SA19226E000C / AH LIM MOTOR COMPANY (MAIN) ENTRY DATE & TIME: 14/06/2022 16:59 (SGT) SUBMITTED BY: ZILA VERSION: 1 (14/06/2022 16:59 (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 14/06/2022 16:59 (SGT) Date of Accident 31/05/2022 13:25 (SGT) Exact Location of Accident Ang Mo Kio Ind Park 2, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH9672K

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CENTURY AWNING INDUSTRIAL Company Reg No 52987161X **Email Address** RIKKICHUA@YAHOO.COM.SG Mobile Phone No (Phone) +65-96729672 Alternative Phone No +65-96339672

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant **DYNA 150 5MT** Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 2982

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number D22MCV0002611 Cover Note Number 06/03/2022 - 05/03/2023

DRIVER

Name of Driver SANAULLAH MOHAMMAD Passport No/FIN G2333857U

Date Of Birth 08/07/1990 Occupation Outdoor Date Of Driving Pass 08/11/2017 Driving experience 4 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-96339672 Alt. Phone Number Email Address RIKKICHUA@YAHOO.COM.SG Address 5069 ANG MO KIO INDUSTRIAL PARK 2 Address complement #01-1551 Postcode 569572 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle 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 South Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004519999 Alt. Police Station Phone No (Fax) +65-65535679 Police Station Address 81 Ang Mo Kio Ave 3 Singapore 569929 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER 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 SI P3146S Vehicle Manufacturer Vehicle Model

Private car

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 Form must 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>.
- 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.
- 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 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:
 - 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")
- 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:
 - 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.

CENTURY AWNING INDUSTRIAL BLK 5069 ANG MO KIO IND. PK 2 #01-1551 \$(\$69572) Hp: 9672 9672

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

Date & Time:

Reporting Centre Personnel's Signature

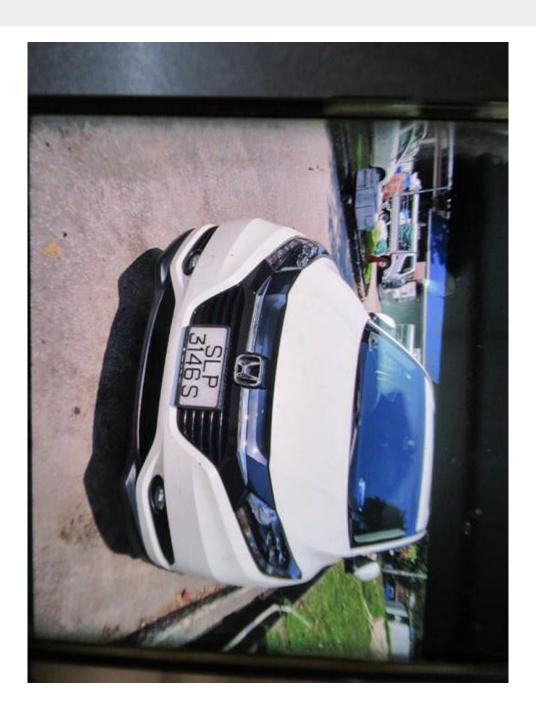
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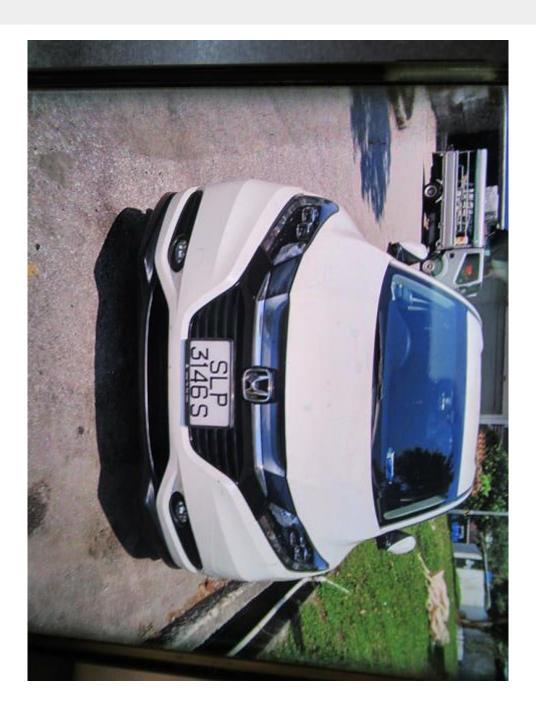
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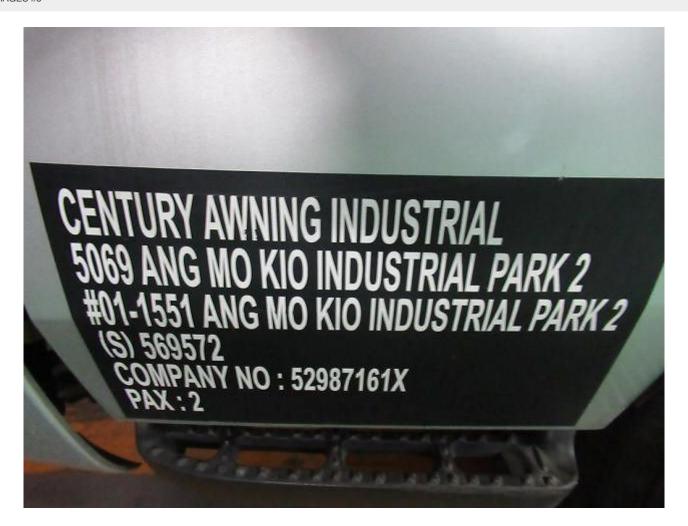
















Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

1 of 3 Report No. T/20220609/2056

REPORT	OF	Α	TRAFFIC	ACCIDENT
	-			LIGOIDETTI

	ne Report N 022 16:58	fade:	Vide Report No.:	Station Diary No.:
Informa	nt's Partice	ulars	200000	
	f Informant: LLAH MOH		Address: 164A SIMS AVENUE #02-03	SINGAPORE 387484
	/ ID No.: / G2333857	7Ú	Contact No.: Home/Office:	Mobile: 96339672
National BANGL/			Email:	
Sex: Male	Age: Date of Birth: 31 08/07/1990		Type of Informant: Driver	
Race: Bangladeshi			Language: English	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3	Date of Expiry: 07/11/2022

General Infor	mation of the Accide	nt	Market Commence	TOTAL SECTION OF THE PARTY OF T	
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 09/06/2022 13:25	Type of Location: Car Park	
Location: ANG MO KIC Weather:	INDUSTRIAL PARK	2 Road Surface:	31 5 222 South N Ang Mo 19 Ave 3'pore 59994 Tel: 1800 - 451 99	TaC .	
Clear		Dry		- rous opeca minis	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH9672K	Lorry				Slightly Damaged	0
SLP3146S	Car				Slightly Damaged	0

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



Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

2 of 3 Report No. T/20220609/2056

CONTINUATION OF REPORT

Name	SANAULLAH MOHAMMAD			ID No		G2333857U				
Related Vehicle	GBH9672K (Lorry)			GBH9672K (Lorry)		GBH9672K (Lorry)		Conta	ct No.	96339672
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: 07/11/2022				
Date Treatment	NIL Date Dis			charge	NIL					
No. of Days granted Medical Leave NIL			Degree o	f Injury	NIL					

Brief Details.

On the above mention date, time and place, I was moving out from the said carpark. While reversing my lorry, my rear of the lorry hit onto a parked vehicle. I tried to wait for the driver of the vehicle but the driver did not appear. I went to my workshop, wanted to take a paper and pen so that I can leave my contact details. Upon coming out from the workshop, the said car already left and nowhere to be seen.

I am lodging this report for record purpose





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929 3 of 3 Report No. T/20220609/2056

Tel No: 1800-4519999

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 / Other TAN THIAM HUAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/06/2022 16:58
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
NP168	



INDIA INTERNATIONAL INSURANCE PAR FOR

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CERTIFICATE OF INSURANCE

AND THE TRAINING PROPERTY BANKS AND CONTROL OF THE TRAINING WAS RECEIVED BY THE TRAINING AS THE TRAINING AND THE TRAINING AND

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

CERTIFICATE NO.: D22MCV0002611		COVER: Comprehensive
1. Index Mark and Registration Sumber of Vehicle	: GBH9672K	
Chassis No	: JIFA135V18K209643	
2. Name of Policyholder	: CENTURY AWARS IN	DUSTRIAL
3 Effective date of Insurance	: 06 Mar 2022	
4. Expiry date of Invurance	7 05 Mar 2023	
5. Persons or Classes of Persons entitled to drive?	Company of the Compan	
Any person who wedeving on the folioyladida's order or Provided that the person driving is permitted in accord- and renot disqualified by order of a Cosit of Cost or In-	more with the leaving of other kines.	et regulations to directlise Motor Vehicle of her beeft so performed or that behold train droving the Motor Vehicle
in Use in connection with the Polis sholder's busine by Cise for the cartaing of passyingers to the other than to extra for for social domestic and pleasure purpose. The Policy does not cave at Use for list of reward. bit Use for taking, page-making, reliability tradier's cit Use winds drawing a harket everythic towing of "I miniations tendered magnetative by Section 8 of the Managorit Act, 1987 (Malaysia), are not to be meladed in	r line of rewards in connection with people string tains one disabled mechanically pro- otor Vehicles (Dind-Party Risks an	
Excess Sect 1 SGD600 on Windstreen Excess SGD100 no		
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TOR DRIVERS BELOW 21 YEARS OR ABOVE ADDITIONAL EXCESS OF \$2500. ON SECTION		SS THAN 2 YEARS SPIGAPORE DRIVENG FREINGE.
1 We HEREBY CERTIFY that the Policy to which (Hunf-Pasty Risks and Compensation) Act (Chapter I		in accordance with the provisions of the Motor Vehicles sport Act, 1985 (Malaysia)
Agost Books	117	I India International Insurance Pte I rd

Reviewed 25 02 (422)

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