ASS. REC. BY: Tauffik | REF: CS/CT/2200576/TQ43.

# ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____ _____

of _____

Insured: _____

Policy No. _____

Claims No. SNM22D204215/C02

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

| N/S | O/S |
|---|---|
| | |

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD1687X Yr Regn: 2017, Oct

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Traller or _____

Make: Hyundai i30 c.c 1582.

Colour Silver A/C: Insured / Std / NI / NA

Sp.Reading 392820. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: TMAD281UVH*J141995.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/65R15

R: 〃

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Maxxis.

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 6 mm | R/Bal. | 6 mm |
| L/Bal. | 6 mm | L/Bal. | 6 mm |
| D.O.A. | | D.O.I. | 17/6/22 |

Survey held at Premier Auto.

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or _____

The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|---|---|
| | 28/06/22@4.48pm revised to Jacqueline Tan via Merimen. |

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.I: ($ _____)

| | |
|---|---|
| Survey Fee: | |
| Transportation: | |
| ___$ + RS.___SI. | |
| Photos | |
| Others | |
| | |
| TOTAL | |

# PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02
SINGAPORE 486443
TEL: 65446676 / 65446689 FAX: 62141511
CO. REG:200707743D GST REG:200707743D

16-Jun-22

**ESTIMATE REPAIR BILL FOR HYUNDAI I30(A) WAGON REGN NO: SHD 1687 X**

| | | | |
|---|---|---|---|
| 1 pc | Tailgate | $ | 2,292.30 b/ |
| 1 pc | Tailgate lower garnish | $ | 362.61 cnq |
| 1 pc | Tailgate weatherstrip | $ | 276.98 ? |
| 2 pcs | Tailgate hinge @$28.50 | $ | 57.00 Rp |
| 1 pc | Tailgate lock | $ | 216.48 ? |
| 2 pcs | Rear license plate lamp @ $18.60 | $ | 37.20 ? |
| 1 pc | Rear windscreen glass | $ | 397.90 bm |
| 1 pc | Rear windscreen moulding | $ | 64.10 nq |
| 1 pc | End panel - photo. | $ | 853.85 bf |
| 1 pc | End panel top garnish | $ | 90.00 ? |
| 1 pc | Floorboard compartment | $ | 913.81 ? |
| 1 pc | Emblem I30 | $ | 27.80 nq |
| 1 pc | Emblem CRDI | $ | 29.40 nq |
| 1 pc | Emblem Hyundai | $ | 29.40 nq |
| 2 pcs | Tailgate n/s & o/s reflector @ $295.10 | $ | 590.20 cnq |
| 2 pcs | Rear n/s & o/s tail lamp @ $321.30 | $ | 642.60 n/s ? o/s cnq |
| 1 pc | Tailgate inner trim | $ | 431.12 cnq |
| 1 pc | Luggage tray- Center Rr | $ | 299.48 ? |
| 1 pc | Rear o/s fender | $ | 1,525.73 Rp |
| 1 pc | Rear bumper | $ | 811.11 cnq |
| 1 pc | Rear bumper sponge | $ | 79.20 ? |
| 1 pc | Rear bumper reinforcement | $ | 815.64 ? |
| 1 pc | Rear bumper reinforcement centre | $ | 79.20 ? |
| 2 pcs | Rear bumper n/s & o/s side bracket @ $52.20 | $ | 104.40 ok |
| 2 pcs | Rear bumper n/s & o/s reflector @$107.50 | $ | 215.00 n/s & o/s cnq |
| | | $ | 11,242.51 |
| | Less 20% | $ | 2,248.50 |
| | | $ | 8,994.01 |

**S/NETT**

| | | | |
|---|---|---|---|
| 1 set | Rear bumper clips | $ | 48.00 30 nq |
| 1 set | Reverse sensor | $ | 280.00 200 nq |
| 1 set | Tailgate stickers | $ | 100.00 nq - 60 |
| 1 set | Tailgate lower garnish clips | $ | 38.00 nq |
| 1 set | End panel inner garnish clips | $ | 38.00 ? |
| 1 set | Floorboard compartment insulator paddings | $ | 120.00 ? |

| | | | |
|---|---|---|---|
| 1 pc | Rear number plate | $ | 50.00 |
| 1 set | Sealant | $ | 50.00 |
| 1 pc | Rear n/s fender sticker | $ | 60.00 |

16-Jun-22

**ESTIMATE REPAIR BILL FOR HYUNDAI I30(A) WAGON REGN NO: SHD 1687 X**

| | | |
|---|---|---|
| Sundry | $ | 50.00 |
| Towing Fee | $ | 50.00 |
| To dismantle / refit rear windscreen glass onto new tailgate | $ | 120.00 |
| To dismantle and refit the inner components of wiper onto new tailgate, test wiper motor and water etc | $ | 120.00 |
| To dismantle and replace reverse sensor and test system | $ | 80.00 |
| To labour charge for dismantle and renewal of the accident damaged parts. To heat/weld & cut end panel and floorboard compartment. Including knock-out, straighten, repair, reshape of the n/s rooftop panel, etc | $ | 2,200.00 |
| To putty and spray painting on the rear bumper, tailgate, tailgate lower garnish, end panel, floorboard compartment, rear n/s fender, top n/s rootop panel | $ | 1,400.00 |
| To apply rustproofing on the repaired and replaced panels | $ | 200.00 |
| **Total** | $ | 13,998.01 |

( ALL THE REPAIR COSTS ARE SUBJECTED TO GST )

***THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.***

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Text size + -

# Enquire Vehicle Registration Details

## Owner Particulars

| | |
|---|---|
| NRIC/Passport/Company Cert No.: | 200304975H |
| Owner ID Type: | Company |
| Owner Name: | PREMIER TAXIS PTE. LTD. |
| Registered Address: | 23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443 |
| Mailing Address: | - |
| Birth Date: | - |

## Vehicle Particulars

| | |
|---|---|
| Vehicle No.: | SHD1687X |
| Previous Vehicle No.: | - |
| Effective Date of Ownership: | 04 Oct 2017 |
| Original Regn Date: | 04 Oct 2017 |
| Registration Date: | 04 Oct 2017 |
| Year of Manufacture: | 2017 |
| Vehicle Type: | Public Transport Taxi (Motor Car) |
| Vehicle Scheme: | Taxi (Company) |
| Vehicle Attachment 1: | Air-Con (Taxi) |
| Vehicle Attachment 2: | - |
| Vehicle Attachment 3: | - |
| Vehicle Make: | HYUNDAI |
| Vehicle Model: | I30 GDH 1.6 TCI 5DR DCT |
| Primary Colour: | Silver |
| Secondary Colour: | - |
| Passenger Capacity: | 4 |
| Chassis No.: | TMAD281UVHJ141995 |
| Engine No.: | D4FBHZ173214 |
| Engine Capacity/Power Rating: | 1582 cc / - |
| Maximum Power Output: | 100.0 kW (134 bhp) |
| Propellant: | Diesel |
| Max Unladen Weight: | 1496 kg |
| Maximum Laden Weight: | 1940 kg |
| Open Market Value: | $19,971.00 |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 03 Oct 2025 |
| Minimum PARF Benefit: | $7,482.00 |
| No. of Transfers: | 0 |
| IU Label No.: | 1050709999 |
| COE No.: | 2017100401003701K |
| COE Expiry Date: | 03 Oct 2025 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Registration Category: | A - Car up to 1600cc & 97kW (130bhp) |
| Quota Premium (QP) / Prevailing Quota Premium: | - / $42,564.00 |
| PQP Paid: | $34,052.00 |
| QP (Regn Cat): | - |
| OPC Cash Rebate Eligibility: | No |

# 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.
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 | 16/06/2022 14:41 (SGT) |
| Date of Accident | 16/06/2022 08:45 (SGT) |
| Exact Location of Accident | PIE, Singapore |
| Additional Location Information | PIE - TUAS (BEFORE JALAN BAHAR) |
| Country/State of Loss | Singapore |

## DETAILS OF OWN VEHICLE

| | |
|---|---|
| Vehicle Registration Number | SHD1687X |

### INSURED/POLICYHOLDER

| | |
|---|---|
| Is company? | Yes |
| Name Of Registered Owner | PREMIER TAXIS PTE LTD |
| Company Reg No | 2XXXXX975H |
| Email Address | CLAIMS@PREMIERTAXI.COM |
| Mobile Phone No | (Phone) +65-91550072 |
| Alternative Phone No | (Office) +65-62148880 |

### VEHICLE PARTICULARS

| | |
|---|---|
| Manufacturer | Hyundai |
| Model | I30 |
| 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 - Claiming third party |
| Vehicle Category | Taxi |
| Transmission | Auto |
| CC | 1600 |

### INSURANCE COMPANY

| | |
|---|---|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage | ThirdParty |
| Fleet Policy | Yes |
| Policy Number | 5125738511-001028 |
| Cover Note Number | - |

### DRIVER

| | |
|---|---|
| Name of Driver | RASHID BIN IDRIS |
| NRIC No | SXXXX451D |

| | |
|---|---|
| Date Of Birth | 03/11/1956 |
| Occupation | Outdoor |
| Date Of Driving Pass | 12/10/1977 |
| Driving experience | 44 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97962437 |
| Alt. Phone Number | - |
| Email Address | CLAIMS@PREMIERTAXI.COM |
| Address | BLK 430 ANG MO KIO AVE 3 #05-2598 |
| Address complement | - |
| Postcode | 560430 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| 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 | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | Yes |
| Was any other vehicle 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? | Yes |
| Police Station Name | Jurong West Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18002689999 |
| Alt. Police Station Phone No | (Fax) +65-62672438 |
| Police Station Address | 700 Corporation Road Singapore 649818 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

## CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH POLICE REPORT

## 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 | GBK5624K |
| Vehicle Manufacturer | Nissan |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |

| | |
|---|---|
| Name of Driver | HOSSEN MOHAMMAD ELIUS |
| NRIC No | GXXXX577P |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 3 |

## INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---|
| Name of injured person | RASHID BIN IDRIS - DRIVER OF VEH. A |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT SOON |
| Injured person in which vehicle? | SHD1687X |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|---|
| Name of injured person | MALE INDIAN - PAX IN VEH. B |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | EYES PAIN |
| Injured person in which vehicle? | GBK5624K |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | Yes |

INJURED 3

| | |
|---|---|
| Name of injured person | MALE INDIAN - PAX IN VEH. B |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BACK PAIN |
| Injured person in which vehicle? | GBK5624K |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | Yes |

## 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**.
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' 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.

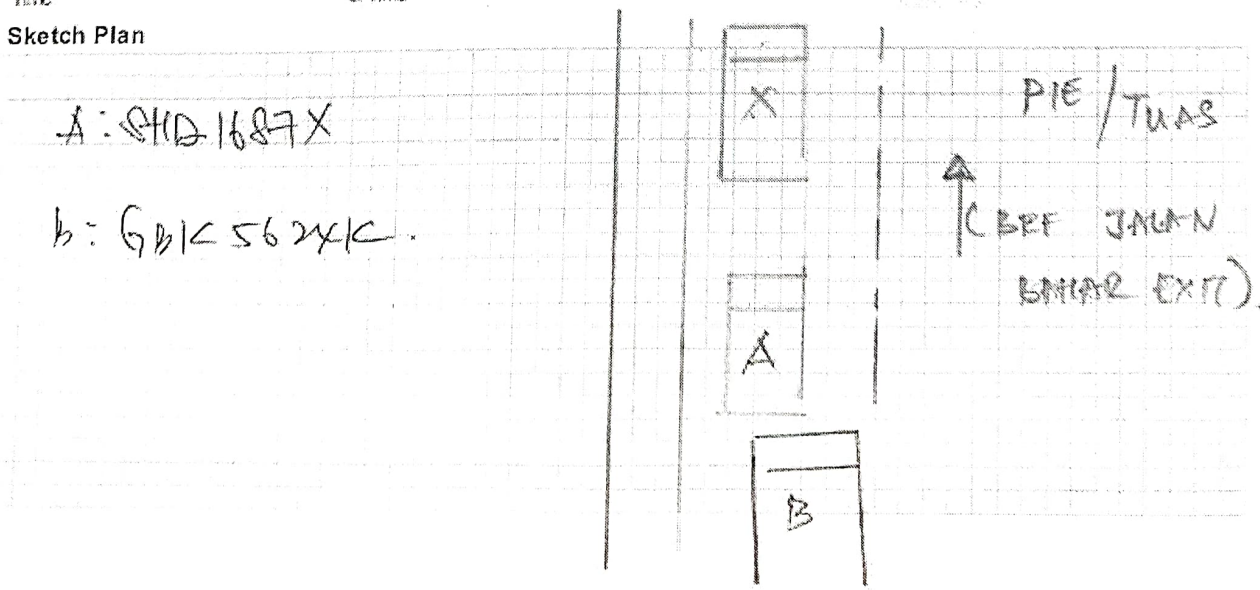
premier

Rachel 12674S

16 JUN 2022

| Policyholder's Signature / Date & Time | Driver's Signature (if driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel |
|---|---|---|

**Sketch Plan**



SKETCH PLAN #2

**Describe Circumstances of the Accident**

Refer to attach police report

**Declaration**

We declare the foregoing particulars are true in every respect.

16 JUN 2022

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

SINGAPORE POLICE FORCE

T/20220616/2031

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



Report No. T/20220616/2031

**REPORT OF A TRAFFIC ACCIDENT**

| Date/Time Report Made: | Vide Report No.: | Station Diary No.: |
|---|---|---|
| 16/06/2022 11:20 | J/20220616/0059 | 80 |

**Informant's Particulars**

| | | | | |
|---|---|---|---|---|
| Name of Informant:<br>RASHID BIN IDRIS | | | Address:<br>APT BLK 430 ANG MO KIO AVENUE 3 #05-2598<br>SINGAPORE 560430 | |
| ID Type / ID No.:<br>NRIC NO / S1207451D | | | Contact No.:<br>Home/Office: Mobile: 97962437 | |
| Nationality:<br>SINGAPORE CITIZEN | | | Email: | |
| Sex:<br>Male | Age:<br>65 | Date of Birth:<br>03/11/1956 | Type of Informant:<br>Driver | |
| Race:<br>Malay | | | Language: | Institution / School Name: |
| Occupation:<br>TAXI DRIVER | | | Driving Licence Information:<br>Class: 2B,3 | Date of Expiry: |

**General Information of the Accident**

| Type of Accident: | Injury | Drink Drive: | Date/Time of Accident: | Type of Location: |
|---|---|---|---|---|
| | Conveyed By Ambulance | No | 16/06/2022 08:45 | Straight Road |

Location:

PAN-ISLAND EXPRESSWAY

Lamp Post Number: 1781

| Weather: | Road Surface: | Road Speed Limit: |
|---|---|---|
| Clear | Dry | |
| Traffic Flow: | Traffic Control: | Traffic Volume:<br>Moderate |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear | | Anyone conveyed by ambulance:<br>Yes |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|---|---|---|---|---|---|---|
| GBK5624K | Van | NISSAN | NV350 PANEL VAN 2.5 5MT 5DR | | | 2 |
| SHD1687X | Car | HYUNDAI | I30 GDH 1.6 TCI 5DR DCT | | | 0 |

SINGAPORE POLICE FORCE

T/20220616/2031



Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20220616/2031

CONTINUATION OF REPORT

| Details of Person Involved | | | | | |
|---|---|---|---|---|---|
| Any Pedestrian Involved: No | | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | | |
| Passenger | | | | | |
| Name | HASSAN RAKIB | | | ID No. | G8265080L |
| Related Vehicle | NIL | | | Contact No. | NIL |
| Hospital/Clinic | NIL | | | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL | |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL | |
| Driver | | | | | |
| Name | RASHID BIN IDRIS | | | ID No. | S1207451D |
| Related Vehicle | NIL | | | Contact No. | 97962437 |
| Hospital/Clinic | NIL | | | Class of Driving Licence & Expiry Date | Class: 2B,3<br>Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL | |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL | |
| Passenger | | | | | |
| Name | HOSSEN MOHAMMAD ELIUS | | | ID No. | G2758577P |
| Related Vehicle | NIL | | | Contact No. | NIL |
| Hospital/Clinic | NIL | | | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL | |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL | |

**Brief Details.**

On the 16/06/2022 at about 0845hrs, I was driving my taxi SHD1687X along PIE (TUAS) before Jalan bahar exit on the extreme left lane. There was a lorry in front of me which slowed down, I then applied brake and slowed down as well. Suddenly, another van behind GBK5624K failed to stop and collided into my vehicle rear portion.

After the accident, we alighted and I called for police and ambulance. There were 3 Bangladeshis on the van and I do not remember who was the driver. Two of the passenger was conveyed to hospital. Traffic Police was at scene and took over my SD card vide incident J/20220616/0059.