SS2X234J000B / SME MOTOR PTE LTD ENTRY DATE & TIME: 19/04/2023 14:53 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (19/04/2023 14:53 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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 9 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

19/04/2023 14:53 (SGT)

Actual Driver

18/04/2023 11:00 (SGT)

Lor 22 Geylang, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBD4536A

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No Email Address

Mobile Phone No Alternative Phone No

ALTO CONSTRUCTION AND ENGINEERING SERVICES PTE

LTD

200810444W

YENNY@ALTO-GRP.COM (Phone) +65-96737258

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

Nissan

Cabstar

Employment

No - Claiming third party

Commercial vehicle

Manual

3000

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Lonpac Insurance Bhd Z22VC05011020

DRIVER

Name of Driver

NRIC No

Date Of Birth

NG KIM HUAT S1189833F 18/05/1956

Accident report SS2X234J000B

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Occupation Outdoor Date Of Driving Pass 04/07/1979 Driving experience 43 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-90499496 Alt. Phone Number **Email Address** YENNY@ALTO-GRP.COM Address BLK 60 DAKOTA CRESCENT #06-205 Address complement Postcode 390060 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 Collision - Cross Junction
Weather Conditions Clear
Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No 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

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Traffic Police

(Phone) +65-65470000

(Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20230418/7058.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJJ5033B
Vehicle Manufacturer Vehicle Model -



Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	_
Address	-
Address complement	_
Postcode	170
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	NG KIM HUAT Male
Phone No	-
Address	_
Address Complement	_
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD4536A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 Authorised Driver.
- 3 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- 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 insurers) 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:
 - 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.
- 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.

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Policyholder's Signature Date & Time: N G CIM MASS

(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN			100	
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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1/20220	re Police Paport.			
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DECLARATION

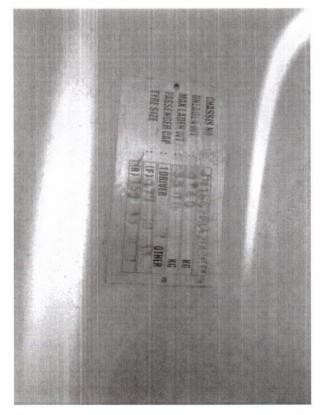
I/We declare the largeoing particulars are true in every respect.

Pol cynolded many

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

Reporting Centre Personnel's Signature

Name NRC/FIN No.













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Accident report \$\$2X234J000B







Accident report SS2X234J000B

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Accident report SS2X234J000B

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Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tet No: 65470000 1 at 3 Report No. T/20230418/7058

REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: Vide Report No .: Station Diary No. 18/04/2023 17:08 Informant's Particulars Name of Informant: Address: NG KIM HUAT 60 DAKOTA CRESCENT #06-205 SINGAPORE 390060 ID Type / ID No .: Contact No.: NRIC NO / S1189833E Home/Office: Mobile: 87542252 Nationality: Email: SINGAPORE CITIZEN yenny@alto-grp.com Sex: Age: Date of Birth: Type of Informant: Male 66 18/05/1956 Driver Race: Language: Chinese English Occupation: Driving Licence Information: DRIVER Class: Date of Expiry: General Information of the Accident Type of Location: Injury Drink Date/Time of Type of Attended by Police Drive Accident: X-Junction Accident: No 18/04/2023 11:00 Location: LORONG 22 GEYLANG Weather: Road Surface: Clear Dry Traffic Flow: Traffic Control: Traffic Volume: Two Way Not Controlled Moderate Type of Collision: Anyone conveyed by Between Moving Vehicles - Head To Side ambulance: Yes Details of Vehicle Involved Vehicle No. Type Make Model Color Condition No of Passenger GBD4536A Lorry NISSAN CABSTAR Silver Seriously 0 Damaged SJJ5033B TOYOTA VIOS Seriously 0 Damaged



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



2 of 3

Report No. T/20230418/7058

CONTINUATION OF REPORT

Details of Perso	n Involved			
Any Pedestrian I	nvolved: No			
No. of Pedestrian	ns Injured: NIL	Use of P	edestrian Cr	ossing: NA
Driver			Carlo State of	
Name	NG KIM HUAT		ID No.	S1189833E
Related Vehicle	GBD4536A (Lorry)		Contact N	No. 87542252
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	18/04/2023	Date	18	3/04/2023
No. of Days granted Medical Leave 04		Degree		erious

Brief Details.

ON THE ABOVE STATED TIME AND DATE I WAS DRIVING MY VEHICLE GBD 4536A TRAVELLING ALONG LOR 22 GEYLANG TOWARDS GEYLANG ROAD. WHEN APPROACHING THE TRAFFIC LIGHT, THE LIGHT WAS GREEN I AM IN THE RIGHT OF WAY SO I CONTINUE DRIVING SUDDENLY THE VEHICLE BEARING NUMBER (SJJ 5033B) TRAVELLING FROM THE OPPOSITE DIRECTION, SUDDENLY MADE A RIGHT TURN INTO GEYLANG ROAD AND HAD COLLIDED ONTO MY VEHICLE. DUE TO THE COLLISION, I WAS INJURED, I HAD SEEKED MEDICAL TREATMENT AT RAFFLES HOSPITAL ON 18/04/2023 AND WAS GRANTED WITH 4 DAYS OF MC.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3

Report No. T/20230418/7058

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/04/2023 17:08
Officer In Charge Of Case: TP / TPIB / JOFILIANO BIN MOHAMED ALI Contact No.: 65476960	Classification Of Case:

NP168



LONPAC INSURANCE BHD (S96FC5635C)

Singapore Office: 300, Beach Road #17/04/07, The Consourse, Singapore 1905/5. Tel: (65):6250 7388 Pax: (63):6206.3767 Website: vensiongus com.sg 05T Reg No.: #0-0056/35-C

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THISD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE. MOTOR VEHICLES (THIRD PARTY MESES AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE).
ROAD TRANSPORT ACT 1987 (MALAYSIA).
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).
THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : 222VC05011020

Type of Cover 1 THIRD PARTY FIRE & THEFT

1. Index Mark and Vehicle Registration Number

NISSAN CABSTAR 3.0

2. Hame of Policy Helder

ALTO CONSTRUCTION AND ENGINEERING SERVICES FIELLTD.

Effective Date of the Commencement of Insurance ir the purpose of the Act

29/04/2022

Date of Exciry of the Insurance

20mar2025

Person To Drive

A) THE POLICYHOLDER.

(a) ANY CHERR PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/THEIR PERSUNS.

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 hehalf from during the Motor Vehicle.

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENCERS (OTHER THAN FOR HIRE OR REWARD)IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:

USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIALOR SPEED TESTING.
USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELED VEHICLE.

* Limitations rendered indensive By Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Purry Kinks and Compensation) Act (Cop 189) Republic of Singapore are not included under by

It WE hereby centry that this covering Note is issued in accordance with the provisions of Part IV of the Boad Transport Act 1987 (Malayand and moter Vericles (Herd-Party Rinks and Compensation) Act (Cap 189) Regulation of Singapore.

ance.

CHIEF EXECUTIVE

Oper 40: HILLER Date Hassed: 28/03/2022

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