

SL0322470004 / Lai Huat (Meng Kee) Motor Pte Ltd
 ENTRY DATE & TIME: -
 SUBMITTED BY: [To Be Confirmed]
 VERSION: 1 (07/04/2022 15:59 (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 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 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. 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 Submission	-
Date of Accident	06/04/2022 18:30 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3191B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	FRIENDLY VEGETARIAN FOOD SUPPLIER
Company Reg No	3XXXXXXXkdbb
Email Address	yongong@hotmail.sg
Mobile Phone No	(Phone) +65-97626936
Alternative Phone No	+65-97626936

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2500

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z21VC05007843
Cover Note Number	-

DRIVER

Name of Driver	Mohamed Akmal Bin Hassan
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(Draft)

Name of Driver	Begona Hualde Bilbao
NRIC No	SXXXX817H
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Mohamed Nazir Bin Ismail
Gender	Male
Phone No	(Phone) +65-82827469
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBG3191B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	Begona Hualde Bilbao
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMN5892G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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.
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' 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.

Policyholder's Signature / Date & Time

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

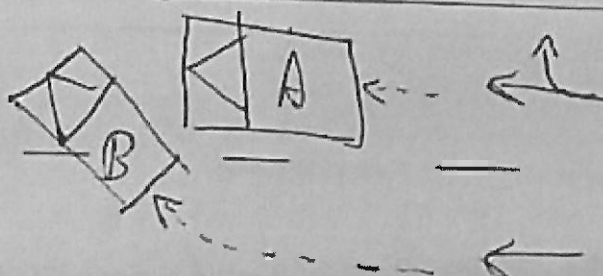
Witnessed by Reporting Centre Personnel

Angie Soh

Sketch Plan

07 APR 2022

07 APR 2022



A GB6 3191 B

B SMN 5892 C



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 No. T/20220407/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/04/2022 00:05	Video Report No. D/20220406/0070	Station Diary No.: 1
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Informant's Particulars

Name of Informant: MOHAMED NAZIR BIN ISMAIL		Address: APT BLK 115 TECK WHYE LANE #02-706 SINGAPORE 680115	
ID Type / ID No.: NRIC NO / S7117186H		Contact No.: Home/Office: Mobile: 82827469	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 50	Date of Birth: 31/05/1971	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: DELIVERY DRIVER		Driving Licence Information: Class 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/04/2022 18:30	Type of Location: Straight Road
Location: BUKIT TIMAH ROAD				
Lamp Post Number: 220F				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG3191B	Van				Seriously Damaged	0
SMN5892G	Car				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220407/2001

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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 No. T/20220407/2001

CONTINUATION OF REPORT

Driver			
Name	MOHAMED NAZIR BIN ISMAIL	ID No.	S7117186H
Related Vehicle	GBG3191B (Van)	Contact No.	82827469
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	NIL	Degree of Injury	Slight
Name		BEGONA HUALDE BILBAO	
Related Vehicle		SMN5892G (Car)	
Hospital/Clinic		NIL	
		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: 18/10/2021
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 06/04/2022 at around 1830hrs, I was driving my vehicle(GBG3191B) on Lane 1 along Bukit Timah Rd. There were 3 lanes along that road and only lane 1 is able to turn right into swiss club rd however a vehicle (SMN5892G) turn right wanting to turn into swiss club rd from lane 2. I could not stop in time and collided into that vehicle (SMN5892G).

After the accident, the other party require ambulance so I called and police was at scene too. Ambulance checked on her injury and she was not conveyed. Case card was given by TP: D/20220406/0070 under IO Ken, 65476423.

I am lodging this report for a record purpose.



SINGAPORE
POLICE FORCE



T/20220407/2001

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

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Report No. T/20220407/2001

CONTINUATION OF REPORT

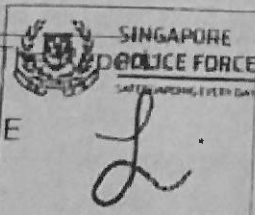
Sketch Plan

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 certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording

SGT 2 ZENG JIE MIN, JASMINE



Signature Of Informant:

Signature Of Interpreter:
If applicable

SIGNATURE
Date/Time:

07/04/2022 00:05

Officer In Charge Of Case:

SGT /
OFF SGT MOHAMED SUFIAN BIN
MOHAMED JUNID
Contact No.: 65476247

Classification Of Case: