MKFS18042326 / Kan Fook Sing Motor Workshop - Defu ENTRY DATE & TIME: 29/03/2018 11:51 SUBMITTED BY: Yen Boo

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to
- 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

ACCIDENT STATEMENT

Date Of Report

29/03/2018 11:51

Date Of Accident

29/03/2018 08:00

Exact Location Of Accident

THIRD CHIN BEE ROAD AT THE PARKING LOT 27

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

XD8703Y

Insured/Policyholder

Name Of Registered Owner

SOON LI HENG CIVIL ENGINEERING PTE LTD

199406923E

Email Address

Co Reg No

CONTACT@SLH.COM.SG

Mobile Phone No

Alternative Phone No

OFFICE-62844107

Vehicle Particulars

Manufacturer

VOLVO

Model

FMX37064R-10.8 D SLEEPER CAB (M)

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?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

Policy Number

5070200757-02

Cover Note Number

11/03/2017 TO 10/03/2018

Driver

Name of Driver

TAN CHAI SONG

NRIC No.

S2169684F

Date Of Birth

17/06/1957

Occupation

OUTDOOR

Date Of Driving Pass Driving Experience

04/11/1978 39 YEARS AND 4 MONTHS

Gender

Mobile Number

MALE

Fax Number

Contact Number

(LOCAL) +65-97824265

EMail Address

NOEMAIL

Address

APT BLK 323 TAH CHING RD #08-62 (S) 610323

Postcode

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

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

NO

Number of Passengers (Including Driver)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

JURONG WEST NPC

Police Station Address

ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO: NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

refer with police report t/20180329/2026d

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

Vehicle Registration Number

SHD6989S

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

54 J818 COUNTRY

200.00

No. Of Passenger (Including Driver)

SA BIB COUNTRY

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Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

Page 3 of 20

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- 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)

Lunderstand, 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 Monetery 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) corrying 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
 - (iii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time

原利另

Oriver's Signature (If driver is not the policyholder)

Date & Time:

installers of the agency of th

law firm to

exsonnel's Signature

-stary

Accident Sketch Plan Pg. 1

SKETCH PLAN

A: XD87631/ B: SHD69895

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT report X087-07-1 Papartitic Only / Own Daniage Claim DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature Policyholder's Signaturh Name: (If driver is not the policyholder) NRIC/FIN No.: Date & Time:

police report Pg. 1





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999 1 of 3 Report No. T/20180329/2028D

REPORT	F A TRAFFIC	ACCIDENT			
Date/Time Report Made: 29/03/2018 10:14			Vide Report No.:	Station Diary No. 5050	
Informa	nt's Partice	ulars			
Name of Informant: TAN CHAI SONG			Address: APT BLK 323 TAH CHING ROAD #08-62 SINGAPORE 610323		
ID Type / ID No.: NRIC NO / S2169684F			Contact No.: Home/Office:	Mobile: 97824265	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 60	Date of Birth: 17/06/1957	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English	Institution / School Name:	
Occupation, Lorry driver			Driving Licence Informa Class: 2B,3,4,5	tion: Date of Expiry:	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 29/03/2018 08:00	Type of Location Straight Road	
Location: Along Road ' THIRD CHIN at the parking Weather; Clear	BEE ROAD	Road Surface:	F	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Traffic Flow: Two Way			1	lo Traffic	

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

police report Pg. 1



T/20180329/2026D

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 549818 Tel No: 1800-2689999

2 of 3 Report No. T/20180329/2026D

CONTINUATION OF REPORT

Vehicle Owner Name	TAN CHAI SONG		Vo.	S2169684F
Related Vehicle	NIL		ntact No.	97824265
Hospital/Clinic	NIL		ss of ving ance & piry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharg		s diposito - Gilla-
No. of Days gran	ted Medical Leave NIL	Degree of Inju	ry NIL	

On the above date, time and location, I discovered that my front right bumper was damaged. A note was found on the windscreen of my vehicle said "Taxi No SHD6989S ComfortDelco Pls report to comfort 65531111". I parked my vehicle and left the vehicle at car park lot 27 on 28/03/2018 at 6pm. I did not see any cameras around the vicinity. The purpose of my report is for insurance claim requested by my 16574 insurance company

police report Pg. 1





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999 3 of 3 Report No. T/20180329/2026D

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: 47 J1 Sgt 1-AHMAD HAIKAL BIN AHMAD FIRDAUS 5 C Imrus	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/03/2018 10:14
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case.
Authentication Stamp	