06/2021
Vehicle Number : YP 2987J

	S\$
(a) Gross Premium	1,894.87
(b) Goods and Services Tax 7%	132.64
(c) Total Due	2,027.51

CHIEF EXECUTIVE
(Singapore Branch)

IMPORTANT NOTE

CASH BEFORE COVER REGULATION (MOTOR) SECTION 141 OF THE INSURANCE ACT 1996 WHERE NO COVER CAN BE GRANTED UNTIL THE PREMIUM HAS BEEN PAID IN ACCORDANCE WITH THE REGULATION ISSUED UNDER THE SECTION

PARTICULARS OF PAYMENT

Please complete and return the following payment slip together with the cheque as stated.

Policy No : Z/20/VC00/107322

Name of Bank and Branch :

Cheque No :

Amount :

Date : _____

→ Payment Slip

G25J PRECINCT B

From: Johnson Nurjan Boewono @ Johnson NG <johnson.nb@surbanajurong.com>
Sent: Monday, 14 December, 2020 4:03 PM
To: Ruslee BIN RAHIM
Cc: Siew Fong TAN
Subject: FW: HIP G25J Precinct A – Bedok Reservoir Rd Blk 101-109 (4th Review)
Attachments: CPMED(EES) TechReview (G25J Precinct A).doc; G25J - Precinct A - CSR RVO.pdf.xls; G25J - Precinct A RVO (43.6 KB)

Hi Ruslee,

Pls follow up below.

Thanks, JN

From: Swee Seng SOH (HDB) <SOH_Swee_Seng@hdb.gov.sg>
Sent: Monday, December 14, 2020 3:54 PM
To: Johnson Nurjan Boewono @ Johnson NG <johnson.nb@surbanajurong.com>
Cc: Irene AT CHIANG (HDB) <Irene_AT_CHIANG@hdb.gov.sg>; Teng LEE (HDB) <LEE_Teng@hdb.gov.sg>; Seng Huat TOH (HDB) <TOH_Seng_Huat@hdb.gov.sg>
Subject: FW: HIP G25J Precinct A – Bedok Reservoir Rd Blk 101-109 (4th Review)

Dear Mr Johnson Ng/Mr Ruslee B Rahim

1. We have no further comments.
2. **There is Variation Order (omission) for this HIP in view of block 101, 104 & 109 having smaller switchroom size with single trench.**
3. We noted that you have put up to the consultant PM. Please monitor and feedback to the PD if you have issue.
4. Please incorporate all the revisions and forward the completed drawings to DPD Project coordinator for their follow-up.

Thank you

Regards

Cc PC Ms Chiang Ai Tok Irene / PD Ms Lee Teng
- Please monitor and follow-up with the RVO.
- Notwithstanding the above, please put up any other RVO for the Electrical installation work if required.



Er. Soh Swee Seng
Principal Engineer
Building Quality Group
Tel : 6490 3134 . www.hdb.gov.sg . www.mynicehome.sg

