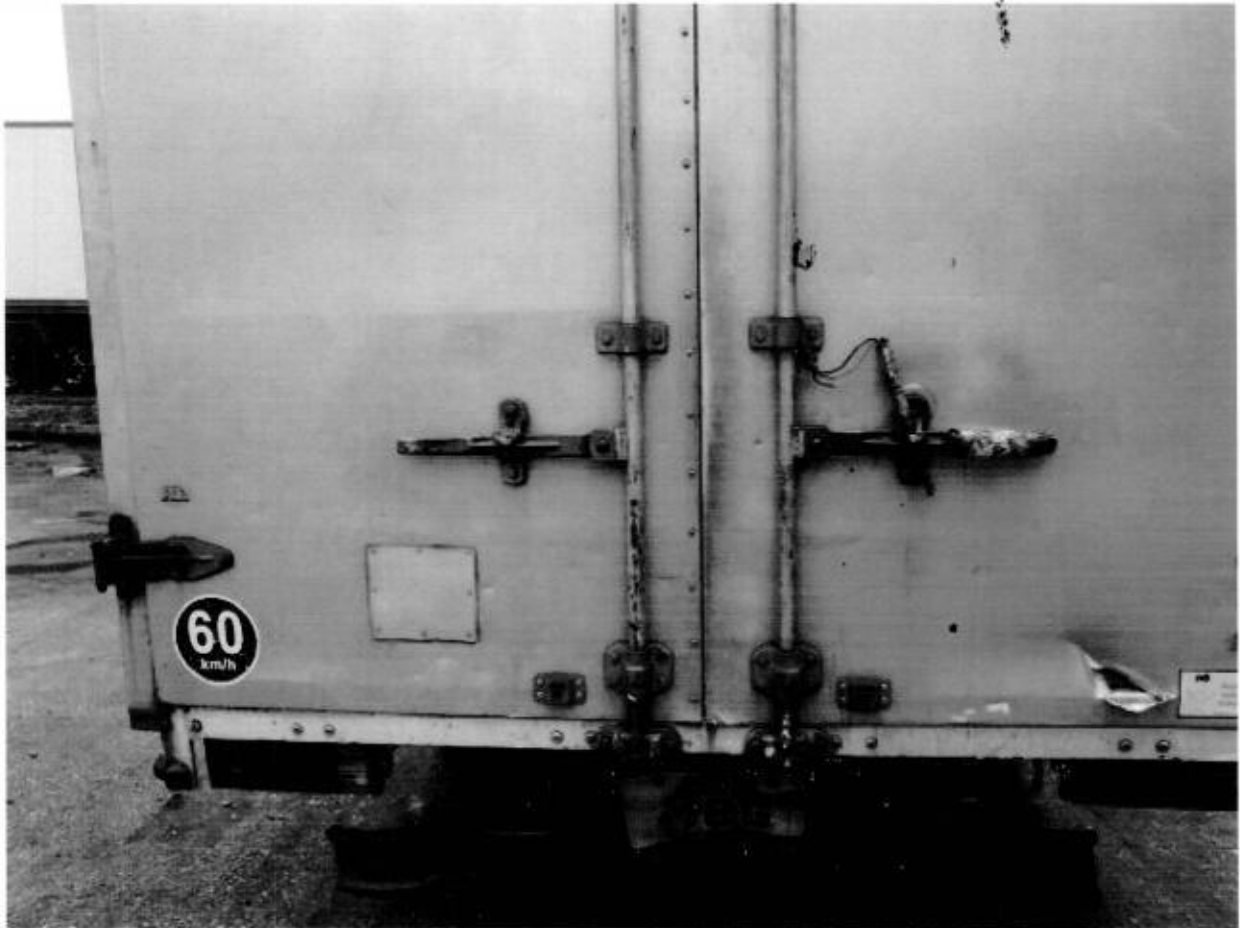
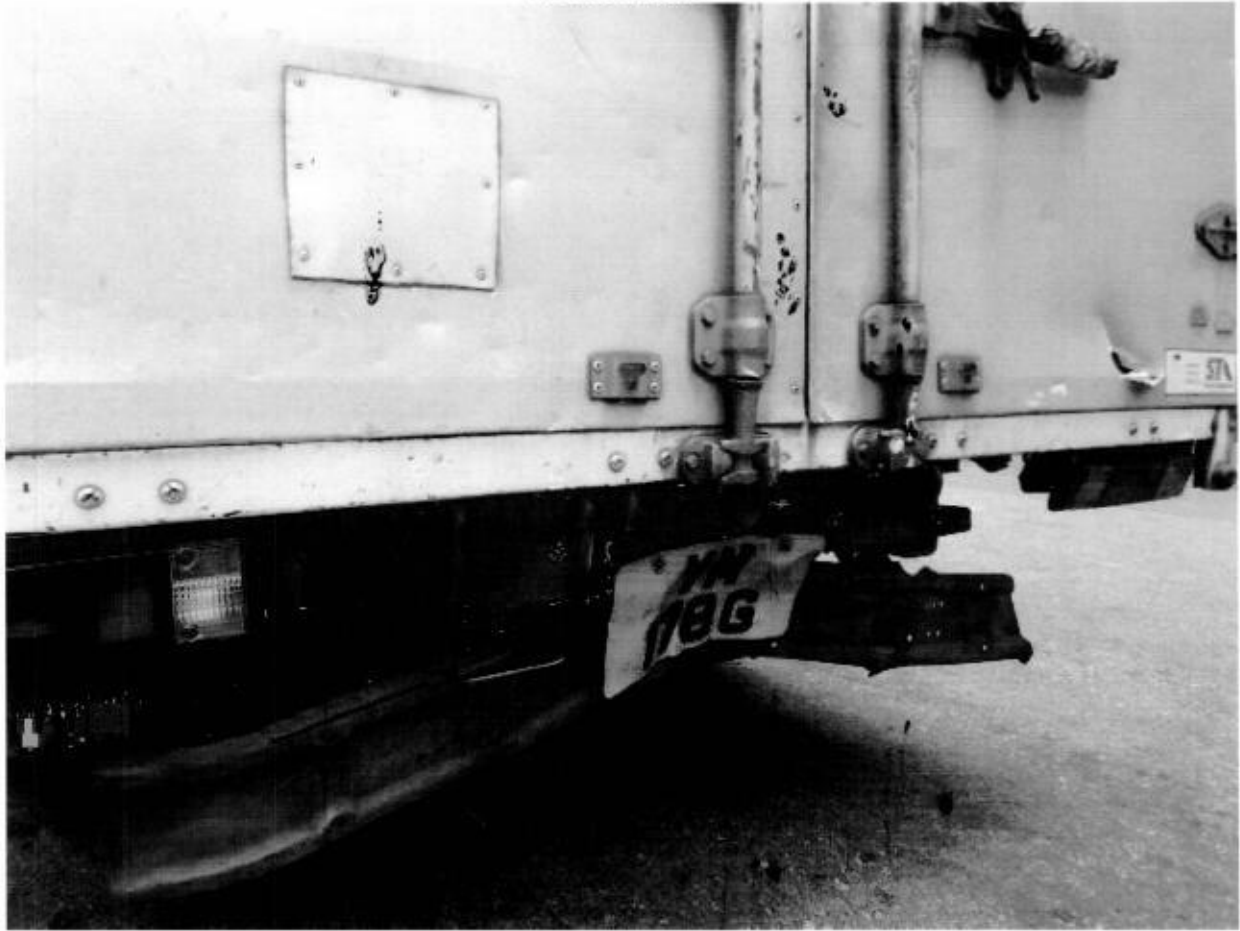


Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report

Police Station Of Origin
Toa Payoh N.P.C.
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999



T/20130417/4174

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Report No: T/20130417/4174

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/04/2013 20:22		Vide Report No.		Station Diary No. 103
Informant's Particulars				
Name of Informant: WONG THIA HENG		Address APT BLK 83 LORONG 2 TOA PAYOH #06-455 SINGAPORE 310083		
ID Type / ID No. NRIC NO: S7524468A		Contact No. Home/Office		Mobile/Pager: 93293301
Nationality SINGAPORE CITIZEN		Email		
Sex: Male	Age: 38	Date of Birth: 28/08/1975	Type of Informant: Driver	
Race: Chinese		Language: English		Institution / School Name:
Occupation: Driver		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive:	No	Date/Time of Accident:	17/04/2013 16:30	Type of Location:	Straight Road
Location: Along Road 1 Traveling Toward Road 2 ORCHARD ROAD NEWTON ROAD							
Weather: Clear		Road Surface: Dry		Road Speed Limit:			
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy			
Type of Collision: Between Moving Vehicles - Head To Rear						Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Color	Condition	No of Passenger	Insurance Company	Insurance No	Effective Date	Expiry Date
GZ9505G	Van		WHITE	Seriously Damaged	0				
XB3520B	Lorry		BLUE		0				
YM178G	Lorry	MITSUBI SHI	WHITE	Slightly Damaged	1				

Police Report

Police Station Of Origin:
Toa Payoh N.P.C.
93 Toa Payoh Central 401-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999



T/20130417/4174

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Report No: T/20130417/4174

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ISKANDARUDDIN BIN SHADDAT	ID No.	NIL
Related Vehicle	GZ9505G (Van)	Contact No.	94754779
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	SIM TECK GUAN	ID No.	NIL
Related Vehicle	XB3520B (Lorry)	Contact No.	98379735
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	WONG THIA HENG	ID No.	S7524468A
Related Vehicle	YM178G (Lorry)	Contact No.	93293301
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details

Vide Incident: E/20130417/0158
IO In-Charge: IO Tommi (Traffic Police)

On 17/04/2013 at about 4.30pm, I was driving my lorry (YM178G) along Orchard Road along the third lane. There is a total of 4 lanes on that road. At the point of time, my vehicle was at stationary position as the Traffic Light was 'RED'.

Inside the vehicle, I was having a chat with my friend, namely Clement Sim. While the both of us are talking, suddenly we felt a bang, coming from the back of our vehicle. At the same time, my vehicle had inch forward a little. Subsequently, both my friend and I came out of our vehicle to make a check.

Police Report

Police Station Of Origin:
Toa Payoh N.P.C.
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319192
Tel No: 1800-2519999



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Report No: T/20130417/4174

CONTINUATION OF REPORT

We then realized, there was a White colour van (GZ9505G), who had actually knocked onto my vehicle. Both my friend and I then proceed to make a check on the driver to see if he is alright. Subsequently, the driver also came out and he told me that earlier, there was another lorry (XB3520B), which had banged onto his rear vehicle, causing his van to hit my lorry.

All of us then realized that the lorry which had banged the vehicle behind me, was in a position where his left front tyre is already up the pavement on the left side, near to the traffic light. Awhile later, Traffic Police officer came to the incident location, interviewed all of us and had advised all of us to proceed down to the nearest Police Centre to lodge a Traffic Accident Report.

I had also earlier made a check on my vehicle. I discovered that my lorry's rear bumper had dent inside. The rear door of my lorry also have one small hole, caused by the accident.

This is the first time such incident had happened.

Authentication Stamp

Police Report

Police Station Of Origin
Toa Payoh N.P.C.
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No. 1800-2519999



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Report No. T/20130417/4174

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: 
E /
MUHAMMAD SYAHID BIN MOHAMED RAMLI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP
Contact No:

Authentication Stamp:
NP108

Signature Of Informant: 

Date:
17/04/2013 20:22

Classification Of Case:

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 Authorised Driver.
3. 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 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 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 Report 24/04/2013 15:57
Date Of Accident 17/04/2013 15:50
Exact Location Of Accident ALONG PATERSON ROAD

DETAILS OF OWN VEHICLE

Vehicle Registration Number XB3520B
Insured/Policyholder
Name Of Registered Owner THAIM AIK HARDWARE & MACHINERY CO PTE LTD
Co Reg No 198001046K

Vehicle Particulars

Manufacturer MITSUBISHI
Model FUSO FV418P
Exact Purpose for which vehicle was being used at time of accident COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle? No
If No, Please state action to be taken Reporting Only
Vehicle Category Commercial Vehicle

Insurance Company

Name of Insurance Company AXA Insurance Singapore Pte Ltd
Type Of Coverage Third Party
Fleet Policy No
Policy Number VCB/P0973077
Cover Note Number

Driver

Name of Driver SIM TECK GUAN
NRIC No S1448576G
Date Of Birth 30/05/1960
Occupation Outdoor
Date Of Driving Pass 24/09/1981
Driving Experience 31 Years And 6 Months
Gender Male
Mobile Number (Local) +65-98379735
Fax Number
Contact Number
EMail Address SALES@THIAMAIK.COM.SG
Address BLK 353C ADMIRALTY DRIVE #12-268
Postcode 753353
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 Collision- Chain Collision
Weather Conditions Clear
Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
Was any body injured in the Accident? No
Was any other material or property damaged? Yes
Was there any video captured by Car Camera? No

Details of Police Action

Was the accident reported to the police? Yes
If Yes, Please state which Police Station
Police Station Name Kampong Ubi Neighbourhood Police Post
Police Station Address ROAD: Blk 9 Eunos Crescent #01-2687, POSTCODE: 400009, COUNTRY: Singapore
Police Station Contact TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given? No
If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT. CURRENTLY NO PHOTOS AVAILABLE AS VEHICLE IS AT WORKSHOP REPAIRING THE BRAKE BEFORE CAN BE DRIVEN.

Are accident photos available for attachment? Not available due to circumstances of accident

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GZ9505G
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YM178G
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repeal 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 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.
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.

Reporting Unit

As per Attached

As per police Report.

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 & Time

Witnessed by Reporting Centre
Personnel