SA1T23680003 / Automotive Repair Centre Pte Ltd ENTRY DATE & TIME: 08/06/2023 16:28 (SGT) SUBMITTED BY: Ng Keng Guan VERSION: 1 (08/06/2023 16:28 (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 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 08/06/2023 16:28 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 15/05/2023 09:40 (SGT)
Exact Location of Accident Near 29 International Business Park Road #01-07, Acer Building,
Tower A Service Centre, 29 International Business Park, Singapore 609923
Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC3042D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SHING LECK ENGINEERING SERVICE PTE LTD
Company Reg No 200209214W
Email Address JANICE.SHIA@SHINGLECK.COM
Mobile Phone No (Phone) +65-96214559
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 3000

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMB1SNW00012342207

DRIVER

Name of Driver CHANG KOK LEONG NRIC No S1429388D

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Daga 1 of 17

Date Of Birth	02/07/1960
Occupation Date Of Driving Pass	Outdoor 10/06/1985
Driving experience	37 YEARS AND 11 MONTHS
Gender	Male
Mobile Number Alt. Phone Number	(Phone) +65-96214559
Email Address	- JANICE.SHIA@SHINGLECK.COM
Address	664C JURONG WEST ST 64 #09-218
Address complement	-
Postcode Is the driver the policyholder?	643664 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 Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	<u>-</u>
Translator's phone number	-
Translator's email Original language used in the statement	- -
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No Alt. Police Station Phone No	(Phone) +65-65470000
Police Station Address	(Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN AND POLICE REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Valsiala Danistustian Novel a	
Vehicle Registration Number Vehicle Manufacturer	SG5529Y
V OTHORS INICIAINATED	-

Daga 2 of 17

Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Bus
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)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YN9951B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHANG KOK LEONG
Gender	_
Phone No	_
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC3042D
Were seat belts worn?	_
Was this injured conveyed to hospital by ambulance?	Ves

Dogg 2 of 1

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.
- 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.

's Signature / Date & Time

876/23

Driver's Signature (if driver is not the policyholder) / Date & Time 6/6/23

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

🕏 Ng Keng Guan

Sketch Plan

Describe Circumstance of the Accident
AYE towards Jurong Town Hall at lane 4, vehicle is in stationery due to heavy traffic in front. Suddenly 9 truck VN 9951 B without stopping hit onto my van laused the bad impact and my van go forward and hit in front the bus 565529 Y. I would declare that my vehicle was badly damage and I was in bad injury.

Declaration

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

Driver's Signature (if driver is not the policyholder) / Date & Time # 123

(F) Ng Keng Guan Witnessed by Reporting Centre Personnel

(Name as in NRICAD card)

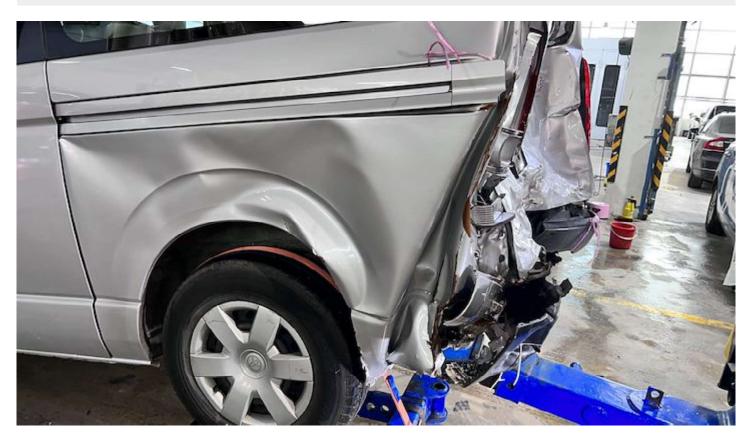
2







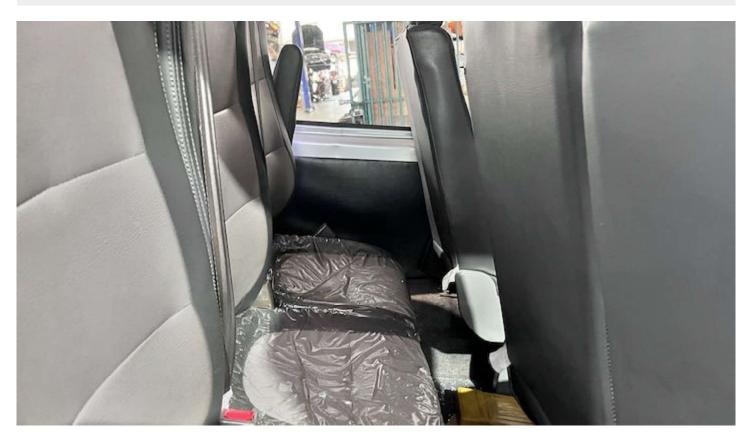






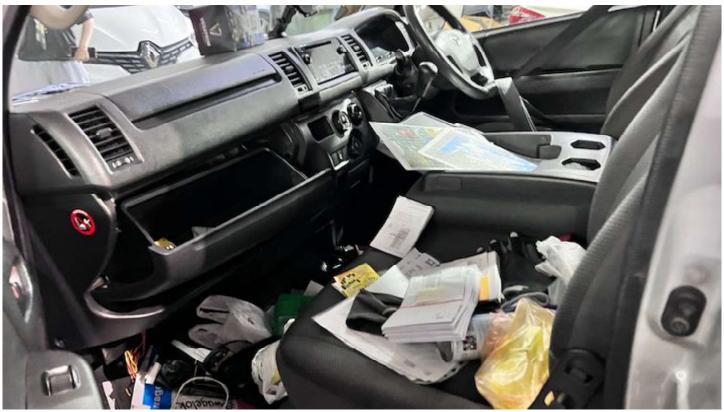


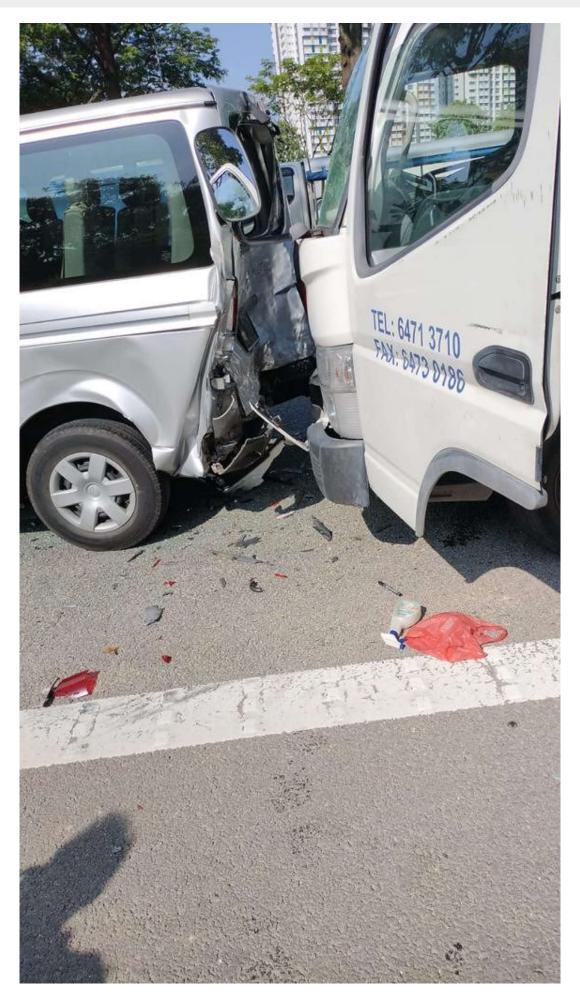


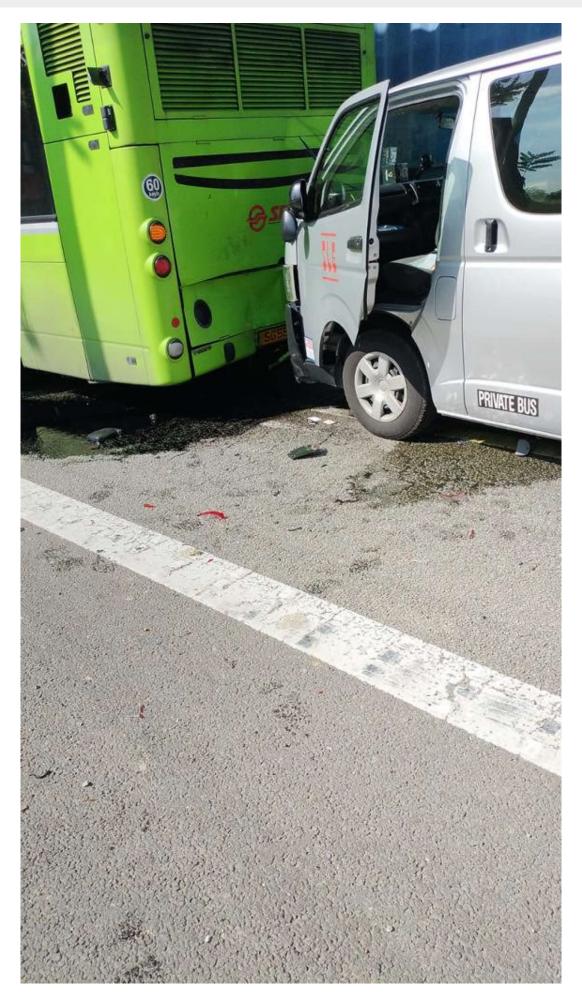
















Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20230531/7051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/05/2023 16:48		Made:	Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars					
	Informant: KOK LEON		Address: 664C JURONG WEST STRE 643664	EET 64 #09-218 SINGAPORE			
ID Type / ID No.: NRIC NO / S1429388D			Contact No.: Home/Office: Mobile: 96214559				
Nationali SINGAP	ty: ORE CITIZ	EN	Email: janice.shia@shingleck.com				
Sex: Male	Age: 62	Date of Birth: 02/07/1960	Type of Informant: Driver				
Race: Chinese		10 No. 10	Language: English				
Occupation: Van driver			Driving Licence Information: Class: 3 Date of Expiry:				

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/05/2023 09:4	Type of Location Straight Road
Location:	NAL BUSINESS PARK			
Weather:		Road Surface:		
Weather: Sunny		Road Surface: Dry		
			rking	Traffic Volume:

Details of V	ehicle Involved	Line .				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
PC3042D	Van					0
SG5529Y	Bus/Coach/Mi nibus			Green	Seriously Damaged	
YN9951B	Lorry				Seriously Damaged	

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Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230531/7051

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian In	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of P	edestriar	Cross	sing: NA
Driver	8			33	3	
Name	CHANG KOK LEONG		ID No		S1429388D	
Related Vehicle	PC3042D (Van)			Contact No.		96214559
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class Drivin Licen Expir	g ce &	Class: 3 Date of Expiry: NIL	
Date	15/05/2023 Date		Date		26/05	5/2023
No. of Days gran	s granted Medical Leave 70 Dec			egree of Seriou		us

Brief Details.

AYE towards Jurong Town Hall at lane 4, vehicle is in stationery due to heavy traffic in front, Suddenly a truck YN9951B without stopping hit onto my van caused the bad impact and my van go forward and hit in front the bus SG5529Y. I would declare that my vehicle is in good condition and i was in bad injury.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230531/7051

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: 31/05/2023 16:48
Officer In Charge Of Case: TP / TPIB / PHUA TIAK YEE Contact No.: 65476200	Classification Of Case:
NP168] [



Shing Leck Engineering Service Pte. Ltd.

18 Boon Lay Way Tradehub 21 #06-125 Singapore 609966.
Tel: 6316 8452 / 8490 Site Office: 6266 7226 Fax: 6795 2367
Email: information@shingleck.com Reg. No: 200209214W

TO WHOM IT MAY CONCERN

DATE: 08-06-2023

RE: AUTHORISATION LETTER TO FILL ACCIDENT REPORT

We, SHING LECK ENGINEERING SERVICE PTE LTD , ROC: 200209214/W authorize the staff to submit the

following information in the accident report:

Vehicle No: PC 3042D

Date of Accident: 15-05-2023

Date of report: 08-06-2023

Staff name: Chang Kok Leong

Staff IC No: SXXXX388D

Yours faithfully,

Name:

IC No: STATE & Company stamp is applicable)

Daga 17 of 17