MSME18004454 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 09/01/2018 17:28 SUBMITTED BY: Chia Pei Ying

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 09/01/2018 17:35

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number EMail Address

- 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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 linsurers 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.

foresaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	09/01/2018 17:28
Date Of Accident	05/01/2018 13:50
Exact Location Of Accident	CTE TWDS SLE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP5798T
nsured/Policyholder	
Name Of Registered Owner	N GENERATION PTE LTD
Co Reg No	201 5 26438Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96318969
Vehicle Particulars	
Manufacturer	MITSUBISHI
leboM	CANTER
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	COMMERCIAL VEHICLE
nsurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V03506/VCV/R00
Cover Note Number	
Oriver The Control of	
Name of Driver	ONG KIAN TIONG
NRIC No	S1713406Z
Date Of Birth	15/02/1965
Occupation	INDOOR
Date Of Driving Pass	06/07/1987
Driving Experience	30 YEARS AND 5 MONTHS

MALE

NOEMAIL

(LOCAL) +65-96318969

Page 1 of 17

Address

BLK 686D CHOA CHU KANG CRESCENT #10-268

Postcode

684686

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES

NO

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 3

Passenger 1

NAME:

: AH ZIONG

GENDER:

: MALE

Passenger 2

NAME:

: AH HUI

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

Police Station Name

YES

CHOA CHU KANG NPC

Police Station Address

ROAD: 20 CHOA CHU KANG ST 52 #01-02, POSTCODE: 689286.

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT: T/20180105/2128

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBE5883K

Vehicle Make/Model/Colour

VEHICLE B

Details Of Properties Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBD6866J

Vehicle Make/Model/Colour

VEHICLE C

Details Of Properties Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

GBD4877R

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE D

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ONG KIAN TIONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

YP5798T

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1 Passe report correctly the details of the accident to apsed up the claims process
- I. This form must be completed by the Policyholder and/or the Authorisest Driver.
- 3. information provided must be as truthful and accurate as possible. Any willul marepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by to unance companies is not an admission of policy liability on the part of the insurance CONTRACTOR
- 5. Any later reporting may be reterred to the Folice for Investigation.
- 🕾 The report will be forwarded by the insure a of the GIA, Records Management Centra established by the General Insurence Association
- of Shuauvre (GIA) for grethiving and that copies of this report will for a fee be made available upon application by interested perties.
- 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 been made available aforesaid.
- 8. Consein under the Personal Data Protection Act (PDPA)

hardcraterid, acknowledge, agree and consent that

(ii) My insurer, my workshipp and the General Insurance Association of Singapore ("GIA") may/are-permitted to collect, use: discloseand a process my personal distalpersonal information set out in this florm) and any other personal information provided by me or powerest by my insurer (collectively the "Peragnal Information") and disclose and transfer such Personal Information to all insurer(s) who have neared values(s) involved in this anakterd (all insurence) who have insured vehicle(s) involved in this academ shall be collectively referred to as the "Insurers"); the insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant as we arrent agency/authoribit such as the police). For the purpose(s) of a

in processing, handling and/or dealing with nity claims including the settlement of the claims and any necessary investigations relating to the classic.

(ii) investigating the accident and/or my claims.

on carrying out antitor dealing with my histrictions or responding to any enquiries by me:

(w) administering my claims (including the maining of correspondence, statements, invoices, reports or notices to me, which could involve delivery of the same as well as on the external cover of envelopes mail packages); and/ar

(tv) complying with applicable law in administrating, proceeding, handling and/or dealing with my claims.

(collectively the "Purposes")

it) of bismet(s) who have insured yetfold(s) involved to this addition, and the Insurers' law yers flow fires, may/are benuticed to detect. use, disclose and/or process my Personal Information for one or more of the above Purposes, and

ict by Parsonal Information may/can be disclosed by any of the Insurers and/or CVA to their third gody secules providers or agents uncluding their law yers/law times to hich mey be sited outside of Singapore, for one or more of the above Purposes



Pala yhokiar's Signatura / Oate &

Time

> Northview Bizhub Singapore 768090

Drive was lacebook comingeness

brive www. 1426book.comm.go. & Tiremail: ngeneration888@gmail.com

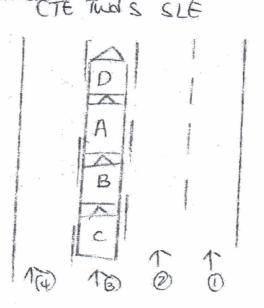
Witnessed by Reporting Centre

Sketch Plan

K

A) YPS798T B) GBES333K

c) 6806366J



Sketch Plan #2 Pg. 1

Refer to Po	no report 7/2 0/30/	01/2/26
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Sketch Plan #3 Pg. 1



T/20180105/2128

1 of 4

Report No. T/20180105/2128

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286

Tel No: 1800-7659999

REPORT	OF A TRAFFI	IC ACCIDENT		Charles and the second of the
Date/Time Report Made: 05/01/2018 19:26			Vide Report No	Station Diary No.: 105
Informa	int's Partic	ulars		The second secon
Name o	f Informant AN TIONG		Address: APT BLK 686D CHOA CHU K SINGAPORE 684686	(ANG CRESCENT #10-268
ID Type / ID No.: NRIC NO / S1713406Z			Contact No.: Home/Office:	Mobile 96318969
Nationa SINGAR	ore CITIZ	EN	Email:	
Sex: Male	Age: 52	Date of Birth: 15/02/1965	Type of Informant: Driver	Sahaal Name
Race: Chinese			Language	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3.4.5	Date of Expiry:

Type of Accident:	Attended by Police		Date/Time of Accident: 05/01/2018 13:50	Type of Location Expressway	
Location: Along Road 1 CENTRAL EX SELETAR EXI Weather:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Road Surface:		Road Speed Limit:	
		Dry			
The state of the s		Traffic Control: Not Controlled	antidati ya kifina da mahiyi mayari ugumina da makaya da maya ili ku u yu ji ku u yu ji ku u ku ku ku ku ku ku I	Traffic Volume: Moderate	
TO A CHARLES OF THE PARTY OF		NOT COURSIED			

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
GBD4877R	Lorry				Slightly Damaged	0
GBD6866J	Van		any mandra dia kalabananjing gayaranjing aga kalabanjing baharan		Seriously Damaged	0.
GBE5883K	Van				Seriously Damaged	1
YP5798T	Lorry				Seriously Damaged	2

Sketch Plan #4 Pg. 1



2 014

Report No T/20180105/2128

Police Station Of Origin. Choa Chu Kang N P C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

CONTINUATION OF REPORT

A Dodostnan in	volved No	edidi-mateinde	Use of Peo	estrian	Cross	ing NA
No of Pedestrian	s Injured: NIL	Desk breitig	USE OF TEL			
Drivet Name	Khairrudin Bin Basari	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ID No		S9227254J
Related Vehicle	GBD6866J (Van)			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Hospital/Clinic						
ragger (to a signal to a let the section of the property of the section of the se	Market and a second	- was to be a second of the se	Date Disc	ingin minimum strap	NIL	
Date Treatment	NIL ted Medical Leave	NIL	Degree of			
Driver	CO MICUICAL LOGIC	1000			FARRY	en e
Name	Vigneshvaran S/O Kailasam		ID No		\$8537968B	
Related Vehicle	GBE5883K (Van)		Conta	ct No.	NIL	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	anne de la constitución de la cons	Date Disc	narge	NIL	erreren saksakalikalisen (siin tisalaasen) koontaisikin eta tot alem saksakalikali na heriteritarjaan ya ta
	ed Medical Leave	NIL	Degree of	San	-	empelikteri i fejilati i Mengiskuski e kuskin direktiri erinada e imminden esin ida eri idabi pijeme
Driver						
Name	ONG KIAN TIONG			ID No),	S1713406Z
Related Vehicle	YP5798T (Lorry)		nada diki diki diki dikidalah sabil di dikida jelah disebuah sebagai sabil dikida dikida dikida dikida dikida d	Conta	act No.	96318969
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class Drivin Licen Expir	ng	Class: 3,4,5 Date of Expiry: NIL
Date Treatment		ann en gan, Mangarat pangkan ding an be	Date Disc	-		1/2018
lo, of Days grant	ed Medical Leave	04	Degree of			

Brief Details.

On 05/01/2018 at about 1350hrs, I was travelling along CTE towards SLE. Suddenly, the vehicle infront of me namely GBD4877R jam-braked his forry and I managed to jam-braked in time and did not knock onto him. However, The van behind of me namely GBE5883K could not jam-brake in time thus collided onto my rear and pushed me forward. There was a van behind GBE5883K namely GBD6866J collided onto GBE5883K. Soon after, TP and Ambulance arrived and I was conveyed to Tan Tock Seng Hospital as I was having chest pain.

I wish to state that I do not have in-car camera inside my lorry.

Sketch Plan #5 Pg. 1



Police Station Of Origin Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No. 1800-7659999



4.614

Report No. 1/20180105/2128

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report J / Sgt 2 CHUA KEE LENG	Signature Of Informant:	And the second s
Signature Of Interpreter: Not applicable	Date/Time: 05/01/2018 19:26	and the second s
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case	90 (49) ppi limoir muon mantanidade limo.
Authentication Stamp		