SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
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.
- 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 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

aforesaid.	tent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	14/02/2019 16:26
Date Of Accident	01/02/2019 11:30
Exact Location Of Accident	AT SELETAR MALL LOADING AND UNLOADING BAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH9767X
Insured/Policyholder	
Name Of Registered Owner	LIM THIAM CHWEE FOOD SUPPLIER PTE LTD
Co Reg No	199902525C
Email Address	LTCFOOD@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91351898
Alternative Phone No	OFFICE-67781884
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110165291800
Cover Note Number	
Driver	
Name of Driver	LEONG SIEW KHEONG
Passport No/FIN	F0156989U
Date Of Birth	23/07/1958

OUTDOOR

07/09/1994

MALE

24 YEARS AND 4 MONTHS

LTCFOOD@SINGNET.COM.SG

(LOCAL) +65-91351898

OFFICE-67781884

Address BLK 6 PASIR PANJANG WHOLESALE CTR

#01-222/223

Postcode 110006

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

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Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

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)

NO

2

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : COLLEGUE

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON 01/02/2019 AT ABOUT 11:30HRS I WAS AT SELETAR MALL LOADING BAY TO UNLOAD GOODS.AFTER UNLOADING I REVERSE MY LORRY AND ACCIDENTALLY HIT A LORRY YN5753H, BUT BEFORE THAT THERE IS NO VEHICLE BEHIND ME THATS ALL.

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 YN5753H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 7. 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:

- 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)
 - (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
- (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:
 - (i) 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

Date & Time: , (If driver is not the policyholder)

PANJAHO SINGAPORE 1100 Date & Time:

TE LINE IS LINED FAX 6779

Accident Sketch Plan

SKETCH PLAN	SELKHAR	MALL	WARDINES	MALL	
A) GRAT (B) VN 575	1 9767× 53H		b [YN 5753 7 X NG Feo7 X	9767x
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DESCRIBE CIRCUMS	TANCES OF THE ACCID	DENT			
MACL LOS 1 CHUMES YN 5753 BEHIMD M	K my lokey	/ AND	LOSO (10)	HCY 1417 1	al Unitodoms



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WORK PERMIT ort of Foreign Manpower Act (Chapter 91A) Republic of Singapore

HAI LIAN ENTERPRISES









EFFECTIVE DATE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES! EFFECTIVE DATE

Class 2B. Motorcycles =< 200 cc 07 Sep 1994

Motor cars with unladen weight =< 3000kg with =< 7 24 Apr 2015

passengers, exclusive of driver

NP 426A



VISIT PASS

SP-16 FOR

Name LEONG SIEW KHEONG



F0156989U



Status of Driving Licence

QUALIFIED DRIVING LICENCE

Qualified Driving Licence No. :

F0156989U

Status of Qualified Driving Licence:

Valid

Class of Qualified Driving Licence:

2B,3C

Expiry Date :

28/04/2023

PROVISIONAL DRIVING LICENCE

Provisional Driving Licence No. :

F0156989U

Status of Provisional Driving Licence:

Valid

Class of Provisional Driving Licence:

Expiry Date :

10/05/2020

The above information is accurate as at 11/05/2018 12:01 AM.



















