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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- 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 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.

- 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	17/10/2018 10:05
Date Of Accident	13/10/2018 11:40
Exact Location Of Accident	ROUNDABOUT AT TEMASEK BOULEVARD
Country/State of Loss	SINGAPORE
THE POST OF LAND IN STREET	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE6328R
Insured/Policyholder	
Name Of Registered Owner	KIREI JAPANESE FOOD SUPPLY PTE LTD
Co Reg No	198201112K
Email Address	CHHONGTIAN125@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81806899
Alternative Phone No	OFFICE-67792128
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	MSIG INSURANCE (SINGAPORE) PTE, LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29067863 MKC
Cover Note Number	
Driver	
Name of Driver	CHUA HONG TIAN
NRIC No	\$1155693J
Date Of Birth	18/03/1956
Occupation	OUTDOOR
Date Of Driving Pass	24/11/1979
Driving Experience	38 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81806899
Fax Number	

OFFICE-67792128

CHHONGTIAN125@GMAIL.COM

Address

BLK 13 TECK WHYE LANE

#13-210

Postcode

680013

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

SIDE SWIPE

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

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)

2

Passenger 1

NAME:

: YEOH

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

QUEENSTOWN N.P.C.

Police Station Name Police Station Address

ROAD: 3 QUEENSWAY #01-03, POSTCODE: 149073, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

Circumstances of Accident

NO

If Yes, against whom?

PLEASE REFER TO POICE REPORT T/20181013/2098

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

SKP8260Z

Vehicle Make/Model/Colour

MAZDA 6

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HENG YU DA, KENNY

NRIC/Passport Number

S9010688J

Contact Number

82827877

Address

Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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

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

Date & Time:

Reporting Centre Personnel's Sign Name:

NRIC/FIN No

	4	rentennial Tower.	PMV Rocific
	3 60 032 R		>
	(Fountain of Wealth.)		TEMPSEK BO
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		of the	
	Enther 1081	0/3/2010	
DECLARATION			
DECLARATION We declare the foregoing particu Policyholder's Signature	Driver's Signature	Reporting Cer	17/10/2000 htre Personnel 9 Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.: KOLA WOODS





1 of 3

Report No. T/20181013/2098

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

REPORT O	FA TRAFFIC	ACCIDENT		Station Diary No.:	
Date/Time Report Made: 13/10/2018 14:49		ade:	Vide Report No.:	34	
Informa	nt's Particu	lars	TENERAL SOURCE OF STATE		
Name of Informant: CHUA HONG TIAN			Address: APT BLK 13 TECK WHYE LANE #13-210 SINGAPORE 680013		
ID Type / ID No.: NRIC NO / S1155693J		93J	Contact No.: Home/Office;	Mobile: 81806899	
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 18/03/1956	Type of Informant: Driver		
Race: Chinese			Language: Chinese	Institution / School Name:	
Occupation:			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/10/2018 11:40	Type of Location Roundabout	
THE PROPERTY OF THE PARTY OF TH	OULEVARD	evard, in front of Towe Road Surface:	r3	Road Speed Limit:	
Raining		Wet			
Traffic Flow: Traff		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Colli	sion: ving Vehicles - Head			Anyone conveyed by ambulance:	

Details of Vo	Туре	Make	Model	Color	Condition	No of Passenge
GBE6328R	Lorry	ТОУОТА	TOYOTA DYNA 150 MANUAL	Silver	Slightly Damaged	1
SKP8260Z	Car	MAZDA	MAZDA6 4- DOOR SEDAN 2.5L SP.6EAT SR HID		Slightly Damaged	0





2 of 3

Report No. T/20181013/2098

Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBE6328R	MSIG INSURANCE (SINGAPORE) PTE. LTD.			

Details of Perso	n Involved			STORES	
Any Pedestrian Ir	nvolved: No				
No. of Pedestrians Injured: NIL		Use of Pedes	strian Cr	ossing: NA	Y
Driver					
Name	CHUA HONG TIAN	11	D No.	\$1155	693J
Related Vehicle	GBE6328R (Lorry)	C	Contact N	No. 81806	899
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Da	ž.	3 of Expiry: NIL
Date Treatment	NIL	Date Discha	rge N	L	
No. of Days gran	ted Medical Leave NIL	Degree of In	njury N	L	
Driver	Appropriate the second of the second	September 1			Best House
Name	HENG YU DA, KENNY		D No.	S9010	0688J
Related Vehicle	SKP8260Z (Car)		Contact I	No. 82827	877
Hospital/Clinic	NIL		Class of Driving Licence (Expiry Da	3.	: NIL of Expiry: NIL
Date Treatment	NIL	Date Discha	arge N	IL	
No. of Days gran	ited Medical Leave NIL	Degree of Ir	njury N	IL	

Brief Details.

On the 13th October 2018, at about 1143am, I was with my partner, driving the company lorry along Temasek Boulevard roundabout, just after a delivery at Suntec City. As I was in front of Suntec tower 3, I was driving along the roundabout heading towards Pan Pacific direction. I then notice a car coming in from my left and cutting into my lane. I then pressed on the horn and stepped hard on the brake, however was unable to stop in time. Front of my lorry then hit onto the other car driver side door. We then made a check on all, no one injured. My vehicle left mudguard had some scratches and a little dislodged. The other vehicle's driver door had a dent. We then exchange particulars and left the location.





3 of 3

Report No. T/20181013/2098

Police Station Of Origin: Queenstown N.P.C

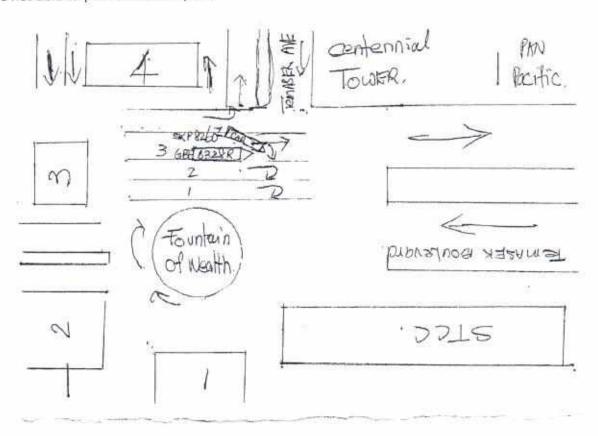
3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

CONTINUATION OF REPORT

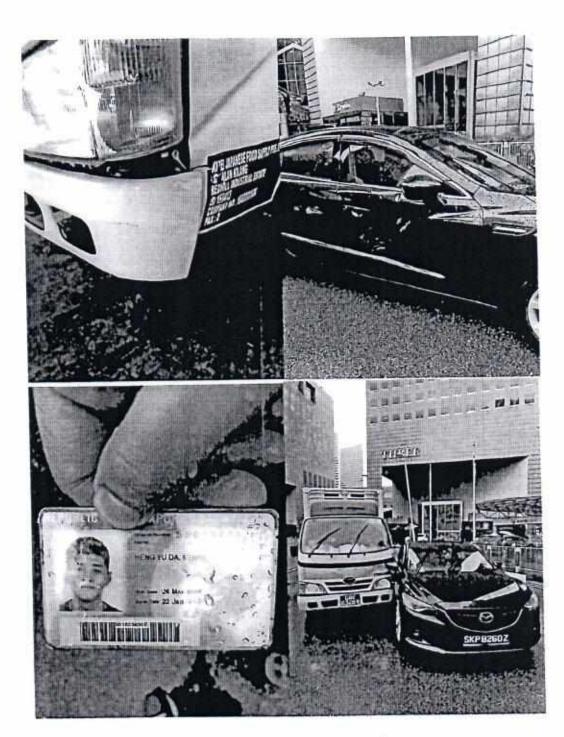
Sketch Plan

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: D / Sgt 3 NG YONG XIN, ALESTER		Signature Of Informant:		
Signature Of Interpreter: Not applicable		Date/Time: 13/10/2018 14:49		
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI		Classification Of Case:		
Contact No.: 65476151	SEAN SINGAPORE	SN 47		
Authentication Stamp NP168	SIGNAT			



Date: of Accident: 13/10/2018@11.40.a.m Vehicle No: 48E 632812.

ACCIDENT STATEMENT

ACCIDEN	T DATE:(13 / 10 / 2018)	(DD/MM/YYYY), TIME:	(17:400) (HH:MM		
LOCATIO	D 11-1-	AT THOMASTURE	Prouchu ARD		
	ETAILS OF VEHICLE	6328R	SE 2 ₂ (6)	1	
b	INSURANCE COMPANY:	151G	-	77	
	INDIVIDUAL SINGLE	7	TOD DADTY FIRE &THEFT	3	
d	POLICY TYPE: [COMPREHENS	VE STHIRD PARTY IN	Marina		
1)	TYPE-IS ALOON / COUPE / MP	//VAN/LORRY/MO	TORCYCLE / OTHERS)		
a	IVEHICLE CATEGORY: (PRIVATE	E / COMMERCIAL / M	OTORCTOLE	2	
h	IPLIRPOSE OF USING AT ACCIE	DENT TIME: PETIVED	9		
1)	ARE YOU CLAIMING UNDER YOU IF NO, PLEASE STATE (THIRD PA	DUP OWN INSUKANCE	NG ONLY)	, to	
S 71	THE PARTY OF THE P			712 74	
2. II	INAME: KIREL JAMANE	E FUOD SHIPLY PLE	LOMALE / FEMALE		
b	NRIC/FIN/PASSPORT		NTACT: 6 1 92120	_	
yeolf (m -	JADDRESS: 12 Jahan PL	lang Spore 159	1915	<u> </u>	
PLD-0 2011 1100 1100 110	CONTINUE TO 3.d IF DRIVER A	LSO POLICY HOLDER			
n.	RIVER				
/ 5 1 1 1 1 N C	INAME: Chua Hong (197	(55693] CO	MALE / FEMALE)	3	
122	INRIC/PIN/PASSPORT: ST	c While Lane #	13-210 Singapor	682013	
· L) c	ADDRESS: OTHER				
	d)DATE OF BIRTH: 1 18 103	1_1956_)(DD/MM/Y	YYY)		
. 6	JOCCUPATION: (INDOOR / O	UTDOOR)	W2	7.07	
.f.	DATE OF DRIVING PASS TO	OF THE INSURED'S	COMPANY? (YES / NO	o) .	
· T	F NO. RELATIONSHIP OF TH	E DRIVER WITH INS	UREU:		
5, 6) WEATHER CONDITION: (GLE	R / RAINING / OTHER	rs taining.	- /, .	
	NOAD SURFACE: (DRY-/ WET				
7. c	REPORTED TO POLICE (YES /	NOT O	HEREWAY N.P.	7	
	IF YES, PLEASE STATE WHICH I	OLICE STATION:	remany 11.1.	<u> </u>	
8. T	HIRD PARTY VEHICLE	2 260 Z MC	ODEL: Mazaga & L.	-Door	
Africas personary	b) DRIVER'S NAME: TRAG	GLOC.	section 12.	SI SP. EGAT S	- 1
to talahasana ayar ya t	b) DRIVER'S NAME: 1100	7/068c	ONTACT:	-	
9. 1	HIRD PARTY VEHICLE		ODEL:	150 90 60	
Story of presente	d) VEHICLE NUMBER:				
	f) NRIC/FIN/PASSPORT:	c	ONTACT:		
8 4	en mantes en material de la company de la co			74	
(Crest)	6		. 1		
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VI080 =

THRUEAUCH CART ... DRIVERS LICAURA

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1155693J





CHUA HONG TIAN

蔡鴻田

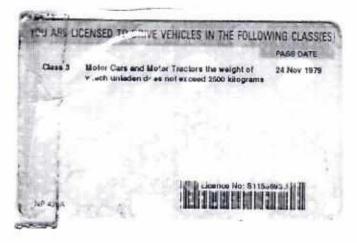
CHINESE

18-03-1956

SINGAPORE









MSIG Insurance (Singapore) Pte. Ltd.

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA) THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)

(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.Z.300

Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE Comprehensive

Certificate No. A 29067863 MKC

Excess: SGD600

- 1. Index Mark and Registration Number of Vehicle GBE6328R
- 2. Name of Policyholder

Kirei Japanese Food Supply Pte Ltd

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 15/02/2018
- 4. Date of Expiry of Insurance

14/02/2019

5. Persons or Classes of Persons entitled to drive*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

- Provided that the person driving is permitted in accordance with the licensing or other laws or 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 Vehicle.
- Limitations as to use*

Use in connection with the Policyholder's business.
Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. Use for social domestic and pleasure purposes.

- The Policy does not cover (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- 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:

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

IAVE 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) or any Amendment, Act or Acts passed in substitution thereof.

> MSIG Insurance (Singapore) Pte. Ltd. Approved Insurers

> > for Chief Executive Officer



Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport

/Company Cert

198201112K

No.:

Owner ID Type:

Company

Owner Name:

KIREI JAPANESE FOOD SUPPLY PTE. LTD.

Registered Address:

13 JALAN KILANG REDHILL INDUSTRIAL ESTATE SINGAPORE 159413

Mailing Address:

Birth Date:

Vehicle Particulars

Vehicle No.:

GBE6328R

Previous Vehicle

No:

Effective Date of

Ownership:

15 Feb 2016

Original Regn Date: 15 Feb 2016

Registration Date:

15 Feb 2016

Year of

Manufacture:

2015

Vehicle Type:

Goods (Open) Refrigerated Vehicle

Vehicle Scheme:

Vehicle

Attachment 1:

No Attachment

Vehicle

Attachment 2:

Vehicle

Attachment 3:

Vehicle Make:

TOYOTA

Vehicle Model:

TOYOTA DYNA 150 MANUAL

Primary Colour:

White

Secondary Colour:

Passenger

Capacity:

2

Chassis No.:

JTFAT35Y10K205799

Engine No.:

1KD2580530

Engine Capacity

2982 cc/-

/Power Rating: Maximum Power

Output:

Propellant:

Diesel