#### 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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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

| aforesaid.   |   |
|--|---|
|  | ACCIDENT STATEMENT                        |
| Date Of Report   | 27/11/2017 14:21                          |
| Date Of Accident   | 27/11/2017 11:00                          |
| Exact Location Of Accident   | BLK 513 HOUGANG AVENUE 10 CARPARK LOT 381 |
| Country/State of Loss  | SINGAPORE                                 |
|  | DETAILS OF OWN VEHICLE                    |
| Vehicle Registration Number  | GBA2273L                                  |
| Insured/Policyholder   |   |
| Name Of Registered Owner   | YONG JIE SERVICES PTE LTD                 |
| Co Reg No  | 20102711W                                 |
| Email Address  | KIANBENG1995@GMAIL.COM                    |
| Mobile Phone No  | (LOCAL) +65-83222166                      |
| Alternative Phone No   | OFFICE-83222166                           |
| Vehicle Particulars  |   |
| Manufacturer   | TOYOTA                                    |
| Model  | HIACE                                     |
| Exact Purpose for which vehicle was being used at time of accident           | WORK                                      |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO  |
| If No, Please state action to be taken                                       | REPORTING ONLY                            |
| Vehicle Category   | COMMERCIAL VEHICLE                        |
| Insurance Company  |   |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD    |
| Type Of Coverage   | COMPREHENSIVE                             |
| Fleet Policy   | NO  |
| Policy Number  | 5090891512                                |

### Driver

Cover Note Number

Name of Driver

KANG KIAN BENG

NRIC No

S9523168C

Date Of Birth

27/06/1995

Occupation

OUTDOOR

Date Of Driving Pass

25/05/2017

Driving Experience 0 YEAR AND 6 MONTH

Gender MALE

Mobile Number (LOCAL) +65-83222166

Fax Number

Contact Number OTHERS-83222166

EMail Address KIANBENG1995@GMAIL.COM

**BLK 831 HOUGANG CENTRAL** Address

#11-518

Postcode 530831

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions **RAINING** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO Was any body injured in the Accident? NO Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

0 Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name **HOGANG N.P.C** 

ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775, POSTCODE: 538775, Police Station Address

**COUNTRY: SINGAPORE** 

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLS REFER TO THE POLICE REPORT: T/20171127/2054

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

**HITANDRUN** Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name

Phone Number Email Address

#### Sketch Plan

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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 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:
  - 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.
- (d) 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:
  - 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.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personner's Signature

Name: NRIC/FIN No.:

### Sketch Plan #2

|                                       | BLK513 Hov                              | 0 0   |         | 381       |
|---------------------------------------|---|-------|---------|-----------|
|                                       |   |       |         |           |
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| DAL VILLE                             | A I I I I I I I I I I I I I I I I I I I |       | GBF 925 | 136       |
| DESCRIBE CIRCUMSTAN                   | CES OF THE ACCIDENT                     |       |         |           |
|                                       |   |       | 1       |           |
|                                       |   |       | 0 2 Par |           |
|                                       |   | 1:0   | 54      |           |
|                                       |   | 80    | 1/20    |           |
|                                       | 11                                      | 0 117 | 2 (1    |           |
|                                       | 40                                      | 17/   |         |           |
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| 8/0                                   | feller (                                | 2     |         |           |
| 8/0                                   | Leger (                                 | 20    |         |           |
| PI                                    | feler (                                 | 20    |         |           |
| 8/0                                   | feler (                                 | 20    |         |           |
| 8/0                                   | feler (                                 | 20    |         |           |
| 8/0                                   | feller                                  | 20    |         |           |
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| <b>8</b> \0                           | feller (                                |       |         |           |
| DECLARATION                           | , te                                    |       |         |           |
| DECLARATION I/We dectare the ocegoing | particulars are true in every respe     |       |         | . 27[11]: |

Date & Time:

COMMING SAMORETURE NOTICE

NRIC/FIN No.:

Page 5 of 26

#### Sketch Plan #3





Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Report No. T/20171127/2054

| Driver           |                       |  |           | Killer II.                        |          |                                 |
|------------------|-----------------------|--|-----------|-----------------------------------|----------|---------------------------------|
| Name             | KANG KIAN BENG        |  |           | ID No                             | ),       | S9523168C                       |
| Related Vehicle  | GBA2273L (Van)        |  | Conta     | act No.                           | 83222166 |                                 |
| Hospital/Clinic  | NIL                   |  |           | Class<br>Drivin<br>Licen<br>Expin | g        | Class: 3<br>Date of Expiry: NIL |
| Date Treatment   | NIL                   |  | Date Disc |                                   | NIL      |                                 |
| No. of Days gran | ted Medical Leave NIL |  | Degree o  |                                   | NIL      |                                 |

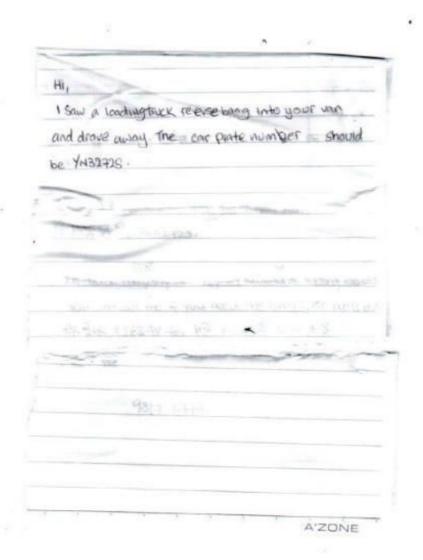
CONTINUATION OF REPORT

### Brief Details.

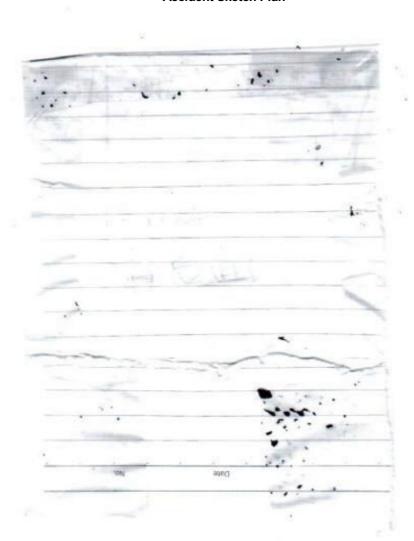
On 26/11/2017 at about 2230 hrs, I parked my silver Toyota Hiace (GBA2273L) at the open carpark lot number 381 of Blk 513 Hougang Avenue 10.

On 27/11/2017 at about 1100 hrs, I returned to my vehicle and discovered the front left portion was damaged. There were blue paint transferred onto the damaged portion. There was a piece of note left behind on my windscreen by a witness who saw a lorry (YN3272S) belonging to Applied Movers & Trading Pte Ltd reversing and colliding onto my van and drove away. The person left a contact number 98176774. I tried calling but no one picked up. There are no in-vehicle camera installed in my van.

### **Accident Sketch Plan**



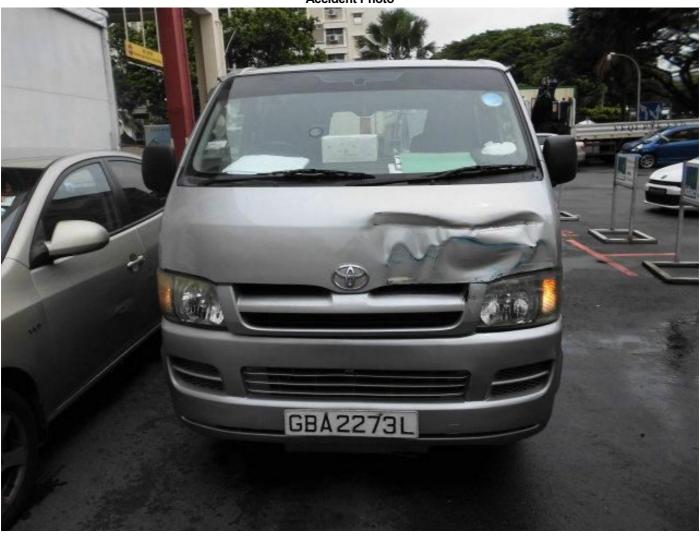
# Accident Sketch Plan









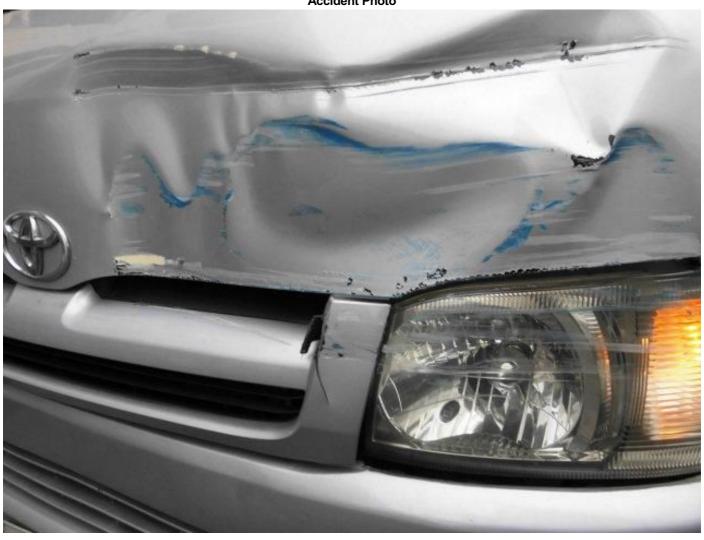










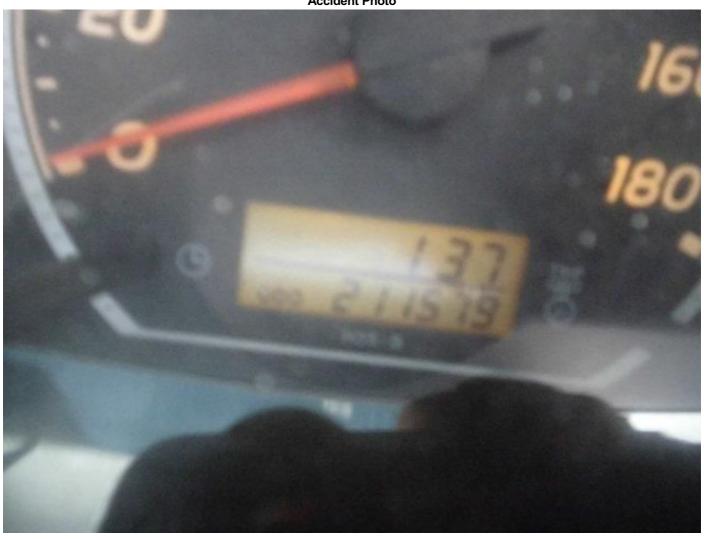


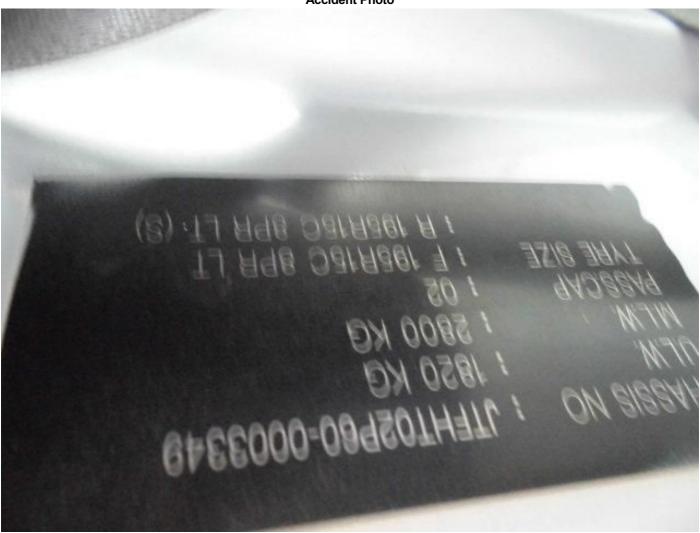












### Police Report





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

1 of 3 Report No. T/20171127/2054

| Date/Time Report Made:<br>27/11/2017 12:47                                    |              |                | Vide Report No.:  | Station Diary No.          |  |  |
|---|--------------|----------------|---|----------------------------|--|--|
|   | nt's Particu | lars           |   |                            |  |  |
| Name of Informant:<br>KANG KIAN BENG  |              |                | Address:<br>APT BLK 831 HOUGANG CENTRAL #11-518 SINGAPORE<br>530831 |                            |  |  |
| ID Type / ID No.:<br>NRIC NO / S9523168C<br>Nationality:<br>SINGAPORE CITIZEN |              | 58C            | Contact No.:<br>Home/Office:  | Mobile: 83222166           |  |  |
|   |              | 1160           | Email:  |                            |  |  |
| Sex: Age: Date of Birth:<br>Male 22 27/06/1995                                |              | Date of Birth: | Type of Informant:<br>Driver  |                            |  |  |
| Race:<br>Chinese<br>Occupation:<br>DELIVERY DRIVER                            |              |                | Language:<br>English  | Institution / School Name: |  |  |
|   |              | 3              | Driving Licence Information: Class: 3 Date of Expiry:               |                            |  |  |

| Type of<br>Accident:                  | Non-Injury<br>Hit and Run               | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>27/11/2017 11:00 | Type of Location:<br>Car Park |  |
|---------------------------------------|---|-----------------------|---|-------------------------------|--|
| Location:<br>Along Road (<br>HOUGANG) | I<br>AVENUE 10<br>gang Avenue 10, Carpa | ark Lot 381           |   |                               |  |
| Weather:                              | gaily Aveilde 10, oaip                  | Road Surface:         | F   | Road Speed Limit:             |  |
| Traffic Flow: Traffic Control:        |   |                       |   | Traffic Volume:               |  |
|                                       |   |                       | -   | Anyone conveyed by            |  |

| Details of V | THE RESERVE OF THE PERSON NAMED IN | Make   | Model | Color  | Condition | No of Passenge |
|--------------|------------------------------------|--------|-------|--------|-----------|----------------|
| Vehicle No.  | -                                  |        | HIACE | Silver | Slightly  | 0              |
| GBA2273L     | Van                                | TOYOTA | HIACE | Silver | Damaged   |                |
| YN3272S      | Lorry                              |        |       |        |           | 0              |

| Details of Person Involved      |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     | 2 - 10                         |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

#### **Police Report**





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 CONTINUATION OF REPORT

Report No. T/20171127/2054

| Driver           |                   | en len       | ment Salvania  |                                   | -4675 |                                 |          |
|------------------|-------------------|--------------|----------------|-----------------------------------|-------|---------------------------------|----------|
| Name             | KANG KIAN BENG    |              |                | ID No                             | -     | S9523168C                       |          |
| Related Vehicle  | GBA2273L (Van)    |              | GBA2273L (Van) |                                   | Conta | ct No.                          | 83222166 |
| Hospital/Clinic  | NIL               |              |                | Class<br>Drivin<br>Licen<br>Expin | g     | Class: 3<br>Date of Expiry: NIL |          |
| Date Treatment   | NIL               | NIL Date Dis |                |                                   | NIL   |                                 |          |
| No. of Days gran | ted Medical Leave |              |                |                                   | NIL   |                                 |          |

#### Brief Details.

On 26/11/2017 at about 2230 hrs, I parked my silver Toyota Hiace (GBA2273L) at the open carpark lot number 381 of Blk 513 Hougang Avenue 10.

On 27/11/2017 at about 1100 hrs, I returned to my vehicle and discovered the front left portion was damaged. There were blue paint transferred onto the damaged portion. There was a piece of note left behind on my windscreen by a witness who saw a lorry (YN3272S) belonging to Applied Movers & Trading Pte Ltd reversing and colliding onto my van and drove away. The person left a contact number 98176774. I tried calling but no one picked up. There are no in-vehicle camera installed in my van.

### **Police Report**





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 3 of 3 Report No. T/20171127/2054

CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

| Signature Of Officer Recording The Report: F / Sgt 2 YAP WEI YANG                      |                  | Signature Of Informant:        |
|--|------------------|--------------------------------|
| Signature Of Interpreter:<br>Not applicable  |                  | Date/Time:<br>27/11/2017 12:47 |
| Officer In Charge Of Cas<br>TP / HRT /<br>SI KALESWARI PALANI<br>Contact No.: 65476902 |                  | Classification Of Case:        |
| Authentication Stamp   | Singapore Police |                                |