NATIONAL Assessment Cen	itre Services	(wef   Jan' 06]		1	
Date In: 4 31 07 2023	Jeb description	,	Date & Time Completed	Don	ie pi.
Ref No: NA   CT   23007739 / C	SAS e-filing	*			
Yeh No: XE 2781E	E-mail (within	8hrs, AIC 2hrs)			
D.O.A: 15/07/2023 15:	50 i-Motor Clai	m Form			
OD / TP / Reporting Only	i-Motor YY/O	(Within: OD 2hrs,	TP 4hrs)		
OD / 17 Reporting Only	i-Photo Uplo		!		
TP Insurer:	Assessment/Su	1.70.		· · · · · · · · · · · · · · · · · · ·	M-11-4
D ( ) ( ) ( ) ( )		y Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel: F	ax:	,
The state of the s	3 LM 8816A	. INC (	)\Nou-l\C( )		
Owner / Driver: (			Tel:	)	
Policy No: ( )	Period: (		Cover Type: (	. )	
Confirmed by: (		Date:	Tinte:	)	
Insured/Driver Liability: (% Year of Registration: ()			%; P: 21-79%. F: 80-1	100%]	
	Warranty: YES (	)/NO( )	, ,		
	1,000 ( )/\$2,000		XL88047738 77 87 97 97	**************************************	
( ) Walk-In Customers - Customers	oformation strictly Co.			Was See	-
( ) Walk-In Customer: Customer's i ( ) Total Loss Case : to e-mail Ins	surer URGENTLY.	nridential & Stri	ctly NO refer of repairer.		
	pice: YES ( ) / N	TO ( ) . To			
W		( );10	wing Co: (		
Remarks: (INC horline: 6788 6616			Date&Time Completed	Don	ie.by
Apply for Transport Allowance ( )     QC Check / Post Repair Inspection	/ Courtesy Car (	)			
	. ( )				
3) Upload Resurvey Photo [Repair Cost >	> \$3000] (	)		<u> </u>	
Injury:					
Pare/Time: Actions:				7.00 880, 61, c. 34, c. 3	
		,	•		- 1.
					*
D10202027		Brook Alaboro	io viore area e vicamo sun	a wara	or
Nn2302277		Invoice Prep	aration Checklist	Anıt (\$) İşt Bill	
liimant's Particulars :		1) AR : Accident I			
river/Owner:	<u> </u>	3) TF : Towing Fe	· \$4	0/\$45	-
ontact No:	and the same of the same	4) FT : Follow-Th	rough Survey rough Survey (Resurvey)	\$120 \$30	
		For claiming ag	ainst INC Only (wef 10 Jan 200	5)	
maged Portion:		6) TR: Re-inspect 7) N1: Idao DA +		\$75 \$160	-
C Checked by (Engr-In-Charge):	-	8) NTUC Addition	nal Services;-		-
		*N5: Courtesy (	Car/Tpt Allowance	\$5	
llitors Comments -		*N6: Repair Co *N7: Post Repa	r Inspection	\$10	+-
LI:	*	TP (NII): TP (	Non INC) against INC	\$5 \$20	1.
. 2/3:		9) N12: Idao Mobi	lc .	30	MAN SA
·		Invoice dated	Fee Charged	DEN STATE	

SN09237V000H / National Assessment Centre Services [408933] ENTRY DATE & TIME: 31/07/2023 16:49 (SGT) SUBMITTED BY: NIVITHA VERSION: 1 (31/07/2023 16:49 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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>
   Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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 First Submission 31/07/2023 16:49 (SGT) Reported by Actual Driver Date of Accident 15/07/2023 15:50 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG SELETAR WEST LINK Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number XE2781E

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner HSING LOONG MANAGEMENT PTE. LTD. Company Reg No 2XXXXX713Z Email Address erhuat@hsl.com.sg Mobile Phone No (Phone) +65-96722237 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Hino Model HINO FS1ETMA-KAS Variant Exact purpose for which vehicle was being used at time of **Employment** Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle

Transmission Manual 12913

#### INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNW00027042306

#### DRIVER

Name of Driver WONG KWAI WENG NRIC No SXXXX525B Date Of Birth 18/12/1965 Occupation Outdoor

Date Of Driving Pass	28/02/1002
Driving experience	24 // 1002
Gender	S. L. M. S. MONTHS
Mobile Number	
Alt. Phone Number	(Phone) +65-91229283
Email Address	
Address	
Address complement	THE PER CHANGI ROAD
Postcode	
Is the driver the policyholder?	
If No, Relationship of the Driver with the Insured	
Does Driver Own Other Vehicles?	
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	
Type of Accident	No Collision
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Woodness	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	•
was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
nds the driver been approached by unknown person(s)	-
SUICILING/OTTERING ACCIDENT Claims assistance?	No
Translator's name	-
Translator's ID	
Translator's phone number	
ranslator's email	
Original language used in the statement	
PASSENGER 1	
Name	
Gender	UNKNOWN Male
	Wale
DETAILS OF POLICE ACTION	
Was the accident reported to the maliana	
Was the accident reported to the police?	Yes
Police Station Name Police Station Phone No	Tanah Merah Neighbourhood Police Post
Alt. Police Station Phone No.	(Phone) +65-18004499999
Alt. Police Station Phone No	(Fax) +65-62447251
Police Station Address  Nas notice of intended Prospection disease	Blk 51 New Upper Changi Road #01-1514 Singapore 461051
Vas notice of intended Prosecution given? f yes, against whom?	No
	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED POLICE REPORT -T/20230	0728/2114
ATTACHMENT(S)	
re accident photos available for attachment?	Von
vas there any video captured by Car Camera?	Yes
	No

Vehicle Registration Number	SLM8816A
Vehicle Manufacturer	OLINIOO TOA
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
	Private car
Name of Driver	i iivate cai
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
5 (	_

#### 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.
- 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. The report will be forw arded 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that :

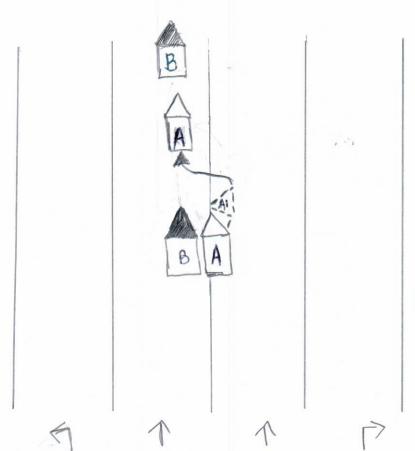
- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information's et out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &	& Driver's Signature (#	3 1 7 23 f driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel
Time		Stall Lane	
Sketch Plan	Along seleto	or west tink	
			A SE

8 Circumstance of the Accident	•	·
\		
	•	
	A A A	
please	Refer to the attriche	d
	1 110000	100/
POL	Cl POROA - 1/202303	128/2/14-
V	/	
	-	
		•
•		
		<u> </u>
	*	. \
	· · · · · · · · · · · · · · · · · · ·	
Declaration		
We declare the foregoing particulars a	re true in every respect.	
16		
(*) Man	11.	
old Inamag	Word 31.1.2015	9Muy 3117
Policyholder's Signature / Date & Time	Actual Driver's Signature (if driver is not the policyholder)  / Date & Time	Witnessed by Reporting Centre Perso (Name as in NRIC/ID card)

.2

Along seletur west fink



(No collision)

A-XE 2781E B-SLM 8816A D.O.A: 15/07/2023



Was

3H0H23





T/20230728/2114

1 of 3 Report No. T/20230728/2114

Police Station Of Origin: Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051

Tel No: 1800-4499999

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/07/2023 21:33		/lade:	Vide Report No.:	Station Diary No.: 42	
Informa	nt's Partic	ulars			
Name of	Informant:		Address:		
WONG K	(WAI WEN	G	APT BLK 28 NEW UPPER CHANGI ROAD #09-746 SINGAPORE 460028		
ID Type / ID No.: NRIC NO / S2772525B		25B	Contact No.: Home/Office;	Mobile: 91229283	
Nationali MALAYS	*	2	Email:		
Sex: Male	Age:	Date of Birth: 18/12/1965	Type of Informant: Driver		
Race: Chinese			Language: Chinese		
Occupation: DRIVER			Driving Licence Information:	Date of Expiny	

General Inform	mation of the Accident			
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/07/2023 15:50	Type of Location: Straight Road
Location:				
SELETAR WE Weather: Clear		Road Surface:		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Side Swipe -	- Opposite Direction	n	Anyone conveyed by ambulance: No

Details of V	ehicle Invol	ved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLM8816A	Car		*			2
XE2781E	Lorry				No	1
					Damage	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051 Tel No: 1800-4499999

2 of 3 Report No. T/20230728/2114

### CONTINUATION OF REPORT

Name	Unknown				图的 经营业 医多种
	CHICIOWIT		ID No		NIL
Related Vehicle	SLM8816A (Car)				
	James ISA (Gail)		Conta	ct No.	NIL
Hospital/Clinic	NIL		Ol-	-	
			Class	ASSESS OF THE PROPERTY OF THE	Class: NIL
			Driving Licence		Date of Expiry: NIL
			Expiry		
Date Treatment	NIL	Date Dis		NIL	
No. of Days gran	ted Medical Leave NIL	Degree o	of Injury	NIL	
Driver	<b>斯拉斯 是提供的企业。</b>		and the same of th	MARCH LIKE	AND THE REAL PROPERTY OF THE PARTY OF THE PA
Name	WONG KWAI WENG		ID No.		C0770505D
			ID NO.		S2772525B
Related Vehicle	XE2781E (Lorry)		Contos	+ NIa	04000000
	, , , , , , , , , , , , , , , , , , , ,		Contac	il INO.	91229283
Hospital/Clinic	NIL		Class	1	01 07 1
			Driving	500	Class: 2B,3,4,5
			Licence		Date of Expiry: NIL
			Expiry		
	THE RESERVE THE PROPERTY OF TH				
Date Treatment	NIL ed Medical Leave NIL	Date Disc		NIL	

#### Brief Details.

On 15/07/2023 at about 1550hrs, I was driving a lorry crane, XE2781E at the 2nd lane of 4 lane road along Seletar West Link. After checking my blind spot was cleared, I proceeded to signal left and tried to inch towards the 3rd lane. Suddenly, I saw a car at the 3rd lane on my left and decided to avoid him by slowing down. After the vehicle overtook me, I filtered to the 3rd lane and followed the driver from behind for about 3 minutes. The driver did not stop or alert me, hence I continue to drive to my workplace. My lorry is installed with in-car camera however it will be deleted in every 5 hours. I am also very my vehicle is totally intact and no one is injured.





Police Station Of Origin: Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051 Tel No: 1800-4499999

3 of 3 Report No. T/20230728/2114

CONTINUATION OF REPORT

Signature of Officer Recording The Report:	Signature Of Informant:
STAFF SGT HEAP ZHI YONG	Wood Jane and
Signature Of Interpreter: Not applicable	Date/Time: 28/07/2023 21:33
Officer In Charge Of Case: TP / GIT / SR STAFF SGT Ahmad Syafiq Bin Harris Contact No.: 65476201	Classification Of Case:
NP168	

# **IDAC ACCIDENT STATEMENT**

DATE OF ACCIDENT: 15107/2023	TIME OF ACCIDENT: 15:50
VEHICLE NO: XE 278 1E	TRANSMISION : AUTO / MANUAL)
MAKE & MODEL: Wint	LOCATION: Along Seletar West Link
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT)	CLAIM TYPE:
/ PRIVATE USE / PRIVATE HIRE	OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY: China Taiping	POLICYNO: DMCVSNW00027042306
TYPE OF COVERAGE:	VEHICLE TYPE :
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	( SALOON ) COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER: HSING LOONS Margement	NRIC:
ADDRESS:	CONTACT NO: 9672 2237
EMAIL ADDRESS: evhuato hsl. com.sq	VIDEO RECORDING : YES NO
NAME OF DRIVER: AS ABOVE / IF NO:	NRIC: 82772525B CONTACT NO: 9122 9283
DRIVER OWNER RELATIONSHIP: EMPLOYEE	PASSENGER: MALE( ) FEMALE( )
DATE OF BIRTH: 18 / 12 / 10765	DRIVING PASSING DATE: 28/02/1/1992
OCCUPATION: INDOOR / OUTDOOR	Road # 09-746 - S 4600 28
ANY INJURIES: NO, IF YES :	FORCE REPORT: NO/ IE YES WHERE?
WEATHER CONDITION: CLEAR / RAINING / OTHERS:	ROAD SURFACE: DRY ) WET / OTHERS
VEHICLE B REG NO: SLM 8816A	VEHICLE C REG NO ;
DRIVER NAME :	DRIVER NAME :
NRIC:	NRIC:
CONTACT;	CONTACT:
VEHICLE D REG NO :  DRIVER NAME :	ANY WITNESS? NO, IF YES:
NRIC:	CONTACT:
CONTACT:	CONTACT:
WAS NOTICE OF PROSECUTION GIVEN? (YES/NO) IF YES, AGAINST WHOM:	WERE SEAT BELTS WORN ? YES NO  WERE INJURY CONVEYED BY AMBULANCE : YES / NO
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / N	
VEHICLE NUMBER:	HANDLING INSURER:

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

AN0420A Cov. Type:C

SN

MZ300/C

CERTIFICATE No.

DMCVSNW00027042306

Engine No.: E13CWA11470 Cha. No.:FS1ETM10114

 Index Mark and Registration Number of Vehicle

XF2781F

AUTOSAFE

2. Name of Policy Holder

HSING LOONG MANAGEMENT PTE LTD

Effective date of the Commencement of lnsurance for the purposes of the Regulations, (00:00:00)

23/03/2023

Excess Sect 1.

S\$1,500.00

Ordinance or Enactment

EX ON WINDSCREEN .

\$\$100.00

4. Date of Expiry of Insurance

22/03/2024

Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder'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

- Limitations as to use:\*
  - Use in connection with the Policyholder'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

(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.

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

HIRE PURCHASE CO.: HONG LEONG FINANCE LTD AS HP OWNER

\* Limitations 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.

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).

Please see reverse



For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

**Authorised Signatory** 

Issued By: INXPRESS INSURANCE AGENCY PTE LTD **Authorised Officer** 

©6389 6111

**6222 1033** 

www.sg.cntaiping.com

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 充 3 Anson Road #16-00 Springleaf Tower Singapore 079909