NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION

Date	:				
Time	:	2	1	NOV	2024
By Fax	:				

TO:

Accident involving Your insured vehicle No. GEM CETO With My vehicle No SME 65097 on 191

- I, the owner of Vehicle No. SME6890 Tintend to make a 3rd party claim against your insured.
- 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.

CK TEO & CO

Advocates & Solicitors 101A Upper Cross Street 08-17 People's Park Centre Singapore 058358 Tel: 6535 4788 Fax: 6535 4245

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 19 Nov 2024 / 14:45:00)

Vehicle Insurance Details Vehicle No.: GBM4560G Make Description/Model: MAXUS / E-DELIVER 3 Insurance Company Name: INDIA INT'L INS PTE LTD Business Transaction Reference No.: 20241119175859341430 Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Save as PDF

OK →

Print

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

1. Press report <u>Extractly</u> the details of the accusant to speed up the claums 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

ACCIDENT STATEMENT

3, Information provided must be as fruitful and accurate as possible, Any wirror misrepresentation or witholding of material racts may glow insurance companies to repudiate 4. The issue end acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies,

6. 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 erchiving and that copies of this report will, for a fee, be made available upon application by interested parties.

7. By the todgement 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.

Date of First Submission 20/11/2024 14:24 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 19/11/2024 14:45 (SGT) Exact Location of Accident Beach Rd, Singapore Additional Location Information Country/State of Loss Singapore DETAILS OF OWN VEHICLE Vehicle Registration Number SME6590T INSURED/POLICYHOLDER Is company? No Name Of Registered Owner **CHENG TIM SOON** NRIC No SXXXX309G Email Address lindachengluiling@gmeil.com Mobile Phone No (Phone) +65-93863939 Alternative Phone No VEHICLE PARTICULARS Manufacturer Honda Model Shuttle Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own Insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire Transmission CC 1500 Vehicle Fuel First Registration Date Chassis no Effective Date/Time of Ownership INSURANCE COMPANY Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5104523976-06 DRIVER

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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 Ang Mo Kio South Neighbourhood Police Centre (Phone) +65-18004519999 (Fax) +65-65535679 81 Ang Mo Kio Ave 3 Singapore 569929 No	Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Phone No Police Station Address Was notice of Intended Prosecution given? If yes, against whom? Yes Ang Mo Kio South Neighbourhood Police Centre (Phone) +65-18004519999 (Fax) +65-65535679 81 Ang Mo Kio Ave 3 Singapore 569929 No CIRCUMSTANCES OF ACCIDENT		
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Was notice of Intended Prosecution given? If yes, against whom?	Was notice of Intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT	Police Station Address	91 App Mo Kin Avo 2 Singapore 560000
If yes, against whom?	CIRCUMSTANCES OF ACCIDENT	Was notice of Intended Prosecution given?	. No
	CIRCUMSTANCES OF ACCIDENT	If yes, against whom?	·
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ATTACHMENT(S)

Are accident photos available for attachment?	
Was there any video captured by Car Camera?	Yes
The state any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CDMAEGOO
vehicle Manufacturer	GBM4560G
Vehicle Model	•
Vehicle Variant	• '
Vehicle Colour	•
Vehicle Category	•
Name of Driver	Commercial vehicle
Contact Number	•
Address	-
Address complement	-
Postcode	-
Insurance Company Name	•
Nature Of Damage	•
Details of property damaged in accident	•
No. Of Passenger (Including Driver)	-
The state of the s	-

INJURED PERSONS DETAILS

INJURED 1

CHENG TIM SOON
Male
(Phone) +65-93863939
•
•
•
NECK DAIN
NECK PAIN
SME6590T
Yes No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the adoldent to speed up the claims process.
- 3. This form must be completed by the Policyholder andlor the Authorised Oriver.
- 3 Information provided must be as truthful and securate as possible. Any will imprepresentation or will including of material facility may
- 4. The issue and addeptance of this Formby insurance companies is do; an addression of policy labelity on the part of the insurance
- 5. Any false recording may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Managament Centro established by the General insurence Association
- of Singapore (GIA) for archiving and that copies of this report will for a fee the made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hersby consent to the angitiving of this report at the centre and to copies of the report being mede available aforesaid. B. Consent under the Personal Data Protection Act (PDPA)

lunderstand, acknowledge, agree and consent that;

- (a) the insurer, my workshop and the General haurance Association of Singapore ('GIA') mayrare permitted to collect, use, disclose and/or process my personal data/personal micernation set out in this form; and any other personal information provided by me or possessed by my figurer (collectively the "Personal Information") and disclose and transfer such Personal information to all figures provides my personal information to all figures. who have insured vehicle(s) involved in the acoldent (all insurer(s) who have insured vehicle(s) involved in this acoldent shall be collectively referred to as the "Insurers"), the higgers law yers flaw firms, the Monetary Authority of Singapore and any relevant
- (1) processing, handling and/or dealing with my chains including the soldement of the claims and any necession, investigations relating to (ii) investigating the accident enotion my elsins:
- (ii) sarrying out end/or dealing with my instructions or responding to any enquiries by me:
- (w) administering my deline (including the matting of correspondence, stetements, invoices, reports of notices to me, which could involve ogeopents of certain parabosides about us to pring about defixery, of the same as well as on the external cover of envelopes/mail
- (v) complying with applicable law in administering, processing, hending and/or dealing with my claims.
- (b) as insurer(s) who have knaured vanishe(s) involved in this ecoident and the insurers' lawyers law turns, may/are permitted to collect. use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (a) my Personal information may/can be disclosed by any of the insurers and/or Gin to stell third party service providers or agents (including their law yers/law farms), which may be sted outside of Singapore, for one or more of the phove Purposes.

Policyholder's Signature / Date & Sketch Plan

Diver's Signature (if driver is not the policyholder) / Date

Witnessed by Reparting Centre Personnel

A second of the control of the contr

A SME 65907

B-GBM 4560G

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Describe Circumstance of the	Accident インカの 1	
	1208	
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aration Scalara (ve foregoing particulara	are true in Gvery respect.	
ahong-	chang	A
oldera Signature / Date & Time	Actual Driver's Signature (if driver is not the policyh	N. A. RA





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

l of 3 Report No. T/20241119/2081

Tel No: 1800-4519999

REPORT OF	A TRAFFIC	ACCIDENT				
Date/Time Report Made: 19/11/2024 19:14			Vide F	Report No.:		Station Diary No.: 135
			i.	A CONTRACTOR		
Name of Informant: CHENG TIM SOON		Addre APT E 65030	SLK 303 BL	IKIT BATOK STREET S	31 #02-21 SINGAPORE	
ID Type / I NRIC NO /		9G		ct No.: /Office:	Mobile:	93863939
Nationality SINGAPOR		EN	Email:			
Sex: Male	Age: 72	Date of Birth: 21/08/1952	Type of Driver	of Informan	t:	
Race: Chinese			Langu	age:		
Occupation Private-hire		г	Driving Class:	Licence II	nformation: Date of E	Expiry:
			· ·			
				1		rupoli (ii)
Type of Accident:		iury hers		Drink Drive:	Date/Time of Accident:	Type of Location: X-Junction

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/11/2024 14:50	Type of Location: X-Junction
Location:		1100	1 18/1 1/2024 14.50	
BEACH ROA	D			
Weather:	14-	Road Surface:		
Clear		Dry		
Traffic Flow:		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Light
Type of Collis Between Mov	ion: ing Vehicles - Head To			Anyone conveyed by ambulance:

(E-10, E4)				
GBM4560G	Van	•	Slightly	0
			Damaged	
SME6590T	Sedan car		Slightly	[1
·			l Damageo	

Exigence of the source of the	
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

2 of 3 Report No. T/20241119/2081

Tel No: 1800-4519999

CONTINUATION OF REPORT

Name	CHENC TIMESON			
	CHENG TIM SOON		ID No.	S0030309G
Related Vehicle	SME6590T (Sedan car)		Contact No	93863939
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	19/11/2024	Date Disc		1/2024
	ted Medical Leave 05	Degree of		
Name	Rosli B Abdullah	. 1	ID No.	S7912560A
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL ed Medical Leave NIL	Date Disch	arge NIL	
vo. or Days grante	ed Medical Leave NIL	Degree of	NIL	

Brief Details.

On 1450hrs, I was driving along Beach Road towards Lavender. I am a Private Hire Driver with Grab, I was sending a passenger to Kallang Ave City Hub. I was at the traffic light junction of Beach road and Ophir road waiting for the traffic light to turn green when suddenly another vehicle hit me from my rear. The impact was hard and caused me to move forward. As I was the first vehicle I did not hit onto any other vehicle. I then went out of my vehicle to check on my car and the other driver had also alighted from his vehicle. The driver then told me to lodge a police report and we then exchange particulars. However we did not exchanged contact numbers.

I took photos of the damages for my car and also the other car involved. My rear boot of my car was dented and damaged and the other car had slight damages to front bumper of his car. I had checked on my passenger who informed me that he is fine and did not require any medical attention. I had also advised him to go and see the doctor but he declined. After that I then continued with the journey to send my passenger to his destination. I had suffered some pain on my neck due to the impact. I went to Mount Alvernia Hospital to get my neck checked and I was given 5 days MC from 19/11/2024 to 23/11/2024.





3 of 3 Report No. T/20241119/2081

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

Tel No: 1800-4519999

CONTINUATION OF REPORT

Signature of Officer Recording The F /	Signature Of Informant:
SI MUHAMMAD RAIMI BIN MIS NAM	
Signature Of Interpreter: Not applicable	Date/Time: 19/11/2024 19:14
Officer In Charge Of Case: TP / AEIT / SUPT (1) PHNG KAR SOON Contact No.: 65476439	Classification Of Case: