SA1C227L0003 / AH LIM MOTOR COMPANY (MAIN)
ENTRY DATE & TIME: 21/07/2022 17:03 (SGT)
SUBMITTED BY: ZILA
VERSION: 1 (21/07/2022 17:03 (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 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.
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	21/07/2022 17:03 (SGT)
Reported by	Driver
Date of Accident	21/07/2022 09:40 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC4177B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NEO AIK SENG
NRIC No	S0197788A
Email Address	TRUENO13_954@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97974000
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Apv
Variant	APV 7-SEATER 1.6 5DR GLX AT ABS D/AIRBAG
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1590

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10424965R01

DRIVER

Name of Driver	NEO SAY HIAN
NRIC No	S8510264H
Date Of Birth	31/03/1985
Occupation	Indoor

Date Of Driving Pass	26/09/2003
Driving experience	18 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98530720
Alt. Phone Number	-
Email Address	TRUENO13_954@HOTMAIL.COM
Address	73 PUNGGOL CTRL
Address complement	#10-63
Postcode	828756
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
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	NEO AIK SENG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon North Neighbourhood Police Post
Police Station Address	Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN4452H

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XE7188K
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	XE1571J
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SHC5899E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	NEO SAY HIAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	DIZZY & BODY UNWELL
Injured person in which vehicle?	SKC4177B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	UNKNOWN DRIVER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY UNWELL
Injured person in which vehicle?	XE7188K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	UNKNOWN DRIVER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	XE1571J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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7. By the lodgment 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/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Zila Ah Lim Motor Company Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

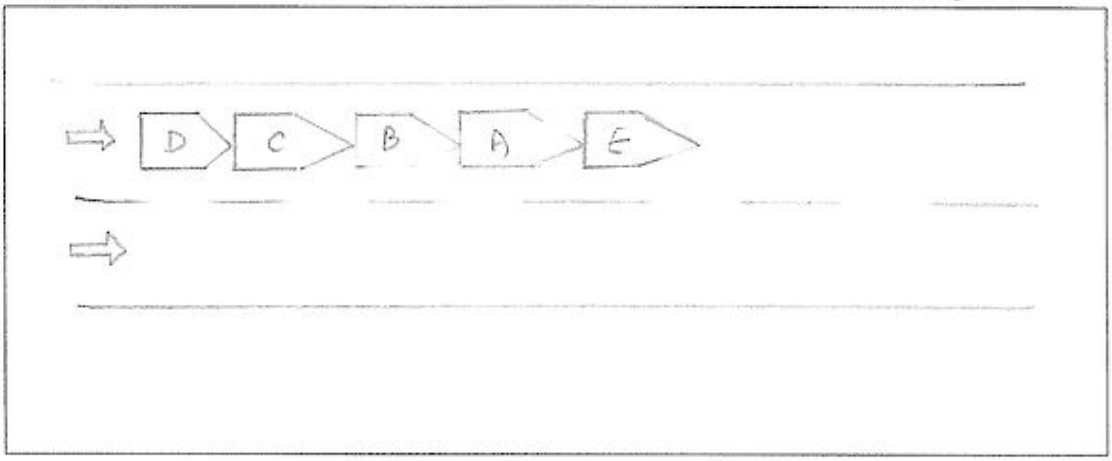
COMPLETED 21 JUL 2022

Date of accident: 21/7/22 Time: 0940 Location: BKE

My Vehicle A: SKC4197B Vehicle B: YH4452H Vehicle C: XE7199K

D: XE1517J E: SHC5896E

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report.

☐ Claim OD/TP at Ah Lim Motor ☑ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :
My workshop :
Email address :
& myself :
Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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:

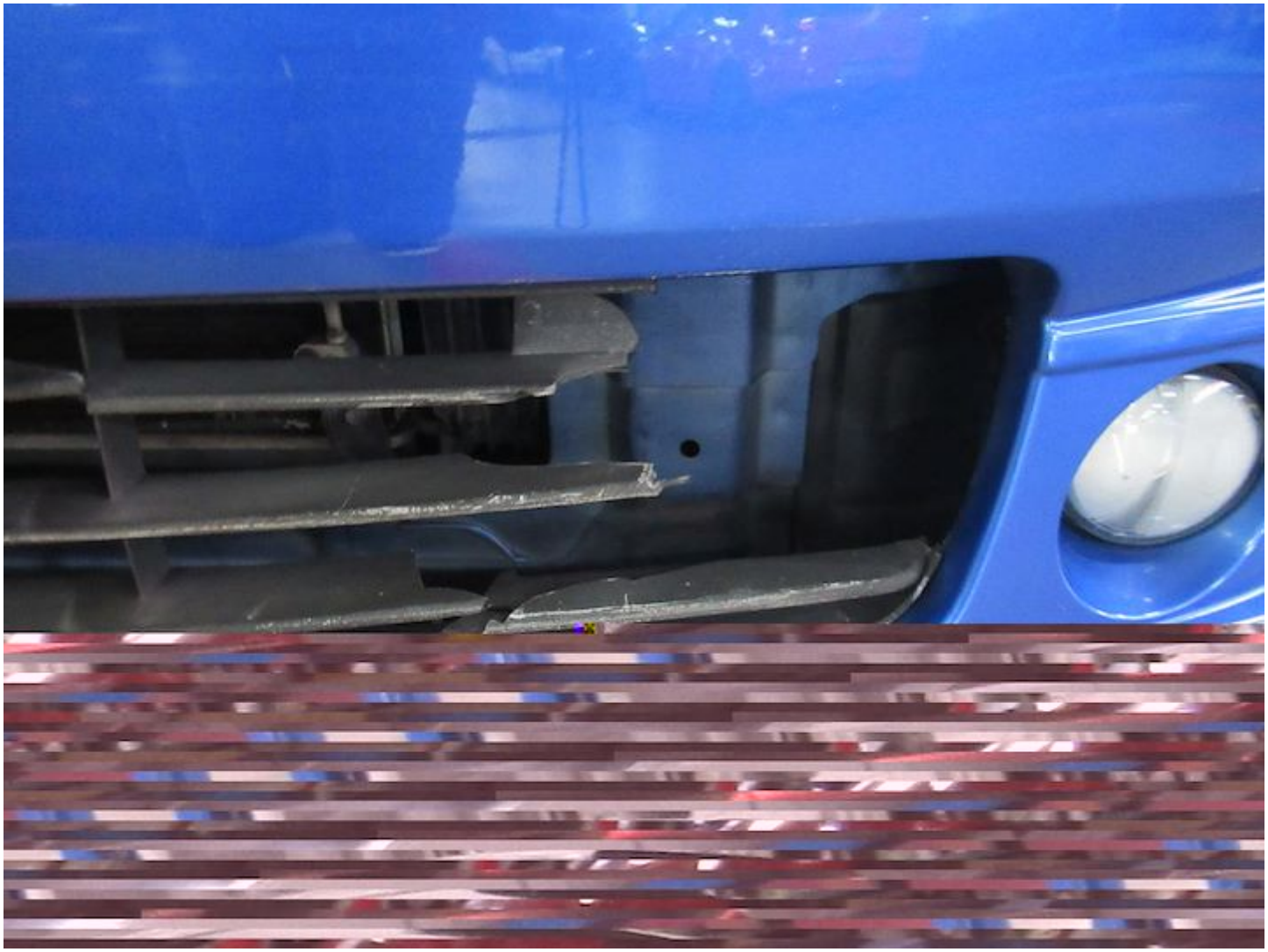
Zila
Ah Lim Motor Company

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

COMPLETED 21 JUL 2022 AH LIM MOTOR COMPANY

IMAGES

IMAGES #2



IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

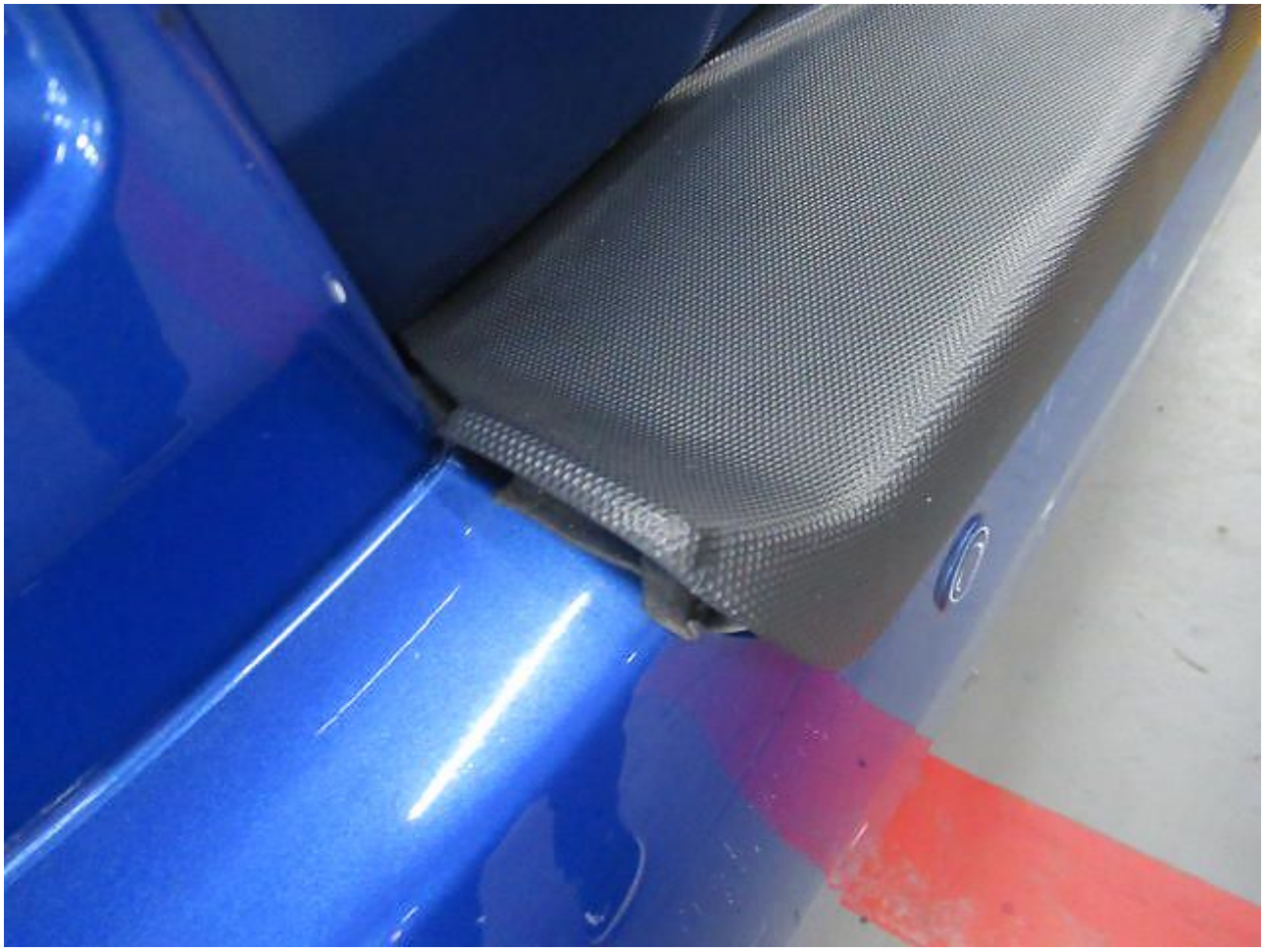
IMAGES #11

IMAGES #12

IMAGES #13

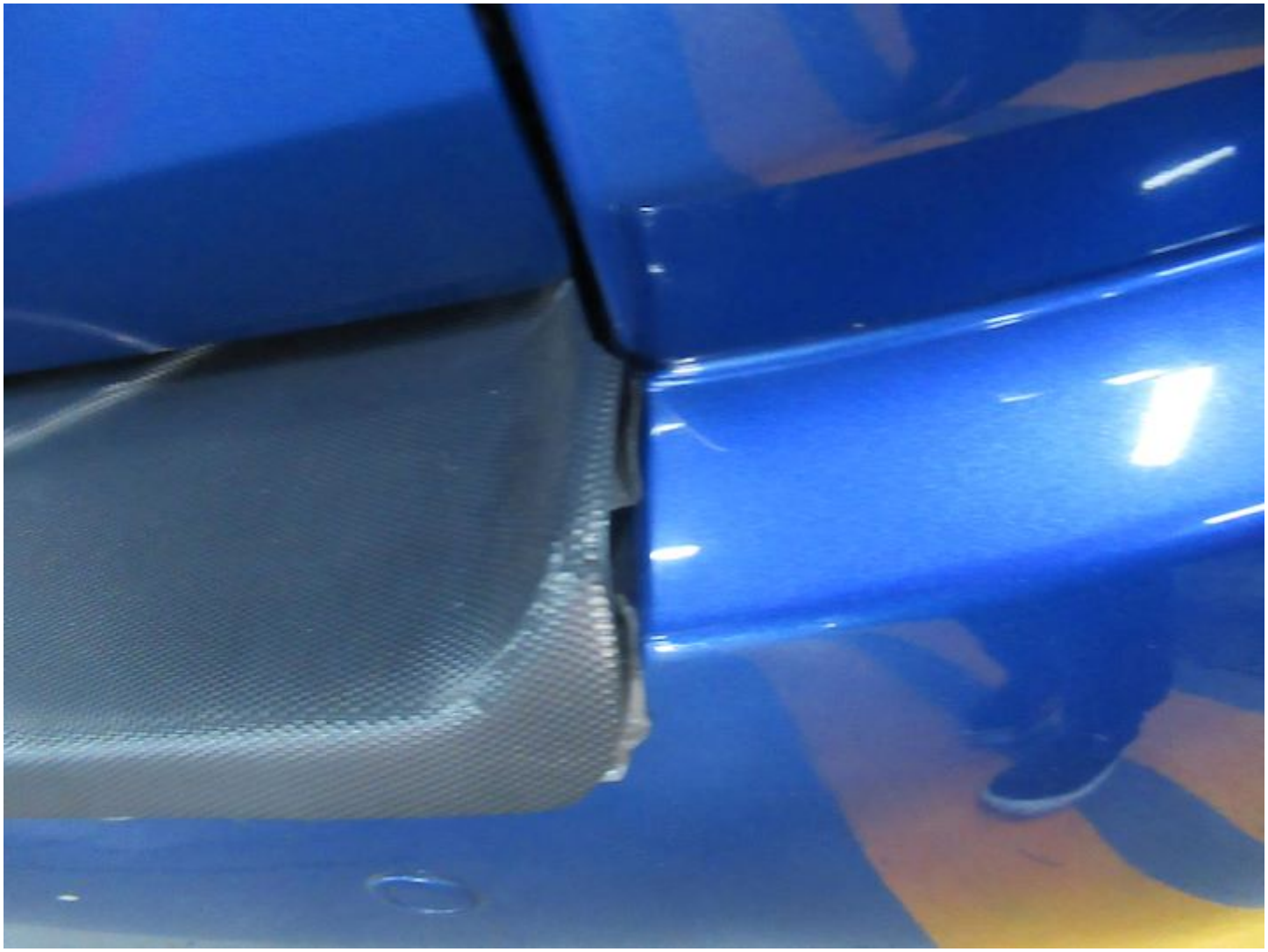
IMAGES #14

IMAGES #15



IMAGES #16

IMAGES #17



SINGAPORE POLICE FORCE

T/20220721/2040

Report No. T/20220721/2040

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
21/07/2022 14:15	L/20220721/0057	34

Informant's Particulars

Name of Informant: NEO SAY HIAN			Address: BLK 73 PUNGGOL CENTRAL #10-63 SINGAPORE 828756	
ID Type / ID No.: NRIC NO / S8510264H			Contact No.: Home/Office: Mobile: 98530720	
Nationality: SINGAPORE CITIZEN			Email: trueno13_954@hotmail.com	
Sex: Male	Age: 37	Date of Birth: 31/03/1985	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Facility Manager			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/07/2022 09:40	Type of Location: Bend
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5899E	Car E				Slightly Damaged	1
SKC4177B	Car A				Seriously Damaged	1
XE1517J	Lorry D				Seriously Damaged	0
XE7188K	Lorry C				Slightly Damaged	0
YN4452H	Lorry B				Seriously Damaged	1

SINGAPORE POLICE FORCE

T/20220721/2040

Report No. T/20220721/2040

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NEO SAY HIAN	ID No.	S8510264H
Related Vehicle	SKC4177B (Car)	Contact No.	98530720
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	NIL

Brief Details.

On 21/07/2022 at about 0940hrs, I was driving along BKE towards KJE on the slip road. There was road works on the right lane and I changed lane to the left lane. Suddenly, the taxi in front of my braked and came to a stop. I was braked and was able to stop in time, as well as the lorry behind me (YN4452H). However, the trailer behind the lorry was unable to stop in time and the impact cause the lorry to surge forward and collided into my vehicle (SKC4177B). The impact caused my vehicle to surge forward and hit the taxi in front of me. I called for police at the scene and traffic police attended vide L/20220721/0057. Ambulance also came and took the driver of one of the trailers to the hospital. Traffic police seized my in-car camera memory card and instructed me to lodge this traffic accident report.

SINGAPORE POLICE FORCE

T/20220721/2040

Report No. T/20220721/2040

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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: F / SGT 3 LEE XUNLIANG, MICAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/07/2022 14:15
Officer In Charge Of Case: TP / GIT / SI MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206	Classification Of Case:

NP168

SKC 4179B
SUZUKI / BLUE

SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: 4/20220731/0057

I, SGT 706384 ZULKIFLI
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TRAFFIC POLICE HQ
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 ONE SANDISK ULTRA 64GB MICRO SD CARD.
2
3
4
5
6
7
8
9 HANDOVER
10

from S8510264H, NEO SAY HIAN
(Name, NRIC or Passport No. / Rank and No.)

of BLK 98 S530720. DOB: 3/02/1985.
(Address / Police Station / NPC / NPP)

on 31/07/2022 (Date) at 1115 HRS. (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

(Signature)
NEO SAY HIAN S8510264H
(Name, NRIC or Passport No. / Rank and No.)

Received by:

Signature
SGT 706384 ZULKIFLI
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: TP TO REPORT
65476206
LODGE ACCIDENT REPORT.

NP 323 (2/16)

It pays to choose

Budget Direct insurance

Certificate of Insurance

Third Party Only Car Policy
Policy Number: P10424965R01

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189) of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

Certificate Number P10424965R01 (Third Party Only / Authorised Driver Plan)

1) **Vehicle Registration Number** : SKC4177B
Chassis Number : MHYGDN71V00303227

2) **Effective Date / Time of Commencement of Insurance for the Purpose of the Act** : 24/08/2021 (00:00)

3) **Date / Time of Expiry of Insurance** : 23/08/2022 (23:59)

4) **Excess (i) Policy** : Not applicable
(ii) Windscreen : Not applicable

5) **Policyholder** : Neo Aik Seng

6) **Persons or Classes of Persons Entitled to Drive***
Drivers named as a Main / Named Driver in this Certificate of Insurance and any other person provided he is driving on the Policyholder's order or with the Policyholder's permission. Household members of the Main Driver not named in this Certificate of Insurance will not be covered.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.

Main Driver / Date of Birth : Neo Aik Seng(09/12/1953)

Named Driver(s) / Date of Birth : Neo Hui Shan (08/11/1987)
Neo Say Hian (31/03/1985)
Teo Ka Chang (18/01/1954)
Neo Say Chuan (09/02/1981)

7) **Limitation as to use***
Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

** Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.*

8) **Finance Company** : NA

I / We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on
09/08/2021

Auto & General Insurance (Singapore) Pte. Limited
Trading as Budget Direct Insurance

Simon Birch
Chief Executive Officer