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 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 First Submission 01/07/2024 10:43 (SGT) Reported by **Actual Driver** Date of Accident 28/06/2024 17:35 (SGT) Exact Location of Accident KPE, Singapore Additional Location Information Inside KPE Tunnel towards Tampines Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBA1054J**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Advance Hydraulics Pte Ltd Company Reg No 2XXXXX907E Email Address peterthong1979@gmail.com Mobile Phone No (Phone) +65-66127422 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant 150 Exact purpose for which vehicle was being used at time of

accident **Employment** Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2982

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7220089705-01

DRIVER

Name of Driver Thong Chee Soon Peter (Tang Zhishun) NRIC No SXXXX406E Date Of Birth 15/01/1979 Occupation Indoor

Driving Pass Date 16/03/2001 Driving experience 23 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-96372020 Alt. Phone Number Email Address peterthong1979@gmail.com Address Blk 309 Shunfu Road #08-193 Address complement Postcode 570309 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 Chain Collision Weather Conditions Drizzling 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? Yes 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? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Bishan Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005529999 Alt. Police Station Phone No (Fax) +65-65561905 Police Station Address 20 Bishan Street 23 Singapore 579757 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to Police Report No. T/20240629/2036. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SJK2395X

Honda

Shuttle

CACcident report SL0M24710003

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private hire

 Name of Driver
 Siti Salwa Binte Mohamed Ibrahim

 NRIC No
 SXXXX604F

 Contact Number

 Address

 Address complement

 Postcode

 Insurance Company Name

 Nature Of Damage

 Details of property damaged in accident

 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number **SLC9922Y** Vehicle Manufacturer Toyota Vehicle Model Sienta Vehicle Variant Vehicle Colour Vehicle Category Private hire Name of Driver Abdul Mutalib Bin Adam NRIC No SXXXX225Z 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 Thong Chee Soon Peter (Tang Zhishun) Gender Male Phone No (Phone) +65-93672020 Address Blk 309 Shunfu Road #08-193 Address Complement Post Code 570309 Approximate Age Years Old Injuries Sustained Pain on left side of back. Injured person in which vehicle? GBA1054J Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? Nο

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Oriwar.
- Information provided must be as <u>touthful and accurate as possible</u>. 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.
- Any false reporting may be referred to the Traffic Police Department for Investigation.
- 8. This report will be forwarded by the insurers to 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 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 daims including the settlement of the claims and any necessary investigations relating to the claims;

- (ii) investigating the socident 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 dains.

(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 GM to their third-party service providers or agents (including their lawyers/law fyres (including their lawyers/law fyres) be sited outside of Singapore, for one or more of the above Purposes.

Poscyholder's Signaturo / Date & Time 0 1 JUL 2024

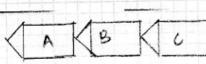
Oriver's Signature (if cityor is not the policyholder) / Dale 01 JUL 2024

Deborah Lai

Witnessed by Reporting Centre Personne (Name as in NRIC/ID card)

Sketch Plan

A: GBA 1054J B: SJK 2395X C: SLC 99>24



KPE TUNNEL

1

escribe Circumstance of the Accident								
							02/	
Please	reter to	police	Lebort	no. I	20240	0 24 3	036	

Declaration

are true in every respect. I/We declare the foregoing particular

Policyholder's Signature / Date & Time 0 1 JUL 2024

Driver's Signature (if driver is not the policyholder) / Date 0 1 JUL 2024

Witnessed by Reporting Centre Personnel (Name as in NRICAD cord)

Deborah Lai

2



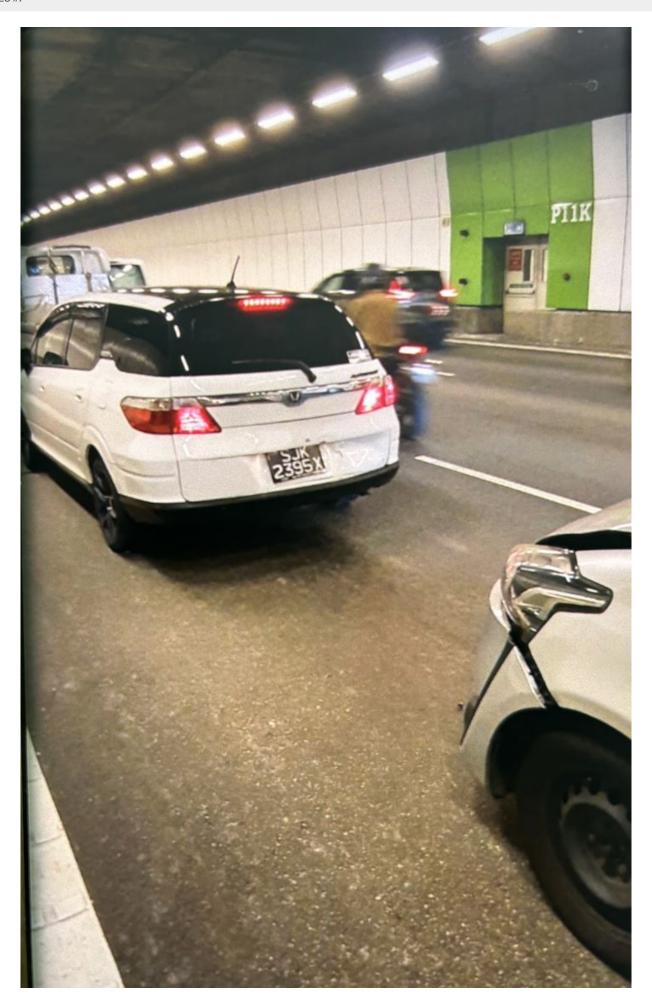


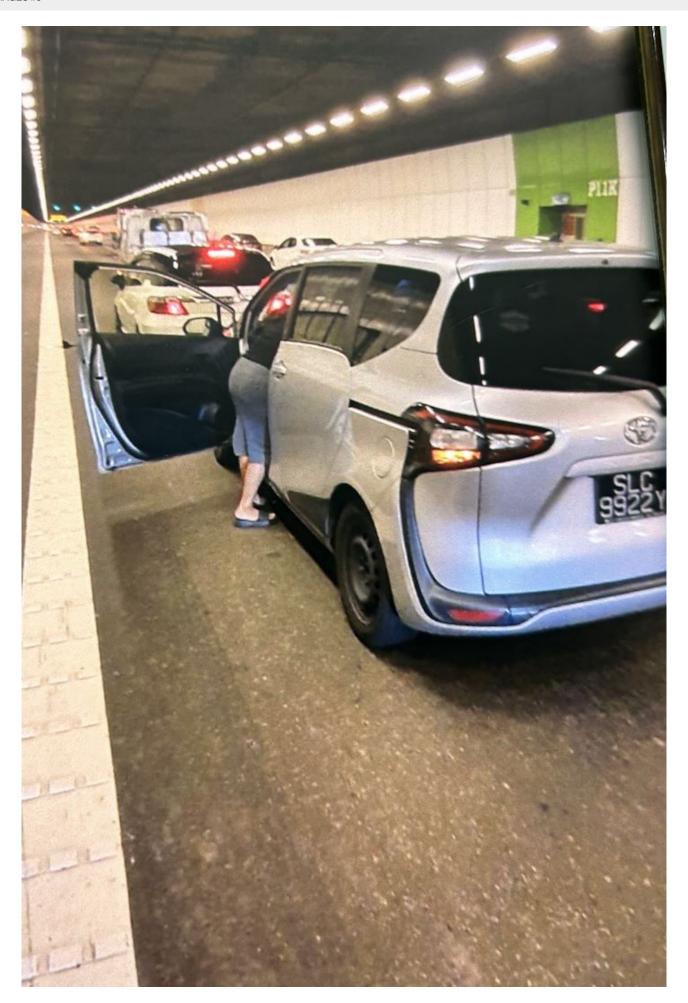












Police Station Of Origin: Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

1 of 4

Report No. T/20240629/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/06/2024 12:43		Vide Report No.:	Station Diary No.: 31			
Informa	nt's Partic	ulars	THE PERSON			
Name of Informant: THONG CHEE SOON PETER		Address: 309 SHUNFU ROAD #08-193 SINGAPORE 570309				
ID Type / ID No.: NRIC NO / S7900406E		Contact No.: Home/Office:	Mobile: 93672020			
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Age: Date of Birth: Male 45 15/01/1979		Type of Informant: Driver				
Race: Chinese			Language: English			
Occupation: Self Employed		Driving Licence Inform Class: 3	ation: Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/06/2024 17:35	Type of Location Straight Road
Location: KALLANG PA Weather: Drizzling	AYA LEBAR EXPRI	Road Surface:		
Traffic Flow: Traff		Traffic Control: Not Controlled		Fraffic Volume: Heavy
One way	Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by

Vehicle No.	Type	Make	(Madel	Color	Conditio	No of Passenger
GBA1054J	Motor car				Seriously Damaged	0
SJK2395X	Motor car				Seriously Damaged	0
SLC9922Y	Motor car				Seriously Damaged	



Report No. T/20240629/2036

Police Station Of Origin: Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

CONTINUATION OF REPORT

Details of Perso	n Involved	學學學學			第	
Any Pedestrian Ir	volved: No					
No. of Pedestrian	Use of Ped	destnan	Cross	ing: NA		
Driver			即覆塞其外类			
Name	THONG CHEE SOON	PETER		ID No.		S7900406E
Related Vehicle	GBA1054J (Motor car)		Contact No.		93672020
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge NIL			
	ed Medical Leave	NIL	Degree of			
Driver	Total Control	NAME OF THE OWNER, OWNE	No. of the last of the	用限的 研究	PASSE.	AND THE STREET, STREET,
Name	SITI SALWA BINTE MOHAMED IBRAHIM			ID No	- Company	S7715604F
Related Vehicle	SJK2395X (Motor car)			Contact No.		81361216
Hospital/Clinic	NIL .			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc			
No. of Days gran	7.11.00					
No. of Days gran Driver	TOU MICUION LOUVE	STANCE OF THE PARTY OF	CONTRACTOR OF THE PARTY OF THE	N. Carlot	MESSEN.	
Name	ABDUL MUTALIB BIN ADAM			ID No.		S1440225Z
Related Vehicle	SLC9922Y (Motor car)			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days granted Medical Leave NIL			Degree of NIL			

Brief Details.

On 28/06/2024 at about 1735hrs, I was driving my vehicle (GBA1054J) on the extreme left lane along KPE towards Tampines.

As the traffic ahead was heavy, I drove my vehicle in a slow speed. Subsequently, a vehicle (SJK2395X) collided onto the rear of my vehicle. I then got down from my vehicle and was informed by the driver that her vehicle was hit on the rear by another vehicle (SLC9922Y) which caused her vehicle to surge forward and hit onto my vehicle. She further informed me that her vehicle was in a stationary mode when the collision happened. I then exchanged particulars



T/20240629/2036

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 3 of 4 Report No. T/20240629/2036

CONTINUATION OF REPORT

from the drivers who were involved in the accident. Thereafter, I left the area as no one was injured at the point of time. I do not have any in-car camera.

On 29/06/2024, I felt pain on the left side of my back. As such, I went to see a doctor and was given 3 days MC. I am lodging this report for insurance and medical claims.





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 4 of 4 Report No. T/20240629/2036

CONTINUATION OF REPORT

Signature of Officer Recording The E /	Signature Of Informant:
SGT 3 PANG XIU KANG	- lo
Signature Of Interpreter: Not applicable	Date/Time: 29/06/2024 12:43
Officer In Charge Of Case: TP / AEIT / INSP (1) BOON YEN KIAN Contact No.: 65472079	Classification Of Case:
NP168	



CERTIFICATE OF INSURANCE

COMMERCIAL AUTO THIRD PARTY ONLY COMMERCIAL VEHICLE

Name of Policyholder : Advance Hydraulics Pte Ltd

Period of Insurance

: 12 Aug 2023 To 11 Aug 2024

Engine/Motor No.

: 1KD1582774

Chassis No. : JTFAT35Y803000409 Vehicle No.

: GBA1054J

Policy No.

: 7220089705-01

Endorsement No.

Issued Date

: 01 Aug 2023 17:01

ABOUT THE COVER

Make/Model

: TOYOTA DYNA 150 [Lorry]

Engine Capacity/Tonnage : 1.7 Tonnage Driver Restriction

Sum Insured: NA Off Peak Car : No First Year of Registration : 2007

Insuring with COE/PARF : NA

: NA Person or Classes of Persons Entitled to Drive*:

a) Any person who is driving on the Policyholder's order or with their permission.
b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

Age Condition

: All Age Condition

Limitation as to use* :

1) Use in connection with the Policyholder's business.
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tution, driving test, racing, pace-making, reliability trial or speed-testing; b) use whist drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; and c) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Section 2

Property Damage - \$0

Windscreen: NA

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

For Approved Reporting Centres, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from Apple App Store or Google Play Store.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the previsions of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0502263010

SAFE HARBOUR - PT(A)

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

BLK 208 HOUGANG ST 21 #04-207

SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Pusy Khee Goh