NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION

Date : 23/9/2024

Time : 1.35Pm

By Email to motordain eiii. com-sq

TO: INDIA INTERNATIONAL INSURANCE PTE LID

Accident involving Your insured vehicle No. GBL 1965 Z with

My vehicle No. SKV 29 y on 6/9/2024 along PUNGGOL ROFD

- 1. I, the owner of Vehicle No. SKV29 intend to make a 3rd party claim against your insured.
- 2. My Vehicle is now at the workshop Guan Motor Works Tel: 6453 6111 and is available for your inspection before repairs are carried out.
- Please acknowledge receipt of this Notification by return fax to 6453 8292 and reply within 2 days whether you wish to inspect the vehicle or waive inspection.

Signature

Name : N 4 WEI JAN

NRIC: 588411362

JANICE POH

CK TEO & CO

Advocates & Solicitors 101A Upper Cross Street #08-17 People's Park Centre Singapore 058858

Tel: 6535 4788 Fax: 6535 4245

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- IMPORTANT NOTICE

 1. Please report <u>Correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

 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 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.
 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for Investigation.
 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.
 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 aforesald.

ACCIDENT STATEMENT

Date of First Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	17/09/2024 14:46 (SGT) Both Policyholder and Actual Driver 16/09/2024 21:35 (SGT) Punggol Rd, Singapore - Singapore
DETAILS OF	COMMUNICATE

Additional Location Information						
Country/State of Loss	Singapore					
DETAILS OF	OWN VEHICLE					
Vehicle Registration Number	SKV29Y					
INSURED/POLICYHOLDER						
Is company?	No .					
Name Of Registered Owner	NG WEI JUN					
NRIC No	SXXXX136Z					
Email Address	weijun_0829@hotmail.com					
Mobile Phone No	(Phone) +65-91385435					
Alternative Phone No	•					
	,					
VEHICLE PARTICULARS						
Manufacturer	Toyota					
Model	Harrier					
Variant	•					
Exact purpose for which vehicle was being used at time of						
accident	Private use					
Are you claiming under your own insurance policy for repair to						
your vehicle?	No - Claiming third party					
Vehicle Category ,,	Private car					
Transmission	Auto					
CC	1998					
Vehicle Fuel	•					
First Regisration Date	-					
Chassis no	h					
Effective Date/Time of Ownership	•					
INSURANCE COMPANY						
Name of Insurance Company	Income Insurance Limited					
Policy Number / Cover Note Number	5144750733					
DRIVER						

Accident report SS2S249H0003

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement	NG WEI JUN SXXXX136Z 29/08/1988 Indoor 28/02/2007 3 Valid 17 YEARS AND 7 MONTHS Male (Phone) +65-91385435 - weijun_0829@hotmail.com BLK 106A BIDADARI PARK DRIVE #04-32
Postcode	341106
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company 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? 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 Yes No Yes 1
Translator's name	140
Translator's ID	
Translator's phone number	_
Trenslator's email	•
Original language used in the statement	•
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Bishan Neighbourhood Police Centre (Phone) +65-18005529999 (Fax) +65-65561905 20 Bishan Street 23 Singapore 579757 No
CIRCUMSTANCES OF ACCIDENT	
REFER ATTACHED SKETCH PLANS	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes VIDEO WITH OWNER WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL1465Z
Vehicle Manufacturer	Toyota
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	- '
Vehicle Category	Commercial vehicle
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)	•

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	NG WEI JUN Male
Phone No	(Phone) +65-91385435
Address	-
Address Complement	-
Post Code	•
Approximate Age Years Old	•
Injuries Sustained	•
Injured person in which vehicle?	SKV29Y
Were seat belts worn?	Yes
Mee this injured conveyed to beenitel by embulance?	Me

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Poto must be completed by the Policyholder and/or the Authoriese Oriver.
- 3. Information provided must be as truthful and accurate as possible. Any with misrapresentation or withholding of material facts may allow traverses companies to consider policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an edimetion of policy satisfy on the part of the insurance companies.
- S. Any false (coording may be referred to the Police for investigation.
- 6. The report will be focus arded 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 loggement 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 property.
- 8. Consent under the Personal Data Protection Act (PDPA)
- Lunderstand, acknowledge, agree and consent that :
- (a) My insurer, my wickshop and the General Insurance Association of Singapore ("GIA") maylare permitted to collect, use, disclose analysi process my personal data/sersonal information set out in this. (form) and any other personal information provided by me or cossessed by my treuter (cosedway the "Personal Information") and disclose and transfer such Personal Information to obtinuary to who have insured vehicle(s) involved in this security (of insured vehicle(s) involved in this security information to as the "Insurers"), the Insurers law yersdaw times, the Monetary Authority of Singapore and any release 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;
- (b) investigating the accident and/or my claims:
- (iii) carrying out and/or dealing with my instructions or responding to any empiries by me:
- (iii) administering my claims (including the melling of excrespondence, statements, involves, reports of notices to rise, 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); entito:
- (v) complying with applicable law in administering, processing, handling and/or dealing with my Galins-(collectively the "Purposos")
- (b) all insurer(s) who have insured vehicle(s) involved in this accessent and the Insurers' law yearliew firms, mayiare permitted to collect.
- (c) my Personal Information majoran be disclosed by any of the Insurers and/of GIA to their usur party service providers of seants (including line) terryendow firms), which may be slied custife of Singapore, for one of one above Purposes.

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Report No. T/20240917/2038

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/09/2024 13:22			Vide Report No.:	Station Diary No.: 26			
	TACK.						
Name of In NG WEI JL	JN		Address: APT BLK 106A BIDADARI PARK DRIVE #04-32 SINGAPORE 341106				
ID Type / ID No.: NRIC NO / S8871136Z			Contact No.: Home/Office:	Mobile: 91385435			
Nationality: SINGAPORE CITIZEN			Email:				
Sex: Age: Date of Birth: Male 36 29/08/1988			Type of Informant: Driver				
Race: Chinese			Language: English				
Occupation: MANAGER LOGISTIC			Driving Licence Information: Class: 3,4	Date of Expiry:			

General Delegation				
Type of Accident	Injury Others	Drink Drive: No	Date/Time of Accident: 16/09/2024 21:35	Type of Location: X-Junction
Location:				
PUNGGOL ROAI				
Weather:	Ros	d Surface:		
Clear	Dry			· .
Traffic Flow:	Tra	fic Control:		Traffic Volume:
Two Way	Trat	ffic Light - Work	ing	Moderate
Type of Collision: Between Moving	Vehicles - Head To Rear		Anyone conveyed by ambulance: No	

(Datelje (dely	haleletaperiket					
We will be			No. of Page 19	Kofalla (* 15. s.)	at propher	Modification and the
GBL1465Z	Motor van	TOYOTA	HIACE DX	White	٠,	0
	<u></u>		2.8 AUTO			
SKV29Y	Motor car	TOYOTA	HARRIER G	Silver		0
			GRADE			

Details of Passor Hill of Vers	
Any Pedestrian Involved: No	
No. of Pedestrians Injured; NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 2 of 3 Report No. T/20240917/2038

CONTINUATION OF REPORT

					A		
Name	SASI KUMAR S/O P	IMARUNNC		ID No		S82031	02B
Related Vehicle	GBL1465Z (Motor va	n)		Conta	ct No.	878435	62
Hospital/Clinic	NIL			Class Driving Licent Expiry	9 :e &	Class: I Date of	VIL Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL		Ì
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL		
Name	NG WEI JUN			ID No.		S88711	36Z
Related Vehicle	SKV29Y (Motor car)		·····	Conta	ct No.	913854	35 .
Hospital/Clinic	ISLAND ORTHOPAEDIC CONSULTANTS PTE LTD			Class of Driving Licence & Expiry		Class: 3 Date of	3,4 Expiry: NIL
Date Treatment	17/09/2024		Date Disc	narge	17/09	/2024	
No. of Days gran	ted Medical Leave	14	Degree of		NIL		

Brief Details.

On 16th September 2024 at 9.34pm, I was driving my vehicle registration number: SKV29Y and travelling Punggol Road towards New Punggol Road. I was driving alone at the 3 lanes (where the arrow indicated straight) with total of 4 lanes. The 4th lane turned left only.

At the junction of Punggol Road and Sengkang East Way, the traffic showed red and I was in the stationary position. Then, there was a huge impact came from my rear. Due to the impact, I was in pain and alighted slowly from my vehicle. I realized that there was another vehicle registration: GBL1465Z (V2) had collided to my vehicle rear portion. I managed to exchange particulars with V2 and claiming that he was not focusing while driving. I do have footages that captured the occurrences.

Today, I went to seek medical as I was still pain. I was given 14 days MC. I am lodging this report for insurance claimed.





Report No. T/20240917/2038

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

CONTINUATION OF REPORT

Signature of Officer Recording The E / SI MOHAMAD FARID BIN JAMAL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/09/2024 13:22
Officer In Charge Of Case: TP / AEIT / INSP (2) LOW MENG FATT Contact No.: 97577566	Classification Of Case:
NP168	



Enquire Vehicle's Insurance Particulars (As At 16 Sep 2024 / 21:24:00)

Vehicle No.:

Make Description/Model:

GBL1465Z

TOYOTA/HIACE DX 2.8 AUTO

Insurance Company Name:

INDIA INT'L INSPTELTD

Business Transaction Reference No.:

20240917144106510909

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).