SN0824C50001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 05/12/2024 11:21 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (05/12/2024 11:21 (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 Actual 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

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 First Submission

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

05/12/2024 11:21 (SGT)

Actual Driver

05/12/2024 04:30 (SGT)

Ang Mo Kio Ave 8, Singapore

TOWARDS ANG MO KIO AVENUE 6 BEFORE ANG MO KIO

CENTRAL 3

Singapore

DETAILS OF OWN VEHICLE

SNR7475G Vehicle Registration Number

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

CAPITAL CAR LEASING PTE. LTD.

201629008R

Hyundai

SX2 KONA

Employment

Private hire

Auto

1580

No - Claiming third party

capitalcarleasing008@gmail.com

(Phone) +65-96925545

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

Vehicle Fuel

First Regisration Date Chassis no

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMHCSNA00022582400

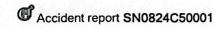
DRIVER

Accident report SN0824C50001

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Name of Driver	NG BOON WAN
NRIC No	S7722220J
Date Of Birth	07/08/1977
Occupation	Outdoor
Driving Pass Date	24/12/1998
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	26 YEARS
Gender	Male
Mobile Number	(Phone) +65-96925545
Alt. Phone Number	
Email Address	capitalcarleasing008@gmail.com
Address	BLK 567B CHAMPIONS WAY #10-143
Address complement	-
Postcode	732567
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	NO
	•
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Tune of Assidant	
Type of Accident	Side Swipe
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?	
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	
Number of Passengers (Including Driver)	
Has the driver been approached by unknown person(s)	ESS CONTRACTOR CONTRACTOR
soliciting/offering accident claims assistance?	No
Translator's name	
Translator's ID	그런 그는 그는 그는 그는 그리고 있다. 그는 그는 그리 소설 16의 20일 되었다.
Translator's phone number	
Translator's email	
Original language used in the statement	
PASSENGER 1	
Name	UNKNOWN
Gender	Female
PASSENGER 2	
Name	UNKNOWN
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	



Page 2 of 27



PLEASE REFER TO POLICE REPORT T/20241205/7010

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

WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN5410Y
Vehicle Manufacturer	•
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	YE ZAR NI TUN
Contact Number	(Phone) +65-92314484
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	- A Complete A or

INJURED PERSONS DETAILS

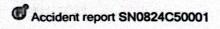
INJURED 1	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	UNKNOWN PAX Female SERIOUS INJURY SNR7475G Yes Yes
INJURED 2	
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?	UNKNOWN PAX Female SERIOUS INJURY SNR7475G Yes Yes
INJURED 3	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old	NG BOON WAN Male (Phone) +65-96925545 - - -





Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

SLIGHT INJURY SNR7475G Yes No



SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the eccident to speed up the claim process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Criver.
- 3, information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withholding of material facts may allow insurance companies to regulate policy liability.
- 4. The issue and acceptance of this Fermby haurance 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 Control 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.
- B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

- (a) My hauter, 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers lawyers/aw 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:
- (i) hvestigating the accident and/or my claims;
- (II) carrying out and/or dealing with my hatructions or responding to any enquiries by me;
- (iv) administering my claims (including the mating 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 peckages); 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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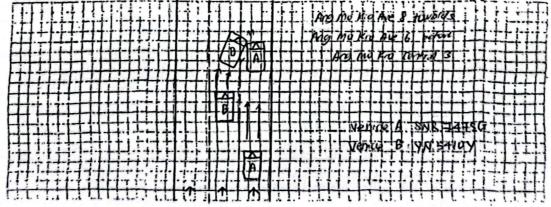
Policyhotusi's Signature / Date &

Driver's Signature (# driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

15/17/2020

Sketch Plan



Accident report SN0824C50001

CS CamScanner

Describe C	ircumstances	the Accident				
As per	potru Re	post				
	1017/202417					
report N	61 1 1 2024 17	05 14010		1		-
				 		
			 			
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Declaration

IM's declare the foregoing particulars are true in every respect.

Policy holder's Signature / Data & Time

Personnel



T/20241205/7010

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20241205/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2024 09:56		de:	Vide Report No.: F/20241205/0027	Station Diary No.:		
Informan	's Particular	Sex Person	AND THE PARTY OF T	· · · · · · · · · · · · · · · · · · ·		
Name of NG BOO	Informant: N WAN		Address: 567B CHAMPIONS WAY #10-	143 SINGAPORE 732567		
ID Type / ID No.: NRIC NO / S7722220J			Contact No.: Home/Office:	Mobile: 96925545		
Nationality: SINGAPORE CITIZEN		N	Email: ALAN2220@YAHOO.COM.SG	3		
Sex: Age: Date of Birth: 07/08/1977			Type of Informant: Driver			
Race: Chinese			Languago: English			
Occupation: PRIVATE HIRE CAR DRIVER			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/12/2024 04:30	Type of Location Straight Road
Location: ANG MO KIO CEN Weather: Clear	TRAL 2	Road Surface:		
Treme Trem		Traffic Control: Not Controlled		affic Volume: Traffic
Traffic Flow: Dual Carriage Way		1101 0011001100		

Details of Ve	hicle Involved	SPORTS STREET			会员员为企业股票 。	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SNR7475G	Motor car	HYUNDAI	KONA	Black	Seriously Damaged	2
YN5410Y	Lorry	MITSUBISHI	CANTER	White	Seriously Damaged	0

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

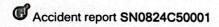
2 of 3 Report No. T/20241205/7010

CONTINUATION OF REPORT

Driver	there is no complete to the second of the second	The last of the second	655aa5	10000	
Name	NG BOON WAN		ID No.		S7722220J
Related Vehicle	SNR7475G (Motor car)		Contact No.		96925545
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disci		charge NIL		
No. of Days grant		Degree of Injury Slight			
Driver			0.0000	a marke	No. of the State of the Landson
Name	YE ZAR NI TUN		ID No.	8 17/10/1A	M4453219T
Related Vehicle	YN5410Y (Lorry)		Contact No.		NIL
Hospital/Clinic	NIL		Class Driving Licence Expiry	9 :e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			NIL	
No. of Days grante	ed Medical Leave (MC) NIL	Degree of		NIL	The second second

Brief Details.

AS OF ABOVE DATE & TIME, I WAS DRIVING MY VEHICLE (SNR7475G) ALONG ANG MO KIO AVENUE 8 TOWARDS ANG MO KIO AVE 6 ON THE RIGHT LANE OF A 3 LANE ROAD. BEFORE ANG MO KIO CENTRAL 3, I WAS DRIVING PASS VEHICLE B (YN5410Y) WHICH WAS ON MY LEFT (MIDDLE LANE), SUDDENLY FILTERED INTO MY LANE WITHOUT WARNING, HITTING ONTO THE LEFT FRONT PORTION OF MY VEHICLE. AFTER THE ACCIDENT, MY VEHICLE WAS UNABLE TO MOVE. 2 OF MY PASSENGERS WERE CONVEYED TO KHOO TECK PUAT HOSPITAL. I AM FEELING DISCOMFORT ON MY RIGHT ARM, LEFT LEG & LOWER BACK AND WILL BE CONSULTING A DOCTOR







Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3 Report No. T/20241205/7010

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2024 09:56
Officer In Charge Of Case: TP / TPIB / MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476083	Classification Of Case:
NP168	

