SK0J21680007 / K. KIM HIN AUTO PTE LTD ENTRY DATE & TIME: 08/06/2021 20:38 (SGT) SUBMITTED BY: Ng Meng Huat VERSION: 1 (08/06/2021 20:38 (SGT))

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.

- 4. The issue and acceptance of this is form by instrained 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 08/06/2021 20:38 (SGT) Date of Accident 22/05/2021 08:25 (SGT) Exact Location of Accident Singapore Additional Location Information LOMPANG ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mitsuhishi

Vehicle Registration Number YN363H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LIAN MACHINERY & CONSTRUCTION PTE LTD Company Reg No 199406804R **Email Address** LIMPILOT1@GMAIL.COM Mobile Phone No (Phone) +65-91786663 Alternative Phone No (Office) +65-91786663

VEHICLE PARTICULARS

Manufacturer

Model Fe83be6srdea Variant 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 - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 2977

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number D19MCV0003417_01 Cover Note Number

DRIVER

Name of Driver **BHUIYAN ANIS** Passport No/FIN G6966823U

Date Of Birth 19/01/1988 Occupation Indoor Date Of Driving Pass 10/11/2020 Driving experience 6 MONTHS Gender Male Mobile Number (Phone) +65-98407484 Alt. Phone Number Email Address LIMPILOT1@GMAIL.COM Address C/O 180 PAYA LEBAR ROAD #03-06 Address complement YI GUANG FACTORY BUILDING Postcode 409032 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Other Does Driver Own Other Vehicles? Nο 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 No Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No 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? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Ang Mo Kio North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004849999 Alt. Police Station Phone No (Fax) +65-62181399 Police Station Address 51 Ang Mo Kio Avenue 9 Singapore 569784 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN AND POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number UNKNOWN Vehicle Manufacturer Vehicle Model

NA / Unknown

Vehicle Variant
Vehicle Colour
Vehicle Category

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 Formmust 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 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)

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' 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;
- (ii) 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
- (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.

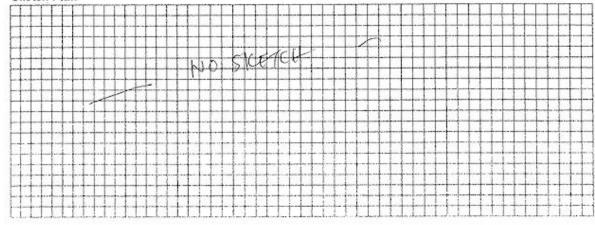
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

JEL 6452-7018

Sketch Plan



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WHO	IS A SUBCONTRA	CTOR OF	LITH MITCHTNERY
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Declaration

We declare the foregoing particulars are true in every respect.

() 2

Policyholder's Signature / Date & Time

1

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

364

Witnessed by Reporting Centre Personnel



















1 of 3

Report No. T/20210607/2085

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

DEPORT OF A	TRACEIC	ACCIDENT
REPORT OF A	IKAFFIC	ACCIDENT

Date/Time Report Made: 07/06/2021 16:29		Nade:	Vide Report No.:	Station Diary No.: 61
Informa	nt's Partic	ulars		
Name of BHUIYA	f Informant: N ANIS		Address:	
ID Type / ID No.: FIN NO / G6966823U		BU	Contact No.: Home/Office: Mobile: 91786663	
National BANGL/			Email:	
Sex: Male	Age: 33	Date of Birth: 19/01/1988	Type of Informant:	
Race: Bangladeshi			Language:	Institution / School Name:
Occupation: CONSTRUCTION WORKER		WORKER	Driving Licence Information: Class:	Date of Expiry:

General Infor	mation of the Accide	ent			
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/05/2021 08:25	Type of Location:	
Location: LOMPANG R	ROAD				
Weather:		Road Surface:	F	Road Speed Limit:	
Traffic Flow:		Traffic Control:	1	Traffic Volume:	
Type of Collis	sion:		8	Anyone conveyed by ambulance:	

Details of V	enicle invo	ived				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YN363H	Lorry				No Damage	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20210607/2085

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 2 of 3 Report No. T/20210607/2085

Tel No: 1800-4849999

CONTINUATION OF REPORT

Driver							
Name	BHUIYAN ANIS		ID No		G6966823U		
Related Vehicle	NIL		NIL		Conta	ct No.	91786663
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g ce &	Class: 3 Date of Expiry: 09/11/2021		
Date Treatment	NIL Date Dis		charge	NIL			
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL		

Brief Details.

On 07/06/2021 at about 1153hrs, my employer received a call from an investigating officer by the name of Kaleswari regarding a letter that was sent by Traffic Police to the company I was working for, Lian Machinery and Construction Pte Ltd. My employer was then sent a screenshot of the letter that state there has been an accident along Lompang Road involving the vehicle that I drove on that day (YN363H) that took place on 22/05/2021 at about 0825hrs and require me to lodge NP168 at the nearest NPC to aid in the investigation.

On 22/05/2021 between 0812hrs to 0855hrs, I was not along Lompang road and only returned back to Blk 180 Lompang Road subsequently and had worked until 2100hrs. Therefore, I would like to state that I do not recall being involved in any hit and run accident during the time I drove the vehicle on 22/05/2021.

I am lodging this report as advised by the Investigating Officer.

TP Ref No. TP\IP\26429\2021





3 of 3

Report No. T/20210607/2085

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt 2 NUR HUSNINA BINTE KHUZAIN	Signature Of Informant.
Signature Of Interpreter: Not applicable	Date/Time: 07/06/2021 16:29
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
Authentication Stamp	