		ASSIGNMEN'	Tara I	
From: Dat	e:	Veh No:	Sm? 63	76 Myr Regn: 2020, Oct
Estimated Cost:				/ Lorry / Taxi / Prime Mover /
DD / TP/WS/TP RES/OD RES/EVA/	INV / MV	Truck	(/ Trailer or	
o Inspect Vehicle No:		Make:	Nise	Sereng C.C 1198
at Workshop m/s		Colour	GMA	A/C: Insured / Std / NI / NA
of		Sp.Reading	43989	T/Radio: Insured / Std / NI / NA
nsured		Eng/No:	42707.	
Policy No.		C/No:	THIER	AC272000894
			Good/Fair/Poor/B	
Claims No.	20001		order / Jammed / Lea	
	cess:		order / Jammed / Lea	
(Client's Record) Make of Veh:			order / Sammed / Lea	
viane Oi veit.		Tyre Size:		155R6
(Dalias Condition)		Tyle Size.		155R16.
(Policy Condition) Remark The veh had commenced its	N/S	O/S BS / DIÍN /		LIZA MIC OHTSU / PIR / SUMI /
repair at the time of inspection		TOYO / Y		LIZA WITC DATISO / FILC / SOWII /
			JRO 01	Door
Bal. or Market Value:	tent? : Yes or No	<u>Front</u> R/Bal.	06 mm	Rear R/Bal. 66 mm
	tent?: Yes or No	L/Bal.	06 mm	L/Bal. 06 mm
	Res.: Yes or No	D.O.A.	- 11111	D.O.I. 12/07/22
	Val.: Yes or No	'Survey hel	d at H) Perfect
Luiii Suii.	, , , , , , , , , , , , , , , , , , , ,	- 1	A	O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS	\/ahiala:	IN / OUT	mages, I'll I iteal	Old I May I Old I Moditob of
Date: Person Contacted			C / Chassis frame /	Body Structure affected due to collision.
Date / Time Action / Instruction				
19 LonPac				
				,
mv:			ordinate Standardon	Contractor and Contractor and
Nett:		-		NUMBER OF STREET
1,4611;				De Licensia di astroidiche micas uso
(Proceeding)			*	
Date/Time, File Pass to? : Preli. 1	Report	Days Of F	lepair:	(panigapana) haka saparah
	Report	Resurvey	No. of Trip:	Survey Fee:
Date/Time, File Return to?		-		Transportation:
2)	A		erview (\$)8+RS\$I

SA1822790002 / Abwin Service Pte Ltd ENTRY DATE & TIME: 09/07/2022 10:39 (SGT) SUBMITTED BY: Gerine Cheng VERSION: 1 (09/07/2022 10:39 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding of material facts may allow insurance companies to repudiate policy liability.
- 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 09/07/2022 10:39 (SGT) Reported by Date of Accident 08/07/2022 07:30 (SGT) **Exact Location of Accident** Pioneer Rd & Tuas Rd, Singapore Additional Location Information

DETAILS OF OWN VEHICLE

Singapore

No - Claiming third party

Vehicle Registration Number SMP6376M

INSURED/POLICYHOLDER

Country/State of Loss

Is company? No Name Of Registered Owner HENG ZHI WEI NRIC No. SXXXX948J **Email Address** HENGZHIWEI1990@GMAIL.COM Mobile Phone No (Phone) +65-97220005 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Serena Variant Exact purpose for which vehicle was being used at time of

Private use

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Private car Transmission Auto CC 1200

INSURANCE COMPANY

Name of Insurance Company HL Assurance Pte Ltd Policy Number / Cover Note Number MP320198

DRIVER

HENG ZHI WEI Name of Driver SXXXX948J NRIC No Date Of Birth 17/09/1990 Occupation Indoor

Date Of Driving Pass 16/09/2011 Driving experience 10 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-97220005 Alt. Phone Number Email Address HENGZHIWEI1990@GMAIL.COM Address 503 SEMBAWANG ROAD Address complement 04-29 Postcode 757707 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 DRIZZLING Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 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

PASSENGER 1

Name HENG HONG KAI Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Traffic Police

(Phone) +65-65470000

(Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

If yes, against whom?

-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

SD CARD WITH TP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YN1562T 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)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person HENG ZHI WEI Gender Male Phone No (Phone) +65-97220005 Address 503 SEMBAWANG ROAD Address Complement 04-29 Post Code 757707 Approximate Age Years Old 31 Injuries Sustained 3 DAYS MC Injured person in which vehicle? SMP6376M Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person HENG HONG KAI Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained 3 DAYS MC Injured person in which vehicle? SMP6376M Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? Yes

WILL I WILL LAW

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 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/faw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyhoider's Signature / Date & Time

Dover's Signa ure (4 driver is not the policyholder) / Date

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

Sketch Plan

A = SMP 6.3 Tem

B = YN 1562 T

Pioneer Goed to oracle

Tuna Road

and the Classic state on a fifth a Anni deed	
escribe Circumstance of the Accident	
/	
/	
Refer to Police Report	
Police Report No.: 1/20220=	108/7023

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





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

1 of 3 Report No. T/20220708/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2022 14:54		Vide Report No.: E/20220708/0044	Station Diary No.:		
Informa	nt's Partic	ulars			
Name of Informant: HENG ZHI WEI		Address: 503 SEMBAWANG ROAD #04-29 SINGAPORE 757707			
ID Type NRIC NO	/ ID No.: D / S90329	48J	Contact No.: Home/Office:	Mobile: 97220005	
Nationality: SINGAPORE CITIZEN		Email: HENGZHIWEI1990@GMAIL.COM			
Sex: Age: Date of Birth: Male 31 17/09/1990		Type of Informant: Driver			
Race: Chinese		Language: English	Institution / School Name:		
Occupation: Equity analyst		Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/07/2022 07:	Type of Location X-Junction
Location:				
PIONEER RO	DAD			
Weather:		Road Surface:		Road Speed Limit:
		Road Surface: Wet		Road Speed Limit 60 Km/h
Weather: Drizzling Traffic Flow:				The state of the s
Drizzling	e Way	Wet	orking	60 Km/h

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMP6376M	Car	NISSAN	SERENA 1.2L HIGHWAY STAR PREMIUM E -POWER	Grey		0
YN1562T	Lorry	TOYOTA	DYNA			0





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

2 of 3 Report No. T/20220708/7023

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP6376M	HL ASSURANCE PTE. LTD	MP320198	11/05/2022	27/04/2023

Details of Perso	on Involved	58503	MREEC STAN			
Any Pedestrian I	nvolved: No	***************************************				
No. of Pedestria	ns Injured: NIL		Use of Po	Use of Pedestrian Crossing: NA		
Passenger						
Name	HENG HONG KAI			ID No.	T2137629E	
Related Vehicle	SMP6376M (Car)			Contact N	o. 97220005	
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	08/07/2022		Date	08/	07/2022	
No. of Days gran	ted Medical Leave	03	Degree o	of Slig	ght	
Driver						
Name	HENG ZHI WEI			ID No.	S9032948J	
Related Vehicle	SMP6376M (Car)			Contact N	o. 97220005	
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	08/07/2022		Date	08/	07/2022	
No. of Days grant	ted Medical Leave	03	Degree o	of Slic	iht	

Brief Details.

On 08/07/2022, at around 7.30am, i was driving on Pioneer Road on vehicle SMP6376M heading towards Tuas Road. I'm travelling at Lane 4 (Turning towards PIE).

In the car, there is only myself and my 7 months old infant (HENG HONG KAI, T2137629E)

The traffic ahead of me came to a rest and I stopped. The lorry YN1562T slowed down but did not stop and continued moving forward, resulting in the front to rear collision.

At the point of collision, my vehicle was stationery and in lane.

I have video of the accident and the memory card of my dashcam has been passed over to the traffic police officer who attended to the accident (IO Faiz).



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



Report No. T/20220708/7023

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Signature Of Informant: Not applicable The identity of the person making this report has been authenticated by Singpass. No signature is required. Signature Of Interpreter: Date/Time: Not applicable 08/07/2022 14:54 Officer In Charge Of Case: Classification Of Case: TP / TPIB / MUHAMMAD SYARIFUDDIN MUHAMMAD **AJMAIN** Contact No.: 65476367 NP168