SK0N24960008 / KAN FOOK SING MOTOR WORKSHOP [533758]
ENTRY DATE & TIME: 06/09/2024 14:43 (SGT)
SUBMITTED BY: DARRELL LEK
VERSION: 1 (06/09/2024 14:43 (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 First Submission	06/09/2024 14:43 (SGT)
Reported by	Actual Driver
Date of Accident	06/09/2024 09:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AVIATION PARK ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP4401U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DOU YEE ENTERPRISES (S) PTE LTD
Company Reg No	198202960E
Email Address	VTEC09@HOTMAIL.COM
Mobile Phone No	(Phone) +65-64442678
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R-HKFMS3
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	Goods vehicle
Transmission	Manual
CC	4009
Vehicle Fuel	-
First Regisration Date	-
Chassis no	JHHUCS3H80K018236
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	2023-V0109758-VCV

DRIVER

Name of Driver	TAN SOO HUI
NRIC No	S8529226I
Date Of Birth	23/09/1985
Occupation	Outdoor
Driving Pass Date	27/02/2013
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	11 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97371448
Alt. Phone Number	-
Email Address	VTEC09@HOTMAIL.COM
Address	126 PASIR RIS STREET 11 #06-379 S510126
Address complement	-
Postcode	-
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	Side Swipe
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)	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED REPORT

ATTACHMENT(S)

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	SHD3607P
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	TAN SOO HUI
Gender	Male
Phone No	(Phone) +65-97371448
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	YP4401U
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 Actual 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 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.

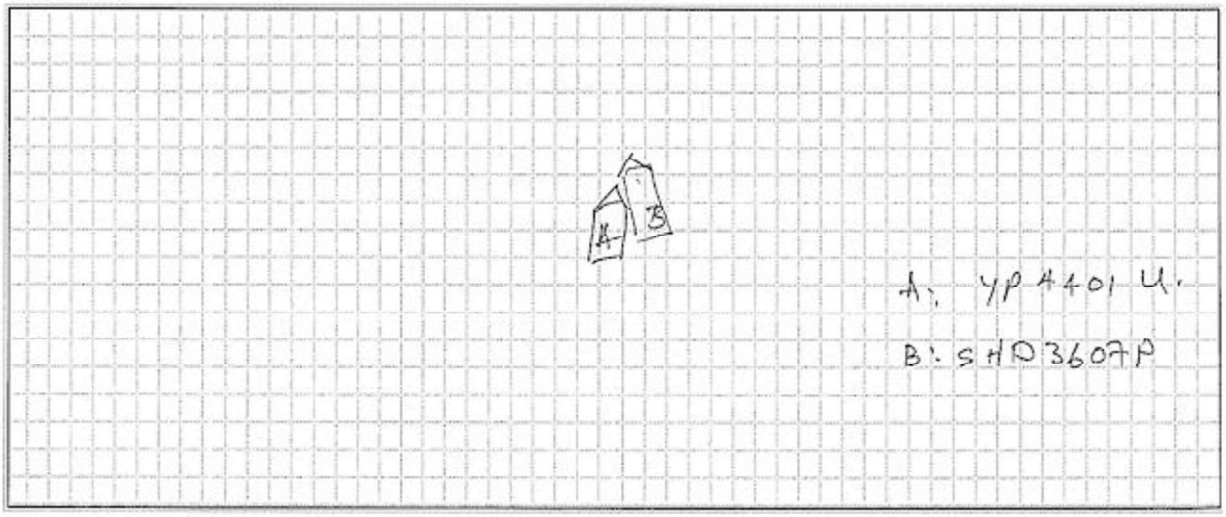
(collectively the "**Purposes**")

(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.

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)
	6/9/24 1.30pm	

Sketch Plan



Describe Circumstance of the Accident

I was travelling , along a curve keeping to my lane suddenly vehicle B cut into my right side & hit onto my lorry.

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Declaration

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

Policyholder's Signature / Date & Time

6/9/24 1.30pm

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

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

2

IMAGES

IMAGES #2

IMAGES #3

Global Capability, Local Focus
DOUYEE ENTERPRISES (S) PTE. LTD.
Tel: 6444 2678 Fax: 6743 7172
Email: marketing@douyee.com.sg Website: www.douyee.com
616
HINO

IMAGES #4

IMAGES #5

IMAGES #6

DOU YEE
Global Capability, Local Focus
DOU YEE ENTERPRISES (S) PTE. LTD.
Tel: 6444 2678 Fax: 6743 7172
220A Bedok Reservoir Road, Bedok Industrial Park C, Singapore 479223
Email: marketing@douyee.com.sg Website: www.douyee.com
616

IMAGES #7

204 Bedok Reservoir Road, Bedok Industrial Park C, Singapore 479223
Email: marketing@douyee.com.sg Website: www.douyee.com
616

IMAGES #8

DOU YEE
Global Capability, Local Focus
DOU YEE ENTERPRISES (S) PTE. LTD.
Tel: 6444 2678 Fax: 6743 7172
2304 Bedok Reservoir Road, Bedok Industrial Park C, Singapore 479223
Email: marketing@douyee.com.sg Website: www.douyee.com
EURO5

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12

STREAM OF PRODUCTS & SERVICES
• Electrostatic Discharge Control
• Micro Contamination Control
• Dry Packaging / Electronic Packaging Materials
• Electronic Equipment and Tools
• Bio Medical
• Chemical for Electronics Industry
• Personal Protective Equipment
• Nano Composite Materials
6444 2678
www.douyee.com
4401U

IMAGES #13

DOU YEE
Global Capability, Local Focus
EURO5
DOU YEE ENTERPRISES (S) PTE. LTD.
Tel: 6444 2678 Fax: 6743 7172
2304 Bedok Reservoir Road, Bedok Industrial Park C, Singapore 479223
Email: marketing@douyee.com.sg Website: www.douyee.com
616

Hino Motors, Ltd.
MODEL XZU710R-HKFMS3
ENGINE N04C-US 4009
FRAME No. JHHUCS3H80K018236
COLOR TRIM PLANT GVW(kg)
058 LA18 P11
TW/M/BUILT MYY6S A06A
MADE IN JAPAN
092
HINO

IMAGES #15

IMAGES #16