SN08229M0003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 22/09/2022 17:16 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (22/09/2022 17:16 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

Mobile Phone No

Alternative Phone No

- 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 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 22/09/2022 17:16 (SGT) Reported by Driver Date of Accident 20/09/2022 07:20 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information **TOWARDS TUAS AFTER EXIT 15A** Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number **GBF5866E** INSURED/POLICYHOLDER Is company? Yes Name Of Registered Owner HORME HARDWARE PTE. LTD. Company Reg No 2XXXXX640D Email Address finance@horme.com.sg

(Phone) +65-68408888

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant 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 No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2982

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2100496729-05

DRIVER

Name of Driver LIM ENG BENG NRIC No SXXXX672H Date Of Birth 20/06/1965 Occupation Outdoor

Date Of Driving Pass 29/10/1984 Driving experience 37 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-90251743 Alt. Phone Number Email Address noilim17@gmail.com Address BLK 240 HOUGANG STREET 22 #06-31 Address complement Postcode 530240 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **OWNER** Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Yes 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 Paya Lebar Neighbourhood Police Post Police Station Address Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20220921/2057 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number PD8218B Vehicle Manufacturer Vehicle Model Vehicle Variant

Commercial vehicle

Vehicle Colour
Vehicle Category

Name of Driver	TAN SOON MENG
Contact Number	(Phone) +65-90091399
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 Vehicle Manufacturer Vehicle Model	GBC9467M - -
Vehicle Variant Vehicle Colour	-
Vehicle Category	- Commercial vehicle
Name of Driver	WUNNA HTOON
Passport No/FIN	GXXXX165P
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	LIM ENG BENG
Gender	Male
Phone No	(Phone) +65-90251743
Address	<u>-</u>
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBF5866E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the defaits 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 wiful marepresentation 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.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested patties.
- 7. By the lodgement of this report to the insulets, you hereby consent to the archiving of this report at the centre and so copies of the report. being made available aforesaid.
- 6 Consent under the Personal Data Protection Act (POPA)
- Funderstand, acknowledge, agree and consent that

(4) My insurer my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and of process my personal datapersonal information set out in this [form] and any other personal information provided by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all ensurer(s) who have insured vehicles; involved in this accident (all insurers) who have insured vehicles) involved in this accident shall be collectively reteried to as the "Insurers"), the Insurers lawyers law firms, the Monetary Authority of Singapore and any relevant government agency authority rauch as the polices for the purposers; of

(i) processing thandling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the

rin investigating the accident and/or my claims.

in it carrying out another dealing with my instructions or responding to any enquines by me

I/v) administering my claims including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to triing about belivery of the samp as well as on the externic cover of univeloperamial packages).

(v) complying with applicable law in administering indicessing thandling and/or dealing with my claims

(collectively the "Purposes")

(b) all insurers; who have insured vehicless; involved in this accident and the Insurers Tawyers (as hims, insyrane permitted to collect use disclose and or process my Personal Information for one or more of the above Purposes, and

comy Personal Information may can be disclosed by any of the bisorers and or GIA to their third party service providers or agents including their lawyers/law firms), which may be seed outside of Singapore, for one or more of the above Purposes.



Driver's Signature (# driver is not the policyholder) /

Whoessed by Reporting Centre Personnel TName as in NricAD card

Sketch Plan

DAVE A - GBF 586LE While B - PD 8218B While (- GBC 9967 M AYE Towards MAS Afteriox + 154

cribe Circumstances of the Acc	ident		7	-
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	1/2022 092	1 / 21) 5 7	
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aration				
ectare the foregoing particulars are true	in every respect			
(1) · 10	4		men solog	/20
holder's Signal A 1998 Briver's & Time	Signature (# driver is not the policyhol		Minessed by Reporting Certina	20

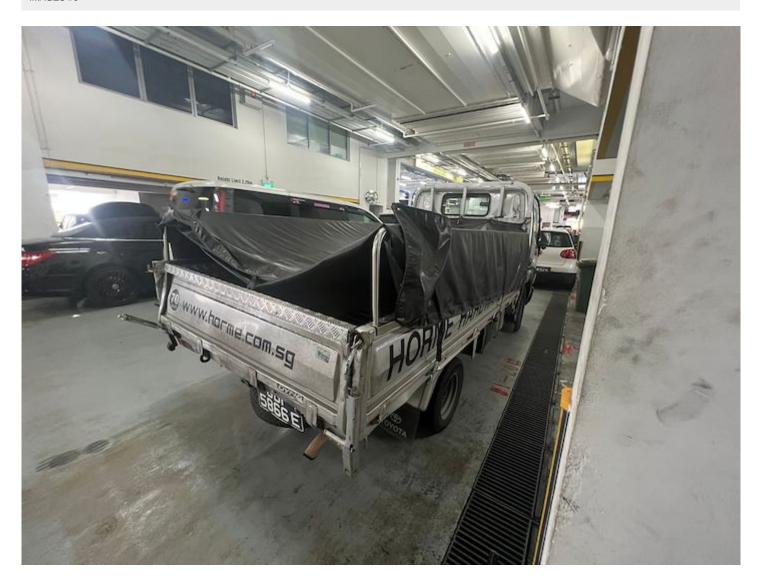


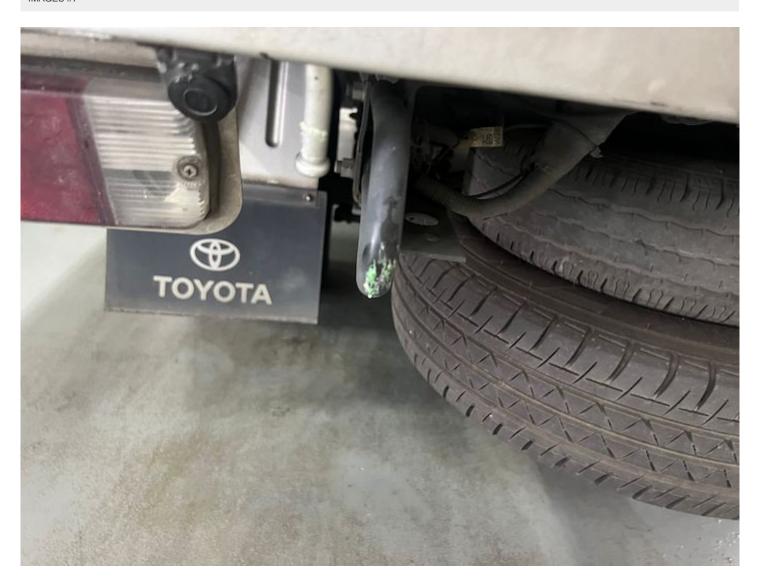




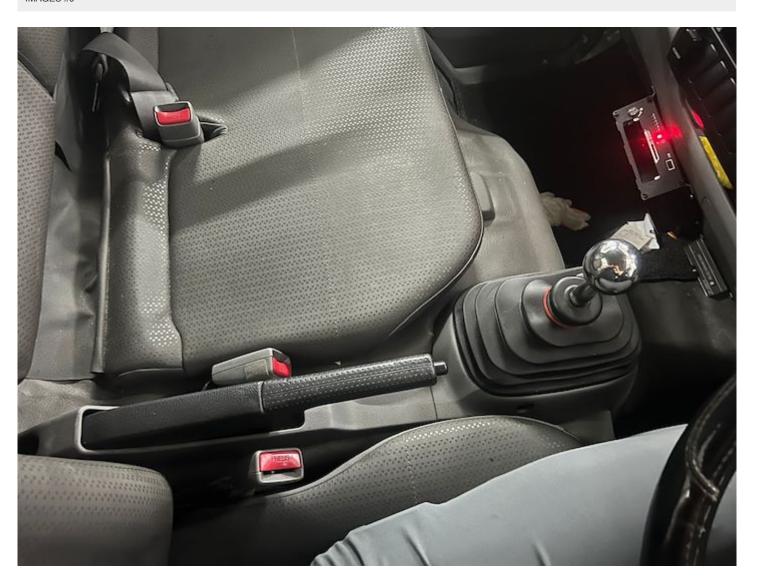












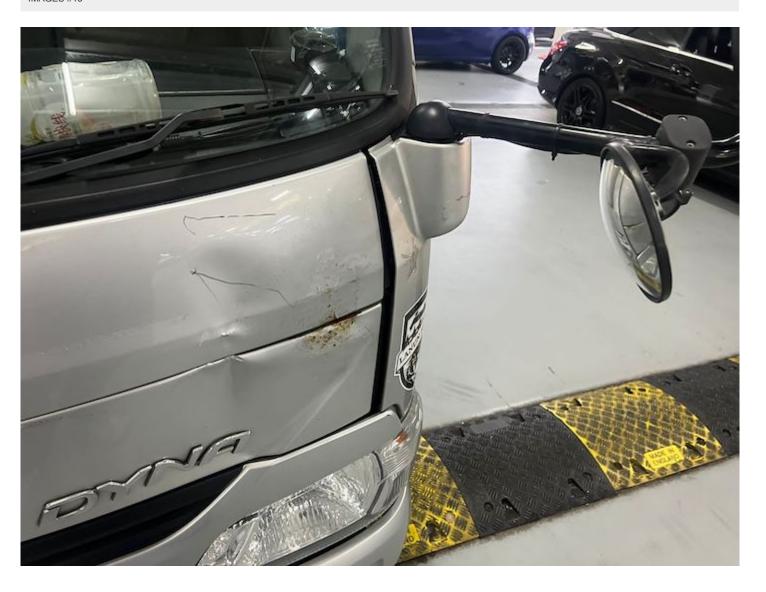


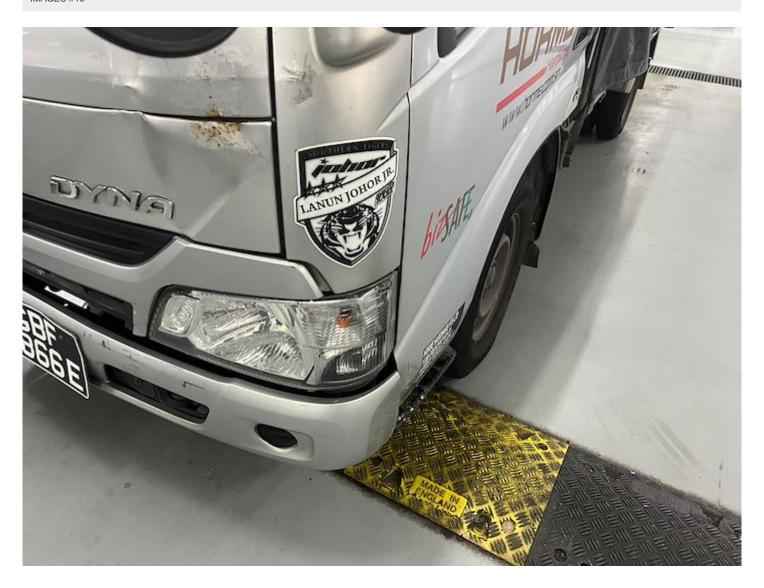














T/20220921/2057

Report No. T/20220921/2057

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/09/2022 14:42 Station Diary No.: Vide Report No.:

21/09/2022 14:42				12:
Informa	nt's Partici	ulars		
Name of LIM ENC	Informant 3 BENG		Address: APT BLK 240 HOUGANG ST 530240	REET 22 #06-31 SINGAPORE
ID Type / ID No.: NRIC NO. / S1707672H		72H	Contact No.: Home/Office:	Mobile: 88372119
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	71 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/09/2022 07:20	Type of Location Straight Road	
	HEXPRESSWAY			Donal Speed Limit	
Weather: Clear		Road Surface: Dry	F	Road Speed Limit:	
The state of the s		Traffic Control: Not Controlled		Traffic Volume: Light	
	: Way	NOT COUNTRY		-0	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBC9467M	Lorry	SSANGYONG	ACTYON SPORTS D/CAB 2.0AT 2WD D/AB ABS	White	Slightly Damaged	0
GBF5866E	Lorry	TOYOTA	DYNA 150 5MT	Silver	Slightly Damaged	0
PD8218B	Bus/Coach/Mi nibus	ISUZU	LT134P	Multi-Colored	Slightly Damaged	1



T/20220921/2057

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999 2 of 4 Report No. T/20220921/2057

CONTINUATION OF REPORT

Details of Perso Any Pedestrian In				Sand all		
DESCRIPTION OF THE PROPERTY OF THE PARTY OF	AND THE PROPERTY OF THE PROPER		11	deserted as		do no ATA
No. of Pedestrian	s Injured: NIL		Use of Pe	destriar	Cross	ing: NA
Driver	ENDAMENTAL			ERNER		
Name	Wunna Htoon			ID No		G6246165P
Related Vehicle	GBC9467M (Lorry)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g ce &	Class: NIL Date of Expiry. NIL
Date Treatment	NIL		Date Disc	Commission Common	NIL	
	ted Medical Leave	NIL	Degree o			
Driver	The state of the s	The second	Dog. oo o	7.13		
Name	LIM ENG BENG			ID No		S1707672H
Related Vehicle	GBF5866E (Lorry)			Conta	ct No.	88372119
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licent Expire	9 ce &	Class: 3 Date of Expiry: NIL
Date Treatment	20/09/2022		Date Dis		20/09	1/2022
THE RESIDENCE OF THE PARTY OF T	ted Medical Leave	05	Degree o			
Driver						
Name	Tan Soo Meng			ID No		S005298G
Related Vehicle	PD8218B (Bus/Coach/Minibus)			Conta	ct No.	90091399
Hospital/Clinic	NIL			Class Drivin Licens Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis	The second second	NIL	
				f Injury	NIL	

Brief Details.

On 20/09/2022 0720hrs, I was driving my vehicle (Pick up lorry, Vehicle number: GBF5866E) along AYE towards Tuas. As I was approaching a slip road, there as a minor jam, so I slowed my vehicle and came to a stop. One bus (Tan Soo Meng. Vehicle number: PD8218B. NRIC: S005298G. HP: 90091399) that was behind my vehicle did not stop in time, crashed into my vehicle. The force propelled my vehicle forward as a result my vehicle bumped into the pickup lorry (Wunna Htoon, NRIC: G6246165P, Vehicle number: GBC9467M) that was in-front of me. The rear portion of Wunna's vehicle was dented. The cover of my vehicle dashboard came off, the front and rear portion of my vehicle was dented. The bumper of Mr. Tan's vehicle was dented, his vehicle headlight was also cracked. I felt pain on my back, elbow, and



Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999 T/20220921/2057

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Report No. T/20220921/2057

CONTINUATION OF REPORT

knee so I went to Mount Alvernia Hospital and was given 5 days MC. My vehicle has an in-car dashcam however it is managed by my company's contractor and my employer does not have access to it.



Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999



4 of 4

Report No. T/20220921/2057

CONTINUATION OF REPORT

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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:	Signature Of Informant:
SGT 2 LOH YU JING CLAYTON	Φ
Signature Of Interpreter: Not applicable	Date/Time: 21/09/2022 14:42
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:
NP168	