			. :			,
VATIONAL Assessment Centre	Samleres un	1 /2//(1)	109525	900V)
Deceto: 1 06/0x 2023 15:28	Veb description	- Alexandre manager of the law	nte Alimo C		Done by	
Rel No: XILA (MM 2390526 VIV.	SAS e-Hilling					
Vali No: CR 1277K		4/5 2/4/2				1
	E-incli futfille thee		· i		- '	
17.5.A: 14/05/2023 10/14	Married Annual Control of the Party of the P					· , ,
OD (78) Repening Only	1-Photo Uploade		store)		٠	
Account on A 19 th and an analysis and the analysis of proposition of the analysis and an anal	Assessment/Surve	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 				man many no or [
TP lasuren	Ass't Report by E		wner/Wise	1		******
Protorred Wkop I INO Assign Wkup / QW: (The second second	Tol:	Fax		1
To Penticulars Yeli Not	Q 47475	, INC(,)/ Non-INC	C()'.	,	
Owner/Drivers(The state of the s		Tel:)	است
Policy No: () Per	ied: {) 0	over Type:	(>	1
Confirmed by t '(Dater	7`?#		>	
insured/Oriver Liabilitys (%3) (7-	Pote-list Status (WC): 11: 0-3014	, F: 21-72	90. F: 30-140	[N]	
A STATE OF THE PARTY OF THE PAR)/10()	. ,		plants of the second of the se	
AND THE PERSON NAMED IN COLUMN TO PERSON NAM	00()/52,000()	and the better than the same of the same o	***************************************	-	
General Rembellment (1975) Say (1971)	科阿萨斯斯斯科			The state of the s	of the late	
() Walk-in Customers infor	PROPERTY PROPERTY OF THE PROPERTY OF THE PERSON OF THE PER	dential & Sufa	it tig istor	of repairer.	*****	
() Total Loss Case : to c-mail Insure	Americal American and the second sections of the second section second section second section second section sectio		Print Str. And straightones 1			
Drive-In ()/ Towed-In (); Invoice	YES()/NC) () To:	ving Corl		the second secon	
Remarks of AUNC Follows 6788 66160	in the second		Detastaling	Company 2	in Albane by	-
1) Apply to: Transport Allowance ()/ C	Courtasy Car ()	*	***************************************		the safety street, where the safety of	man real statement of
2) QC Check / Perr Reputs Inspection	()			,	Contract and short and	
3) Uplacd Resurvey Photo (Repair Cost > \$3	3000] ()		1			
Iniury:	AND ARTHUR SHARE S					
	15 18 18 18 18 18 18 18 18 18 18 18 18 18	The state of the s	The state of	120098646		4
Date Turail Charles and Carlot and Carlot	Contract to the Contract of the	Parland Almand		a. Marital Maria	** ** * * * * * * * * * * * * * * * *	
				·	1	
_	*	9	100-100-100 ht 46-01 (100-100)(100-100 (100-100 (100-100 (100-100)(100-100 (100-100)(100-100 (100-100 (100-100)(100-100)(100-100)(100-100)(100-100 (100-100)			
The second different se		mar by				
	-		printed the state of the state	Con Caracitation	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Mar 14
NA130/525		Invoice Prep	The state of the s	The state of the s		[A 5 / 5 ill
	STATE OF THE STATE	1) AR : Aceldent	Pastrike (33 Kolesember (31	000); INC (35	(1)	
Contractive descriptions of the contraction	72 (Page 12) 100 -	3) TF 1 Towles For	11		7543 51929	
Wind and Miles	*	11 11 11 11 11 11 11	sement to ever	Estation () Two (12 120 100)	336	1
onizet No:	450 I 100000 & 4000000	d) TR : Acidomic	เจ๋าก	77 100	375 F	
innided Portion: 1949.		1) NI : Has DA.	and ferviren.	The party of the second second		
The second of the second secon	med requests to be about the series of the 	Opr	CHITEL Alles	* p 1/1 \$	55	Manners in Ad in
Checked by (Engr-In-Charge);		ING Renair C	neisdiension		\$15) 519	
REPORTED TO SERVICE OF THE PROPERTY OF THE PRO		A A S. W. T. V. I. C.	oli iespession oliest Exessi Ce	utilinetiett	\$1	
Contact Commence (3)	CHICA THEO MEDICALISM	THURST	b (spare react) of	ilva INE	3161	1777
	ما و در المعالم	In plet dated	-	Fit Charges	before a 45 m	Lift, Jane
1				Can Maria II	To the state of th	



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 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.

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

24/05/2023 15:29 (SGT) **Actual Driver** 24/05/2023 07:45 (SGT) Punggol Flyover, Singapore TOWARDS RIVERVALE DRIVE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBH1327K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address**

Mobile Phone No Alternative Phone No Yes

OH HENG HUAT PTE LTD 2XXXXX906N ohhenghuat@yahoo.com.sg (Phone) +65-90250845

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

Kia

K2500

Employment

No - Claiming third party Commercial vehicle

Manual 2497

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Sompo Insurance Singapore Pte. Ltd. D22MTPCVE002185

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

OH YEOW HWEE SXXXX078G 16/04/1962 Outdoor



16/06/1982 Date Of Driving Pass 40 YEARS AND 11 MONTHS Driving experience Male Gender (Phone) +65-93834611 Mobile Number Alt. Phone Number ohhenghuat@yahoo.com.sg Email Address BLK 877 WOODLANDS AVENUE 9 #05-282 Address Address complement 730877 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured Employee Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Side Swipe Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 4 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 MOSTAFA Name Male Gender PASSENGER 2 GOVINTHARAJ Name Male Gender PASSENGER 3 MURUGESAN Name Male Gender DETAILS OF POLICE ACTION No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S)

Yes

Are accident photos available for attachment?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ4757S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	.=
Details of property damaged in accident	N=
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INT II	IRFI	7 1

INJURED 1	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	OH YEOW HWEE Male (Phone) +65-93834611 SLIGHT INJURY GBH1327K Yes No
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	MOSTAFA Male SLIGHT INJURY GBH1327K Yes No
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- SLIGHT INJURY GBH1327K Yes
INJURED 4	
Name of injured person Gender	MURUGESAN Male

Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBH1327K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 6. 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.

胡興發私人有限公司 OH HENG HUAT PTE LTD

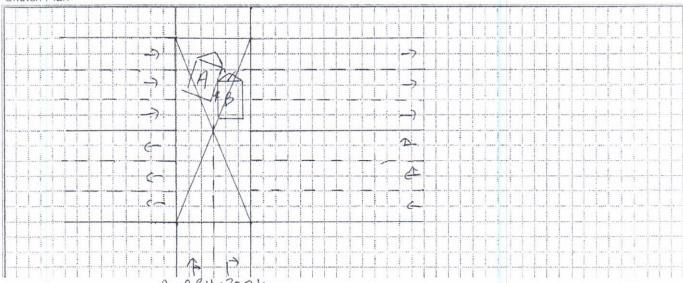
GST Reg No: 200101906N 106 Meng Suan Road S,pore 779293 Tel: +65 6454 1936 Fax: +65 6454 2301

Policyholder's Signature / Date & Time

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

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

Sketch Plan



A: GBH 1327K B: SLQ4757S

Describe Circumstance of the Accident		
On the stated date and time, I was travelling		
along Punggol Hyper towards Rivervale Drive.		
I was turning right from TPE onto Ponggol Hydrer.		
Suddenly. I telt a engl impact from the right		
sial at my vehicle. I got off and verlised vehicle		
B had went straight on a turn right only lane		
heree colliding onto my vehicle.		

Declaration

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

胡興發私人有限公司 OH HENG HUAT PTE LTD

GST Reg No: 200101906N
106 Meng Suan Road S,pore 779293
Tel: +65 6454 1936 Fax: +65 6454 2301
Policyholder's Signature / Date & Time Driver'

Witnessed by Reporting Centre Personnel

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



	Date of Accident	: 24/05/2023 · Accident Time: 0745 · (24-HR-FORMAT)
	Accident Place	: Punggol Flyover towards Rivervale Dr.
	Vehicle Reg. No (Car plate No.)	:GBH 1327K . CC: 2500 . Vehicle Make/Model: KIA K2500 .
	Insurance Company	: Sompo Insurance · Policy No. D22MTPCVE002185
	Name of Registered Owner	: Con Bany / Individual Oh Heng Huat Pte Ltd.
01	ID of Registered Owner	: Co Reg No: 200101906N . Owner's NRIC No:
	OHHENGHUAT@YAHOO.COM.SG	: Co Contact No: 90250845 · Owner's Contact No:
	DRIVER'S Name	: Oh Yeow thee DRIVER'S NRIC No: S1563078G.
	DRIVER'S Date of Birth	:16/04/1962 DRIVER'S License Pass Date 16/06/1982.
	Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others:
	DRIVER'S Address	:877, Woodlands Ave 9. #05-282. s (730877).
	DRIVER'S Contact No./ Alt No.	:1) 9383 4611 . 2)
	DRIVER'S Occupation	: INDOOR \OUTGOOR (eg. working inside or outside of an ofc)
	Email Address	OHHENGHUAT@YAHOO.COM.SG
	Weather & Road Surface	: CLEAR 2 DRY \ RAINING & WET VAFTER RAIN & WET
	Reporting Type	: Reporting Only Claim Own Insurance wost at a \ male .
	Number of Passengers (including D Was the accident reported to the pol Was there any video Captured by ca Exact purpose for which vehicle wa Any injuries, if yes(name of the i	river): 4. Name & Gender; Aprinthavaj I male.
	Vehicle Reg No: SLQ4757 \$.	
Vehicle Make\Model:		
	Name DRIVER:	
	IC No. DRIVER:	
	DRIVER'S Contact & add:	
	DEDORT FORM EYPI AINIED IN A ENGLISH	H / CHINESE / MALAY / TAMIL OTHERS:
	WHO REPORTED THE ACCIDENT : OWN	
	The office the Accident . Owner	

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #03-03 Singapore Land Tower, Singapore 046623 Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sg Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) ROAD TRANSPORT ACT 1987 (MALAYSIA) ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Cert No./Policy No.

: D22MTPCVE002185

1. Registration No.

· GBH1327K

2. Insured Name

: OH HENG HUAT PTE LTD

3. Commencement Date : 25 JULY 2022 00:00

4. Expiry Date

: 24 JULY 2023 23:59

5. Coverage

: Market value at time of loss - Comprehensive

6. Excess

: \$500 - Section I

7. Persons or Classes of Persons entitled to drive*

b) Any person who is driving on the Insured's order or with their permission.

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 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 the accident loss or damage.

8. Limitations as to use*

1) Use in connection with the Insured's business.

2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business

3) Use for social, domestic or pleasure purposes.

The Policy does not cover

Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.

2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

9. ExcelDrive Workshops & Accident Reporting

It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.

It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline: (65) 6461 6555

Visit www.sompo.com.sg for list of ExcelDrive Workshops and Accident Reporting Centers.

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) and Part IV of the Road Transport Act, 1987 (Malaysia)

Sompo Insurance Singapore Pte. Ltd.

Lui 20

Date/Time of Issue: 21 JULY 2022 15:53

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

IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use

or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.

2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation)Act (Cap.189)

3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle. 4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.

5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Code & Name: 11G03909 & GOH KWANG HOCK ALPHONSUS CI Code: 20D RJDBZ64KNMMBMPAJ