SN08227R0007 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 27/07/2022 16:20 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (27/07/2022 16:20 (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.

- 4. The issue and acceptance of this is form by instrained 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 27/07/2022 16:20 (SGT) Reported by Driver Date of Accident 08/07/2022 17:20 (SGT) Exact Location of Accident Pioneer Rd, Singapore Additional Location Information Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number YN6841E INSURED/POLICYHOLDER Is company? Yes Name Of Registered Owner HYPEX ENGINEERING & SERVICES PTE. LTD. Company Reg No 2XXXXX610H Email Address teck@hypex.com.sg Mobile Phone No (Phone) +65-90516413 Alternative Phone No VEHICLE PARTICULARS Manufacturer Isuzu Model Frr90suqa-c 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 - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 5193 **INSURANCE COMPANY** Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number

TAN SER YIAN

SXXXX422A

07/07/1964

Outdoor

DRIVER

NRIC No

Name of Driver

Date Of Birth

Occupation

Date Of Driving Pass 13/06/1991 Driving experience 31 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-90516413 Alt. Phone Number Email Address teck@hypex.com.sg Address BLK 668D JURONG WEST STREET 64 #10-130 Address complement Postcode 644668 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 No 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 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Nanyang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007929999 Alt. Police Station Phone No (Fax) +65-67912972 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20220708/2120 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number FBK7159Z Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	_
Vehicle Category	Motorcycle
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)	-

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

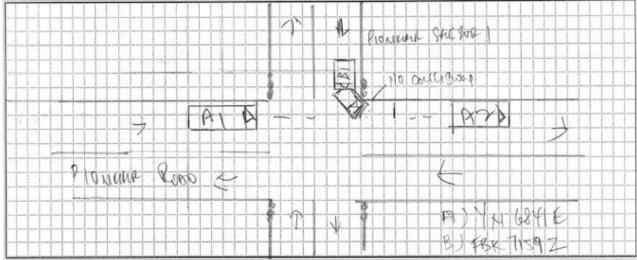
F 17211/875

Policyholder's Signature / Date & Time

927/7/2022

Driver's Signature√(if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



1

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icyholder's Signa	ture / Date & Time	Drive	er's Signature (if dr	iver is not the p	olicyholder) / (Date	Witnessed b (Name as in	y Reporting C	entre Personne	el



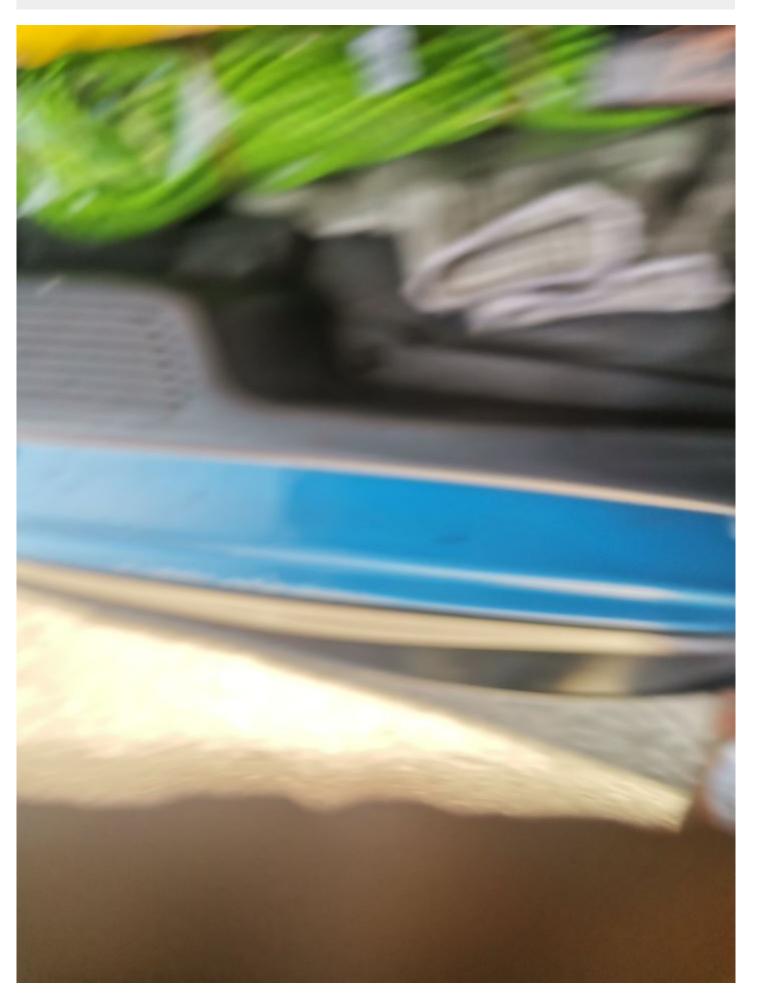




















Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

l of 3 Report No. T/20220708/2120

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2022 21:00		Made:	Vide Report No.: J/20220708/0108	Station Diary No.		
Informant's Particulars				163		
Name o TAN SE	f Informant R YIAN		Address: APT BLK 668D JURONG V	VEST STREET 64 #10-130		
ID Type / ID No.: NRIC NO / S1643422A			Contact No.:			
Nationality: SINGAPORE CITIZEN			Home/Office: 90516413 Mobile: Email:			
Sex: Male	Age: 58	Date of Birth: 07/07/1964	Type of Informant:			
Race: Chinese Occupation: Lorry driver			Language:	Institution / School Name:		
			Driving Licence Information: Class: 3,4			

Type of Accident:	Non-Injury Attended by Police	Drink Drive:	Date/Time of Accident:	Type of Location X-Junction
Location:		No	08/07/2022 17:1	0
Lamp Post Nu Weather:	mber: 169	Road Surface:		D-10
Sunny		Dry	Road Speed Limit:	
and the same of th		Diy		10 Km/h
Traffic Flow:		Traffic Control:		40 Km/h
Traffic Flow: Two Way Type of Collisio	on:		king	40 Km/h Traffic Volume: Moderate

Vehicle No. T	Гуре	Make	Mandal			
artists of the control of the contro			Model	Color	Condition	No of Passenge
	violorcycle	YAMAHA	SNIPER T150	Red	No	0
YN6841E L	Lorry	orry ISUZU	FRR90SUQ	Blue	Damage No	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	
Marca. MIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

2 of 3 Report No. T/20220708/2120

Tel No: 1800-7929999

CONTINUATION OF REPORT

Name	TANIOSERANIA	A CONTRACTOR OF THE PARTY OF TH	WAS THE RESIDENCE			STREET, STREET
rvanie	TAN SER YIAN			ID No	o	S1643422A
Related Vehicle	NIL					
To a second	NIL			Conta	act No.	90516413
Hospital/Clinic	NIL					
	, and			Class Drivin Licen	ng ce &	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		D D.		y Date	
	ted Medical Leave	NIII	Date Disc	harge	NIL	
grann	od Modical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 08/07/2022 at 1710hrs I was traveling along Pioneer Road in my lorry YN6841E, I am traveling straight road when the traffic light turned yellow, I have passed the traffic light, so I continued straight. After passing the X Junction a motorbike pullup up to me and told me that I have hit another motor bike thus I have stopped along the side of pioneer road. I did feel I hit anything when I was driving the vehicle. Lgot out of my lorry and saw the motorcycle EBK7159Z on the road while a few passers-byes help the man up. I exchanged details with the motorbike driver however he did not want to exchange any details with me. After traffic police arrived, I was given a case card Report Number T/20220708/0108 and IO in charge is IO Shixas. Ambulance arrived at scene and the Motorbike driver was conveyed to the nearest

I am lodging this report for insurance purposes.





T/20220708/2120

3 of 3 Report No. T/20220708/2120

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

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.

CONTINUATION OF REPORT

Signature of Officer Recordin	g The Report:
SC LAU YUE HIM	W
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case:	
SR STAFF SGT JOFILIANO	BIN MOHAMED
Contact No.: 65476960	
NP168	

Signature Of Informant:	620
	Sy.
Date/Time: 08/07/2022 21:00	/
2.100	
Classification Of Case:	