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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

- 5. Intrinsiculty provided interest of the provided interest of the 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 the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving the insurers of the made available upon application by interested parties. 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

19/11/2021 13:01 (SGT) 18/11/2021 14:05 (SGT) Woodlands Rd, Singapore LAMP POST 249 Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

YP2573U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

SHENG KEONG CONSTRUCTION PTE LTD 2XXXXX281Z keithchoo@live.com.sq (Phone) +65-83117031 +65-83117031

VEHICLE PARTICULARS

Manufacturer Model 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? Vehicle Category Transmission CC

Mitsubishi Canter

Employment

No - Claiming third party Commercial vehicle Manual 2977

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

Lonpac Insurance Bhd Comprehensive Z/21/VC00/111104

DRIVER

Name of Driver Passport No/FIN

RAHMAN MAHABUBUR GXXXX150X

Date Of Birth 05/01/1994 Occupation Outdoor Date Of Driving Pass 19/04/2018 Driving experience 3 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-83117031 Alt. Phone Number Email Address keithchoo@live.com.sg Address BLK 47 CHANGI NORTH CRESCENT #01-17 Address complement Postcode 499623 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 Collision - Head to Rear 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? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 ISLAM AKIDUL Name Male Gender DETAILS OF POLICE ACTION Yes Was the accident reported to the police? Bukit Panjang North Neighbourhood Police Post Police Station Name Blk 27 Marsiling Drive Singapore 730027 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20211118/2054 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 XD3493K

Vehicle Manufacturer Vehicle Model Vehicle Variant

| Commoraidlyshiele  |
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| Commercial vehicle |
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## INJURED PERSONS DETAILS

#### INJURED 1

| Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? | RAHMAN MAHABUBUR<br>Male<br>(Phone) +65-83117031<br>-<br>-<br>-<br>SLIGHT INJURY<br>YP2573U<br>Yes<br>No |
|---|--|
| INJURED 2   |  |
| Name of injured person Gender Phone No Address  | ISLAM AKIDUL<br>Male   |

Address Complement Post Code Approximate Age Years Old

Injuries Sustained SLIGHT INJURY Injured person in which vehicle? YP2573U Were seat belts worn? Yes

Was this injured conveyed to hospital by ambulance? No

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Rease 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
- 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)

l understand, acknow ledge, 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

uch Pi. YP 2573U uch B: XD 3493K Driver's Signature (If driver is not the policyholder) / Date

Woodwards

Winessed by Reporting Centre

Personnel 2009

| Describe Circumstances of the Accident                          |  |
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| Declaration   |  |
| Deviatation   |  |
| We declare the foregoing particulars are true in every respect. |  |
|   | 7                                      |

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

| Date of Accident   | Accident Time: (4 05) (24-HR-Format)   |  |  |
|--|--|--|--|
| Accident Place   | woodland Ad (LP 149)   |  |  |
| Vehicle. No. (Car Plate No.)   | YP 15734 Make/Model: Mitarbishi Canter   |  |  |
| Insurace Company   | : Longac Policy No. = 11 VOO 111104  |  |  |
| Owner or Company Name /IC No.  | : Shang keong construction Pte Util 2002022817   |  |  |
| Owner or Company Contact No.   | : Owner's Hp Company Tel   |  |  |
| DRIVER'S Name / IC No.   | : Rahman Mahabubur (62845150x)   |  |  |
| DRIVER'S Date Of Birth   | : 5 Jan 1994 DRIVER'S License Pass Date 19 hpr 2018  |  |  |
| Relationship of Owner & Driver   | : Spouse \ Parents \ Children \ Sibling \ Employee\ Others:  |  |  |
| DRIVER'S Address   | : 13K 47 drangi North Crescent #01-17 (499628)   |  |  |
| DRIVER'S Contact No./ Alt No.  | :1) 83117031 2)  |  |  |
| DRIVER'S Occupation  | : INDOOR \ OUTDOOR (e.g. working inside or outside office)   |  |  |
| Email Address  | : Keithchoo@ live.com.sg   |  |  |
| Weather & Road Surface   | : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET   |  |  |
| Reporting Type   | : Reporting Only \ Claim Other Party \ Claim Own Insurance   |  |  |
| Number of Passengers (Including D<br>Was the accident reported to the pol<br>Was there any video Captured by ca<br>Exact purpose for which vehicle was<br>Any Injury (If YES, Pls state): Do | r camera: YES\NO r camera: YES \ NO s being used at the time of accident: Private use \ Work purpose |  |  |
| Other I  | Party Driver's Particular (if any)   |  |  |
| Vehicle. No: XD3493K   | B Vehicle. No:   |  |  |
| hicle Make\Model: Vehicle Make\Model:  |  |  |  |
| Name Driver:   | Name Driver:   |  |  |
| IC No. Driver/Contact:   | IC No. Driver/Contact:   |  |  |
| * NEW - Passangar's name &   | 1) Islam Akidul (m)  |  |  |





1 of 4

Report No. T/20211118/2054

Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027

Tel No: 1800-3689999

## REPORT OF A TRAFFIC ACCIDENT

| 18/11/2021 16:24                        |             | Made:                     | Vide Report No.:   | Station Diary No.:<br>17              |  |  |  |
|---|-------------|---------------------------|--|---------------------------------------|--|--|--|
| Informa                                 | nt's Partic | ulars                     |  | CHARLEST CONTRACTOR OF THE            |  |  |  |
| Name of Informant:<br>RAHMAN MAHABUBUR  |             |                           | Address: APT BLK 47 Changi North Crescent #01-17 SINGAPORE |                                       |  |  |  |
| ID Type / ID No.:<br>FIN NO / G2845150X |             | )X                        | Contact No.:<br>Home/Office:                               | Mobile: 83117031                      |  |  |  |
| Nationality:<br>BANGLADESHI             |             |                           | Email:   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |  |  |
| Sex:<br>Male                            | Age:<br>27  | Date of Birth: 05/01/1994 | Type of Informant:<br>Driver                               |                                       |  |  |  |
| Race:<br>Bangladeshi                    |             |                           | Language:<br>English                                       | Institution / School Name:            |  |  |  |
| Occupation:<br>Lorry driver             |             |                           | Driving Licence Information:<br>Class: 3                   | Date of Expiry:                       |  |  |  |

| General Infor  | mation of the Accident       | S. Marianetta Tari    |   |             |                           |
|--|------------------------------|-----------------------|---|-------------|---------------------------|
| Type of<br>Accident:   | Injury<br>Attended by Police | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>18/11/2021 1 |             | Type of Location:<br>Bend |
| Location:  |                              |                       |   |             |                           |
| WOODLAND  Lamp Post Ni Weather: Clear                        |                              | Road Surface:<br>Dry  |   | Roa         | ad Speed Limit:           |
| Traffic Flow: Traffic Control: One Way Not Controlled        |                              |                       |   | Tra<br>Ligi | ffic Volume:<br>ht        |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                              |                       |   |             | one conveyed by bulance:  |

| Vehicle No. | Туре  | Make       | Model | Color | Condition            | No of Passenger |
|-------------|-------|------------|-------|-------|----------------------|-----------------|
| XD3493K     | Lorry | SCANIA     |       | White |                      | 0               |
| YP2573U     | Lorry | MITSUBISHI |       | White | Seriously<br>Damaged | 1               |

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





Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027 Tel No: 1800-3689999

2 of 4 Report No. T/20211118/2054

### CONTINUATION OF REPORT

| Passenger         |                             |  |                                      |            | Ban I                             | The state of the s |
|-------------------|-----------------------------|--|--------------------------------------|------------|-----------------------------------|--|
| Name              | ISLAM AKIDUL                |  |                                      | ID No      |                                   | G2282617X  |
| Related Vehicle   | YP2573U (Lorry)             | We GRAND TO THE WARRENCE OF THE PARTY OF THE |                                      | Conta      | ict No.                           | 90541405   |
| Hospital/Clinic   | LIAN CLINIC                 |  | Class<br>Drivin<br>Licend<br>Expiry  | g          | Class: NIL<br>Date of Expiry: NIL |  |
| Date Treatment    | 18/11/2021                  |  | Date Disc                            |            | -                                 | /2021  |
| No. of Days gran  | ted Medical Leave           | 03   | Degree of                            |            |                                   |  |
| Driver            |                             |  |                                      | Linear no  | To House                          |  |
| Name              | RAHMAN MAHABUBUR            |  | ID No                                |            | G2845150X                         |  |
| Related Vehicle   | YP2573U (Lorry)             |  | Conta                                | ct No.     | 83117031                          |  |
| Hospital/Clinic   | LIAN CLINIC                 |  | Class<br>Drivin<br>Licent<br>Expiry  | g<br>ce &  | Class: 3<br>Date of Expiry: NIL   |  |
| Date Treatment    | 18/11/2021 Date Disc        |  |                                      |            | /2021                             |  |
| No. of Days grant | ed Medical Leave            | 03   | Degree of                            |            |                                   |  |
| Driver            | BEAR OF THE PROPERTY OF THE | and the state  | Penduka                              | St. Barrie | Established St.                   |  |
| Name              | R RAJAGOPAL RAMASAMY        |  | ID No                                |            | S2757558G                         |  |
| Related Vehicle   | NIL                         |  |                                      | Conta      | ct No.                            | 84529777   |
| Hospital/Clinic   | NIL                         |  | Class<br>Driving<br>Licent<br>Expiry | g<br>ce &  | Class: NIL<br>Date of Expiry: NIL |  |
| Date Treatment    | NIL Date Disc               |  |                                      |            | NIL                               |  |
| No of Days grant  | ed Medical Leave            | NIL  | Degree of                            |            | NIL                               |  |

#### Brief Details.

On 18/11/2021 at 1405hrs along Woodlands Road towards Mandai Road, while turning my lorry into a construction site on the left side when suddenly my lorry was hit from the rear. I alighted from my lorry and I saw a rubbish lorry had collided onto my lorry's rear side. The other lorry driver alighted and apologized to me in English and mentioned that accident happened. When I alight from my lorry, there is another accident on the right lane which happened at the same time but my lorry and the rubbish lorry did not hit the car. The car was hit with another lorry which does not involved in our accident. Traffic police and ambulance attended to us. My lorry sustained serious damages to its rear right side. My boss contacted his in-house workshop to assist on the accident. Immediately after the traffic police has done with us at the place, I and my passenger went to a Clinic and both of us were given 3 days MC. My lorry has in-vehicle camera. The other car driver namely; Raj, HP: 88948612, Vehicle: SJS7342Z who is involved in the other accident told my company that he saw that the rubbish lorry driver was driving very





3 01 4

Report No. T/20211118/2054

Police Station Of Origin. Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027

Tel No: 1800-3689999

CONTINUATION OF REPORT

fast and did not had the time to brake. My passenger talked to Raj and he mentioned that his accident does not involved our vehicles.





4 of 4

Report No. T/20211118/2054

Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027

CONTINUATION OF REPORT Tel No: 1800-3689999

## Sketch Plan

NP168

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 L / Sgt 2 MUHAMMAD SHAIFUDIN SHAH BIN EFFENDI Signature: Police For | Signature Of Informant: |
|---|-------------------------|
| Signature Of Interpreter  | Date/Time:              |
| Not applicable  | 18/11/2021 16:24        |
| Officer In Charge Of Case: TP / GIT /   | Classification Of Case: |
| SI CHONG GUAN FATT  |                         |
| Contact No.: 65476083   |                         |
| Authentication Stamp  |                         |

## LONPAC INSURANCE BHD (S98FC5635C)

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

## 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/21/vc00/111104

Type of Cover

: COMPREHENSIVE

Index Mark and Vehicle Registration Number

MITSUBISHI CANTER FEB21ER4SDEB

(CBU)

- YP 2573U

2 Name of Policy Holder

SHENG KEONG CONSTRUCTION PTE LTD

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

19/05/2021

4. Date of Expiry of the Insurance

18/05/2022

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.

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.

H.P. Owner

UNITED OVERSEAS BANK LIMITED

CHIEF EXECUTIVE (Singapore Branch)

Jser ID Date Issued esinvec / mnchan 18-05-2021