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 26/07/2024 18:07 (SGT) Reported by **Actual Driver** Date of Accident 25/07/2024 17:30 (SGT) Exact Location of Accident Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mitsubishi

Vehicle Registration Number XB9775T

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner NCK Transport Services Pte Ltd Company Reg No 201808760C Email Address docs@ncktpt.com Mobile Phone No (Phone) +65-63377668 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model FV51S 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? No - Reporting only Vehicle Category Commercial vehicle Transmission Auto CC Vehicle Fuel First Regisration Date Chassis no

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z23VC05019716

DRIVER

Name of Driver Lim Yee Choo NRIC No S1768231H Date Of Birth 02/11/1966 Occupation Outdoor Driving Pass Date 20/01/1993 Driving License Pass Class Driving License Validity Driving experience 31 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-96925223 Alt. Phone Number Email Address docs@ncktpt.com Address Blk 1, Marsiling Drive, #07-65 Address complement Postcode 730001 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 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 Was anybody injured in the Accident? No 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 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 If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to police report no.: T/20240726/7067. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE6151H
Vehicle Manufacturer	-
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)	-

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 Actual Driver.
- 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 Traffic Police Department for investigation.

- 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 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.

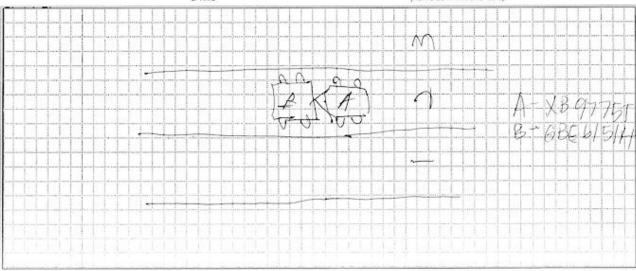


Policyholder's Signature / Date & Time

26-07-24

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

Witnessed by Reporting Gentre Personnel (Name as in NRIC/ID card)



Please note that you might be able to submit an Own Damage Claim under your own policy within 14 days. 1

() Claim Own Damage () Claim Third Party () Reporting Only () Claim OD/ TP at other workshop

escribe Circumstance of the Accid	ent Date:	Time: 17:30	Location: Woodlands Avel 2
Refer to Peli	ce report	17:30	0240f26/7067
/	,	/	
	116		
1. Was this statement tran	slated from anothe	er language?	
	provide the origin	al statement and th	e details of the translator below:-
** NOTE: Translated sta			
2 44 4 4 4			11
2. What is the original lang			Valence Comments
() English () Man	darin () Malay	() Tamil () Others:
2. Translator Information	(all information red	quired to be provide	ed)
Name of Translator:			
Translator ID:			
Translator Mobile No.: Translator Email:		th is	
Declaration			

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

Policyholder's Signature / Date & Time

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

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

















Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20240726/7067

REPORT (OF A TRAFFI					
Date/Time Report Made: 26/07/2024 13:53		Vide Report No.: Station Di				
Informan	t's Particular	s	Table to the last of the last			
Name of Informant: LIM YEE CHOO			Address: 1 MARSILING DRIVE #07-65 SINGAPORE 730001			
ID Type / ID No.: NRIC NO / S1768231H		Contact No.: Home/Office: Mobile: 96925223				
Nationality: SINGAPORE CITIZEN		Email: JACKLIM64@OUTLOOK.COM				
Sex: Age: Date of Birth: Male 57 02/11/1966		Type of Informant: Driver				
Race: Chinese		Language: English				
Occupation:		Driving Licence Information: Class: Date of Expiry:				

General Information	of the Accident	BIO OFFICE SHIP		
Type of Accident: Non-Injury Attended by Police		Drink Drive: Date/Time of Acc No 25/07/2024 17:30		Type of Location: Straight Road
Location:				
WOODLANDS AV	ENUE 12	Road Surface: Dry		
111111111111111111111111111111111111111		Traffic Control: Traffic Light - Working		ffic Volume: avy
Type of Collision: Between Moving Vehicles - Head To Rear				yone conveyed by bulance: s

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
GBE6151H	Lorry	MITSUBISHI	Canter	White	Seriously Damaged	0
XB9775T	Lorry	MITSUBISHI		White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
XB9775T	LONPAC INSURANCE BHD	Z23VC05019716	08/09/2023	07/09/2024



T/20240726/7067

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20240726/7067

CONTINUATION OF REPORT

Details of Person	nvolved		V		34.75	
Any Pedestrian In	volved: No					
No. of Pedestrians	Use of Ped	lestrian i	Crossin	g: NA		
Driver					- 101	
Name	LIM YEE CHOO			ID No	9	S1768231H
Related Vehicle	XB9775T (Lorry)			Conta	ct No.	96925223
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	narge	NIL		
No. of Days grante	ed Medical Leave (MC)	Degree of	Injury	NIL	140	
Driver		Marine S.				
Name	WANG XINGONG			ID No		G8352950X
Related Vehicle	NIL			Conta	ct No.	NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Class Drivin Licent Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	25/07/2024	Date Disc	harge	NIL		
No. of Days grant	ed Medical Leave (MC)	NIL	Degree of		NIL	

Brief Details.

On the 25/07/2024 at about 1730hs I was driving my vehicle towards gambas along woodlands ave 12.

I was driving 2nd lane when I was approaching the 2nd traffic light the traffic light turn to red, that's when i make a stop.

Subsequently when the traffic light turns green all the vehicle start to move off while all of the sudden the vehicle infront of me starts to slow down and that when my vehicle make contact with the vehicle infront of me.

I then make a check with the other driver and he informed that his back was in pain, subsequently i then called for ambulance for him.

He was then convey to hospital and traffic police was at scene with scdf.



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



3 of 3 Report No. T/20240726/7067

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; 26/07/2024 13:53
Officer In Charge Of Case: TP / TPIB / SITI NORHAFIDAH BINTE HANAFI Contact No.: 65476202	Classification Of Case:
This report is lodged at Woodlands East NPC Kiosk	1

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDENDOR
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	CM01124700004

Original Report No: SWC	0H247Q0001	Vehicle Registration No:	XB9775T
Name (as shown in NRIC): _	Lim Yee Choo	NRIC/FIN/Passport No:	SXXXX231H
(*Vehicle Driver/Vehicle O			
Address: Blk 1, Marsi	ling Drive, #07-65	20042	Singapore (73000
Contact (Tel): 969	25223	Mobile No.:	96925223
Email Address:docs@	ncktpt.com		
Date of Accident:25/0	07/2024	Time of Accident:	17:30
Place of Accident:Woo	odlands Ave 12		
Insurance Company:	Lonpac Insurance Bhd		
ADDITIONAL INFORMATIO	ON /AMENDMENTS:		
Attached police report			
Policyholder / Driver's Sign	X	Reporting Centre Per	29/07/2024
Date:	ature	Reporting Centre Per Name: NRIC/FIN No.: Date:	rsonner s signature

doce @ ncktpt.com.



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE, MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE), ROAD TRANSPORT ACT 1987 (MALAYSIA).

ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA). THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z23VC05019716

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MITSUBISHI FUSO FV51SS3VDEA

2. Name of Policy Holder

NCK TRANSPORT SERVICES PTE LTD

Effective Date of the Commencement of Insurance for the purpose of the Act

08/09/2023

07/09/2024

4. Date of Expiry of the Insurance

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/THEIR PERMISSION.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitations as to use USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES,
THE POLICY DOES NOT COVER:USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIALOR SPEED TESTING. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess

: \$\$ 2,000.00 (SECTION 1)
\$\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS
\$\$ 200.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

DWE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

Duck. CHIEF EXECUTIVE (Singapore Branch)

User ID: SHIRLIENGAI Date Issued: 22/08/2023

Certificate of Insurance - Page 1 of 1