SS2E22770008 / S & H Motor Pte Ltd ENTRY DATE & TIME: 07/07/2022 17:46 (SGT) SUBMITTED BY: Wong Kee Nyuk VERSION: 1 (07/07/2022 17:46 (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 07/07/2022 17:46 (SGT) Reported by Driver Date of Accident 04/07/2022 13:30 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information CTE towards city Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD230H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Eleco Services Pte Ltd Company Reg No 200208730R Email Address project@eleco.com.sg Mobile Phone No (Phone) +65-98799388 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv200 Variant

Exact purpose for which vehicle was being used at time of

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

Vehicle Category Transmission

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z22VC05011133

DRIVER

Name of Driver NRIC No. Date Of Birth Occupation

Alvin Lim Yong Yuek S7717362E 01/07/1977 Outdoor

Employment

Manual 1500

No - Claiming third party

Commercial vehicle

Date Of Driving Pass 13/11/2003 Driving experience 18 YEARS AND 8 MONTHS Gender Male Mobile Number (Phone) +65-98799388 Alt. Phone Number Email Address project@eleco.com.sg Address 3 AMK Industrial Park 2A #04-10 Address complement Postcode 568050 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 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 3 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 unknown Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Sengkang Neighbourhood Police Centre Police Station Phone No. (Phone) +65-18003438999 Alt. Police Station Phone No (Fax) +65-63438939 Police Station Address 2 Sengkang Square #01-02 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT refer attached police report. ATTACHMENT(\$) 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 **GBF7430R** Vehicle Manufacturer Nissan Vehicle Model Cabstar Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver Raiu Arasu Work Permit No G5207701Q 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 SHD3357K Vehicle Manufacturer Hyundai Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Tong Peng Kwon NRIC No S1699437E 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 Alvin Lim Yong Yuek Gender Male Phone No (Phone) +65-98799388 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? GBD230H Were seat belts worn? Was this injured conveyed to hospital by ambulance? Yes

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SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the addition to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Adval Driver.
- Information provided must be as truthful and occurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to recording 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)

Lunderstand, 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' (awyers/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 enquires by mu;

(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 mackages); and/or

(v) complying with applicable law in administering, processing, handling and or dealing with my daims. (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers law emissions, 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 outcide of Singapore, for one or more of the above Purposes.

Policytoriser's Signature i Date & Time

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

& Time

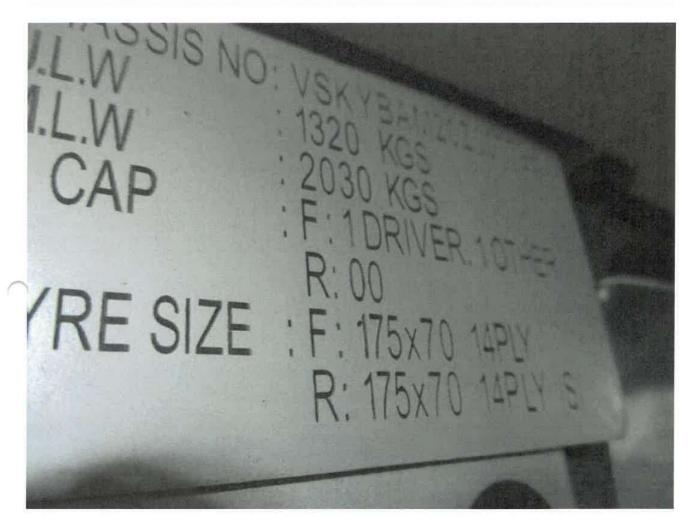
Witnessed by Reporting Centre Personnel (Nume as in NRICAD card)

Sketch Pian

(A) CBD3364

(B) CBF 7430K

(C) SHD337K































4 of 4 Report No. T/20220705/2055

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No. 1800-343 8999

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 / Other NUR NADHIRAH BINTE HASHIM	Signature Of Informant:
Signature Of Interpreter. Not applicable	Date/Time: 05/07/2022 14:44
Officer In Charge Of Case: TP / GIT / STAFF SGT SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476187	Classification Of Case:
NP168	





Police Station Of Origin: Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

1014 Report No. T/20220705/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Diary No.: 05/07/2022 14:44 89

Informa	nt's Partici	ulars		TOTAL WEST TOTAL STREET	
Name of Informant: ALVIN LIM YONG YUEK			Address: APT BLK 351B ANCHORVALE ROAD #06-247 SINGAPORE 542351		
ID Type / ID No.: NRIC NO / S7717362E		62E	Contact No.: Home/Office:	Mobile: 98799388	
Nationality: SINGAPORE CITIZEN		EN	Email: cupid77@gmail.com		
Sex: Age: Date of Birth: Male 45 01/07/1977			Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Mechanical engineering technician			Driving Licence Information: Class:	Date of Expiry.	

Type of Accident:	Injury Conveyed By Ambulance	Orink Drive: No	Date/Time of Accident: 04/07/2022 13:30	Type of Location Straight Road	
Location: CENTRAL EX		Curton		Road Speed Limit	
Weather: Road Sunny Dry		ad Surface:		Troad Open Cars	
Traffic Flow: Traffic Control: One Way Not Controlled				Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
GBD230H	Van				Slightly Damaged	2
GBF7430R	Lorry		, d. marini		Slightly Damaged	2
SHD3357K	Car				Slightly Damaged	4





T/20220705/2055

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 2 of 4 Report No. T/20220705/2055

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Details of Perso	n Involved				
Any Pedestrian In	nvolved: No				
No. of Pedestrian	s Injured: NIL	Use of Pedestrian Crossing: NA			
Driver			Vid 3 1/2		
Name	ALVIN LIM YONG YUEK	ID N	0.	S7717362E	
Related Vehicle	GBD230H (Van)	Cont	act No.	98799388	
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Drivi Licer	s of ng nce & ry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	04/07/2022	Date Discharge 04/07/2022			
No. of Days gran	ted Medical Leave 03	Degree of Injury Slight			
Driver					
Name	TONG PENG KWON	ID N	0.	S1699437E	
Related Vehicle	SHD3357K (Car)	Cont	act No.	NIL	
Hospital/Clinic	NIL	Drivi Lice	s of ng nce & ry Date	Class: NIL Date of Expiry: NIL.	
Date Treatment	NIL	Date Discharge NIL			
No. of Days gran	ted Medical Leave NIL	Degree of Injury	NIL		

Brief Details

On the 04/07/2022 at about 1330hrs, I was driving my company van, bearing the registration plate number GBD230H, along CTE towards city. While I was, next to Braddell Exit 10, parallel to the chevron line, with the intention to enter PIE. Due to the heavy traffic, there was a long queue to enter PIE. The tax in front of me was stationary, thus, I stopped my van behind the taxi. I was at a complete stop when I then noticed from my rear-view mirror that one lorry, bearing the registration plate number GBF7430R, moving towards me at a speed. Shortly later, the lorry collided to the right rear of my van. I had stepped my brake paddle fully, however, due to the collision, my van surged forward and collided into the rear of the taxi. I felt pain on my chest and had trouble alighting my van, as such, the taxi driver assisted to call for ambulance. The ambulance made assessment on me and subsequently, I was conveyed to Tan Took. Seng Hospital. I was granted outpatient sick leave for 3 days, from 04/07/2022 to 06/07/2022 by the

My van sustained damages such as dents and scratches on the front bumper and right rest of the vehicle. My van rear light on the right was also broken. The taxi sustained dents and scratches on the rear bumper and the lorry sustained damages to the front bumper.

I wish to state that I do not have any in car camera in my van. I believe that there was an in-par camera in the taxi. I had taken pictures of the damages and noted down the particulars of the other drivers. I had also reported the accident to my company. While I was at the hospital, one traffic police officer met me and advised me to lodge a traffic accident report.

The particulars of the taxi driver is Tong Peng Kwon, \$1699437E, \$HD3357K and the particulars of the long driver is Raju Arasu G5207701Q, GBF7430R, I did not manage to take down their contact numbers.



Tel No: 1800-343 8999



Report No. 7/20220705/2055

3 054

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

CONTINUATION OF REPORT