

MLHM19154670-01 / Lai Huat (Meng Kee) Motor Pte Ltd - Jin Ming  
 ENTRY DATE & TIME: 23/11/2019 10:32  
 SUBMITTED BY: Jenny Lim Lai Foong

Your NCD will be affected due to late reporting  
 Actual e-Filing Submission Date & Time: 23/11/2019 10:49

## 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 Authorized 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 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 Report 23/11/2019 10:32  
 Date Of Accident 15/02/2019 14:45  
 Exact Location Of Accident CENTRAL EXPRESSWAY  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB7538T  
**Insured/Policyholder**  
 Name Of Registered Owner LEONG KAI KEE FOOD MANUFACTURER  
 Co Reg No 22295200L  
 Email Address NOEMAIL  
 Mobile Phone No  
 Alternative Phone No OFFICE-83113410

### Vehicle Particulars

Manufacturer NISSAN  
 Model URVAN-3.0 LWB 5DR 4AT ABS A/B (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? NO

If No, Please state action to be taken REPORTING ONLY

Vehicle Category COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number DMCVSN1543991803  
 Cover Note Number

### Driver

Name of Driver CHUA KAW LEONG  
 NRIC No S1135713Z  
 Date Of Birth 01/03/1955  
 Occupation OUTDOOR  
 Date Of Driving Pass 15/05/1992  
 Driving Experience 26 YEARS AND 9 MONTHS  
 Gender MALE  
 Mobile Number +65-83113410  
 Fax Number  
 Contact Number  
 Email Address NOEMAIL

Address BLK 173 ANG MO KIO AVENUE 4 #04-707  
 Postcode 560173  
 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 COLLISION - HEAD TO REAR  
 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  
 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) 1

**Details of Police Action**

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

REFER TO SKETCH PLAN / POLICE REPORT NO: T/20190412/2180 Vehicle has been repaired when driver came to file the report.

**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 GX2245M  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)



## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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 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 Police for investigation.
6. 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.
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:

- (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.
- (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.

梁啓記食品業  
LEONG KAI KEE FOOD MANUFACTURER

Blk 15 Woodlands Loop #01-27  
Woodlands East Ind. Estate  
Singapore 738322

Tel: 6757 2055, 6757 2052 Fax: 6757 2053  
Policyholder's Signature

Date & Time:

23 NOV 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

23 NOV 2019

Reporting Centre Personnel's Signature

Name:

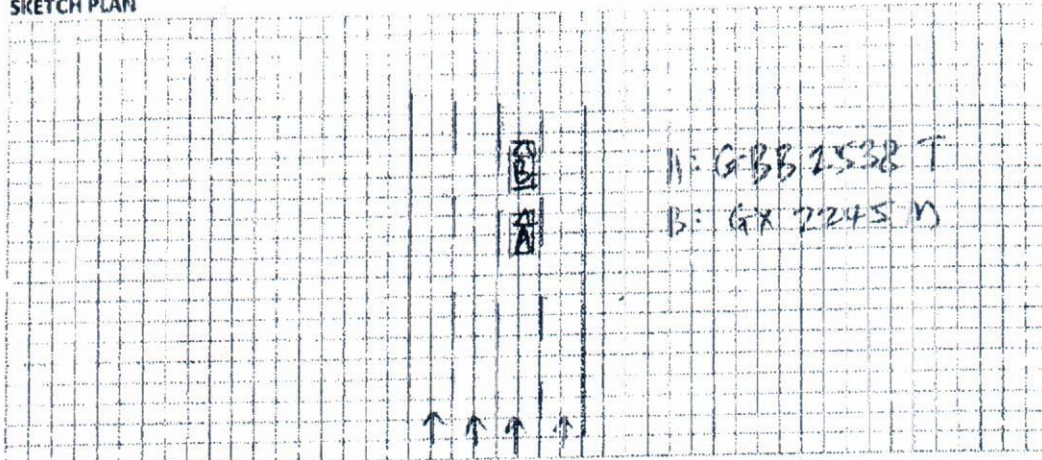
NRIC/FIN No.:

Jenny Lim



## Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING SLOWLY AND FRONT VEHICLE B  
 SUDDENLY STOP AND I LIGHTLY HIT HIS  
 REAR PORTION. INITIALLY I TOLD HIM I WILL  
 PAY FOR ~~BE~~ HIS REPAIR COST AS IT WAS VERY  
 MINOR. THEN HE SAY OKAY THEN HE NEVER  
 CALL ME AND NEVER PICK UP MY CALL.  
 HIS WORKSHOP CALL ME AT 10 PM ONE NIGHT AND  
 SAY TO PAY \$3000 PLUS WHICH IS CRAZY FOR  
 A SMALL DAMAGE.

MY VEHICLE HAS BEEN REPAIRED AT MY OWN COST.

梁啓記食品業  
 LEONG KAI KEE FOOD MANUFACTURER

Blk 15 Woodlands Loop #01-27  
 Woodlands East Ind. Estate  
 Singapore 738322

Tel: 6757 2055 6757 2062 Fax: 6757 2333

## DECLARATION

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

Policyholder's Signature  
 Date & Time: 23 NOV 2019  
 Company Chop (if applicable)

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 23 NOV 2019

Reporting Centre Personnel's Signature  
 Name: Jenny Lim  
 NRIC/FIN No.:



## Police Report Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190412/2180

1 of 3

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

Report No. T/20190412/2180

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2019 21:40		Video Report No.:		Station Diary No.: 20	
Name of Informant: CHUA KAW LEONG		Address: APT BLK 173 ANG MO KIO AVENUE 4 #04-707 SINGAPORE 560173			
ID Type / ID No.: NRIC NO / S1135713Z		Contact No.:		Mobile: 83113410	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 64	Date of Birth: 01/03/1955	Type of Informant: Driver		
Race: Chinese		Language: Chinese		Institution / School Name:	
Occupation: DELIVERY		Driving Licence Information: Class: 3		Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 15/02/2019 14:45	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

GBB2538T	Van			No Damage	0
----------	-----	--	--	-----------	---

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

## Police Report Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20190412/2180

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

2 of 3

Report No. T/20190412/2180

## CONTINUATION OF REPORT

Name	CHUA KAW LEONG	ID No.	S1135713Z
Related Vehicle	GBB2538T (Van)	Contact No.	83113410
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

With ref: TP/IP/21897/2019.

I wish to state that I am unable to remember the other person's particulars and vehicle bearing plate number.

I was driving the Van bearing plate number GBB2538T along CTE. There was a heavy traffic jam during that period of time. The traffic was moving very slowly, as there was a gap in front of me, I stepped on the accelerator a bit more, hence unable to brake in time, causing my front to hit the rear of the other vehicle.

Both of us got down and said that wanted to settle privately.



## Police Report Pg. 3



**SINGAPORE  
POLICE FORCE**



T/20190412/2180

3 of 3

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

Report No. T/20190412/2180

## 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 FOO CHUAN ZHEN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 12/04/2019 21:40
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP: 38	