SK0J246I0002 / K. KIM HIN AUTO PTE LTD ENTRY DATE & TIME: 18/06/2024 20:03 (SGT) SUBMITTED BY: Wong Kee Nyuk VERSION: 1 (18/06/2024 20:03 (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 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 18/06/2024 20:03 (SGT) Reported by **Actual Driver** Date of Accident 13/06/2024 17:30 (SGT) Exact Location of Accident Singapore Additional Location Information TRANSIT ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

2493

Vehicle Registration Number SKN1616M

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ALVIN LEONG TRANSPORT SERVICES Company Reg No 53355551E Email Address ANNLOO196@GMAIL.COM Mobile Phone No (Phone) +65-96159988 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Toyota Model Alphard 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 - Claiming third party Vehicle Category Private hire Transmission Auto

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5145707021

DRIVER

CC

Name of Driver **LEONG YIN FATT** NRIC No S1745057C Date Of Birth 02/07/1966 Occupation Outdoor

Driving Pass Date 27/03/1991 Driving experience 33 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-96159988 Alt. Phone Number Email Address ANNLOO196@GMAIL.COM Address BLK 635B TAMPINES NORTH DRIVE 2 #09-317 Address complement Postcode 522635 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 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 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN 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 21013MID

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour Vehicle Category	-
Name of Driver	Government LAW JUN HAO
NRIC No	T0423175E
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 Formmust be completed by the Policyholder and/or the Authorised Driver,
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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 aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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Sketch Plan

ALVIN LEONG TRANSPORT SERVICES Co Reg No 53355551E

Policyholder's Signature / Date & Time

116124-11.40AM

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

Witnessed by Reporting Centre

1. No:

Personnel

A-5KN 1616 M

B - 21013 MID

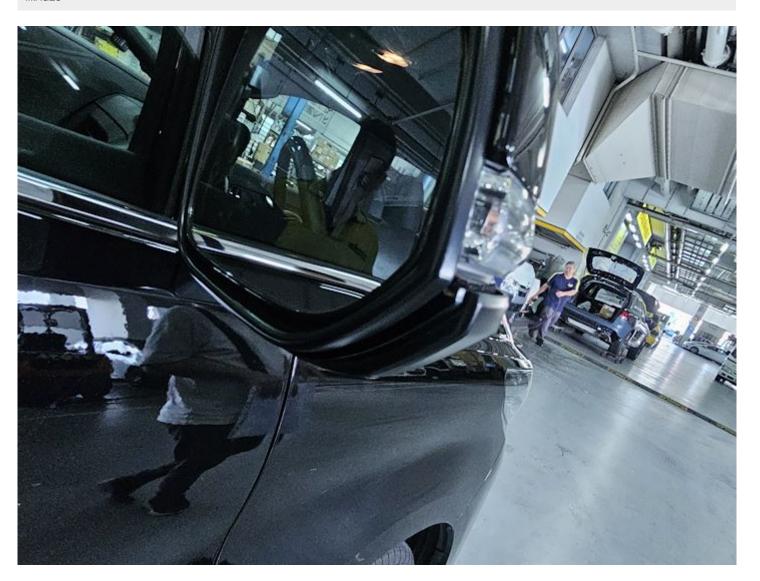
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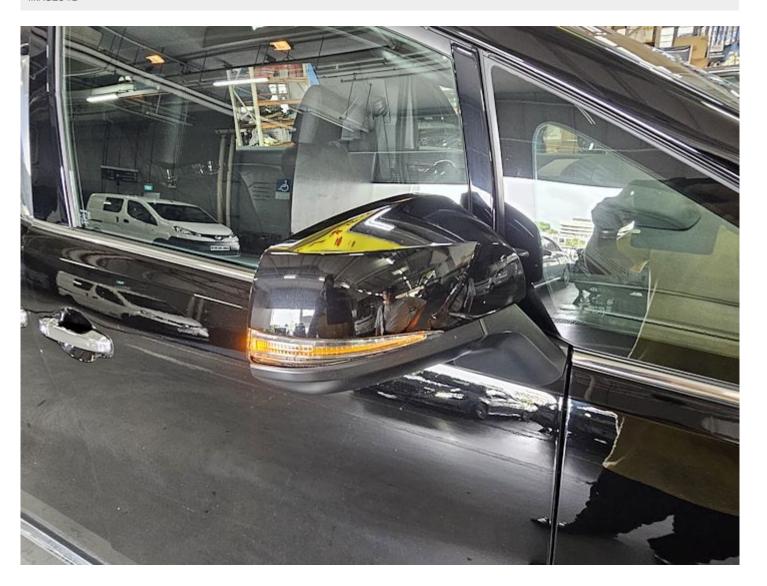
NO.

IN SAME

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Describe Circumstances of the	he Accident	
Refer to Police Rs	epost. Repost NO: 7/2024-061	3/7073
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Third rarky	claim @ other workshop	3 ,
		Service and the service of the servi
		dotaine da .
Declaration		/
I/We declare the foregoing particular: ALVIN LEONG TRANSPORT S Co Reg No: 53355	SERVICES 5551E	Tel. No. 1 (4527018) 171
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel



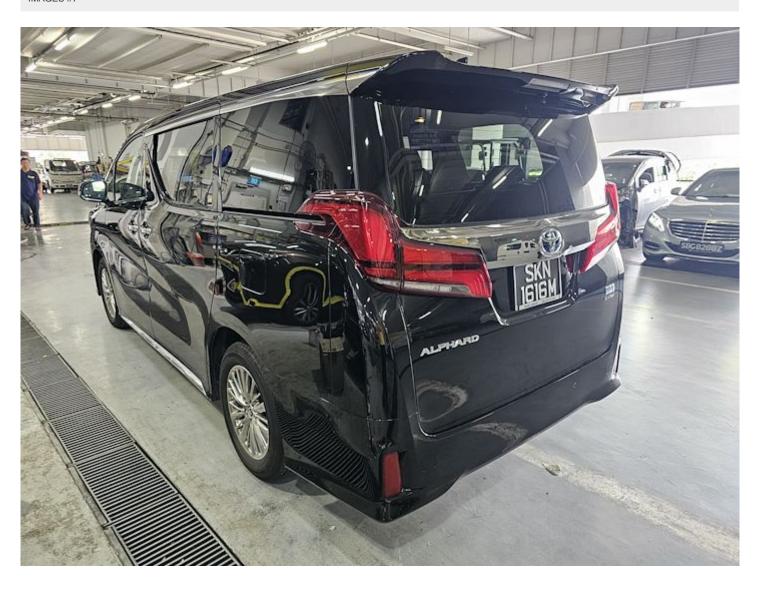


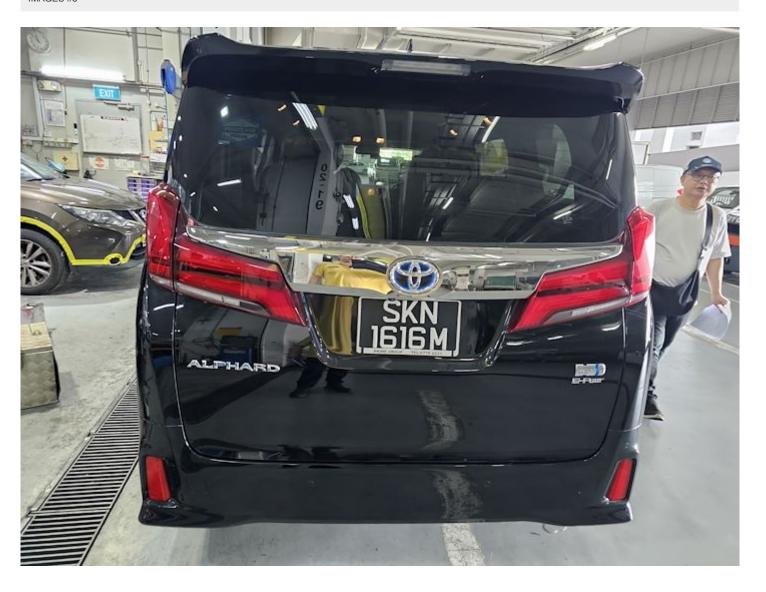






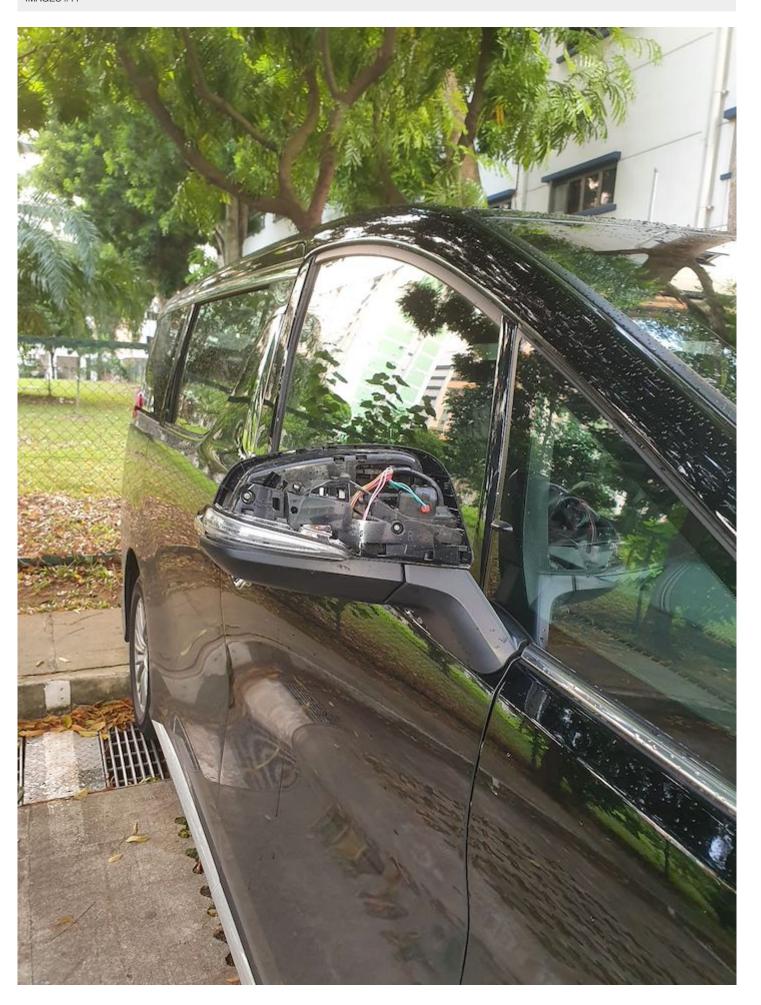


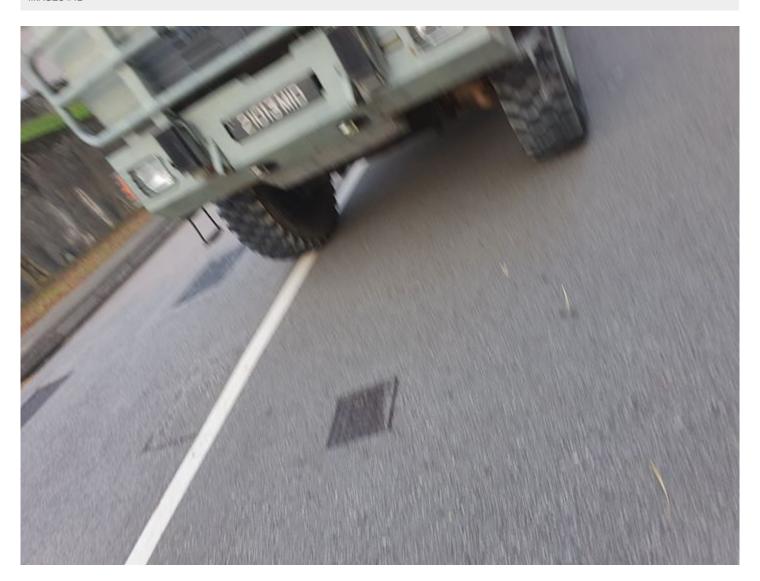


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20240613/7073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/06/2024 19:15		ade:	Vide Report No.:	Station Diary No.:	
Informan	t's Particular	8			
Name of Informant: Address: LEONG YIN FATT 635B TAMPINES NORTH DRIVE 2 #09-317 SINGAP		DRIVE 2 #09-317 SINGAPORE 522635			
ID Type / NRIC NC	/ ID No.:) / S1745057	7C	Contact No.: Home/Office:	Mobile: 96159988	
Nationali SINGAP	ty: ORE CITIZE	N	Email: ANNLOO196@GMAIL.COM		
Sex: Age: Date of Birth: Male 57 02/07/1966			Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information Class: 3	: Date of Expiry: 13/06/2024	

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident	Type of Location Straight Road
Location:			1	o wang in read
TRANSIT ROAD				
TO THOSE TOAD				
	<u> </u>			
2022		Road Surface:	X = 1 = 2 = X = 0 = 0	1
Clear		Road Surface: Dry		
Clear Traffic Flow:			I Tr	affic Volume
Weather: Clear Traffic Flow: Two Way		Dry	1	raffic Volume:
Clear Traffic Flow: Two Way Type of Collision:		Dry Traffic Control:	H	eavy
Clear Traffic Flow: Two Way Type of Collision:	ainst - Parked Vehicle	Dry Traffic Control:	H-	

ino of Passenge
No of Passenger
0
2

Vehicle No.	Insurance Company	Insurance No	Effective Date	C. C.
SKN1616M NTUC INCOME	5145707021	Effective Date 23/05/2024	Expiry Date	



RCE T/20240613/70

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20240613/7073

CONTINUATION OF REPORT

Details of Person I		10000252		en con	900000		
Any Pedestrian In							
No. of Pedestrians	Injured: NIL		Use of Ped	destrian Crossing: NA			
Driver							
Name	LEONG YIN FATT			ID No.		S1745057C	
Related Vehicle	SKN1616M (Motor car)			Contact No.		96159988	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: 13/06/2024	
Date Treatment	NIL Date Di			charge NIL			
	ed Medical Leave (MC) N	Degree of					
Passenger		55 70 11	STANSON INCOME.	W. THOMO	2.39/1	V. Zinchell für Gebrechte	
Name	Unknown Passenger			ID No.		NIL	
Related Vehicle	(ARMY TRUCK)		Contact No.		NIL		
Hospital/Clinic	NIL			Class Drivin Licens Expin	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Dis		Date Disch	scharge NIL		I	
		IL	Degree of				
Passenger	- mar in the state of the state			WEST FOR	sisteri-	PAWARES ESTABLISHED	
Name	Unknown Passenger			ID No.		NIL	
Related Vehicle	(ARMY TRUCK)		Contact No.		NIL		
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disch	narge	NIL		
				of Injury NIL			

Brief Details.

While waiting to turn right to the pick up point at Nee Soon Camp, my vehicle was stationary and queuing up along the side curb when an army truck was trying to squeeze between the vehicles. The Army Truck Plate is 21013 MID. When this army truck passed by my vehicle, I felt that my right side mirror was side swipe. When I came out to check, the cover for my side mirror was detached and damaged. I was unable to put it back to original condition. I approached the vehicle commander and talked about how to proceed with this incident. The vehicle commander went into the camp to parked his vehicle and came out with his major and encik 30 mins later to continue to talk. The vehicle commander refused to pay for the damages and told me to claim from Mindef.



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



3 of 3 Report No. T/20240613/7073

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: 13/06/2024 19:15
Officer In Charge Of Case: TP / AEIT / PHNG KAR SOON Contact No.: 65476030	Classification Of Case:
This report is lodged at Yishun North NPC Klosk 2 NP168	

