

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 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	06/03/2019 15:26
Date Of Accident	21/02/2019 08:05
Exact Location Of Accident	(PIE) ENG NEO TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA6721J
Insured/Policyholder	
Name Of Registered Owner	CHYE HENG HUAT ENGINEERING PTE LTD
Co Reg No	199301674K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98899428
Alternative Phone No	OFFICE-62420010

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FB70BB1SRDEA
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	5103748899
Cover Note Number	

Driver

Name of Driver	CHAN WAI KHUEN
NRIC No	S1154021Z
Date Of Birth	31/10/1955
Occupation	OUTDOOR
Date Of Driving Pass	03/07/1978
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98899428
Fax Number	
Contact Number	OTHERS-98899428
Email Address	NOEMAIL

Address	BLK 472 JURONG WEST STREET 41 #08-407
Postcode	640472
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	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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	PC9666P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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.



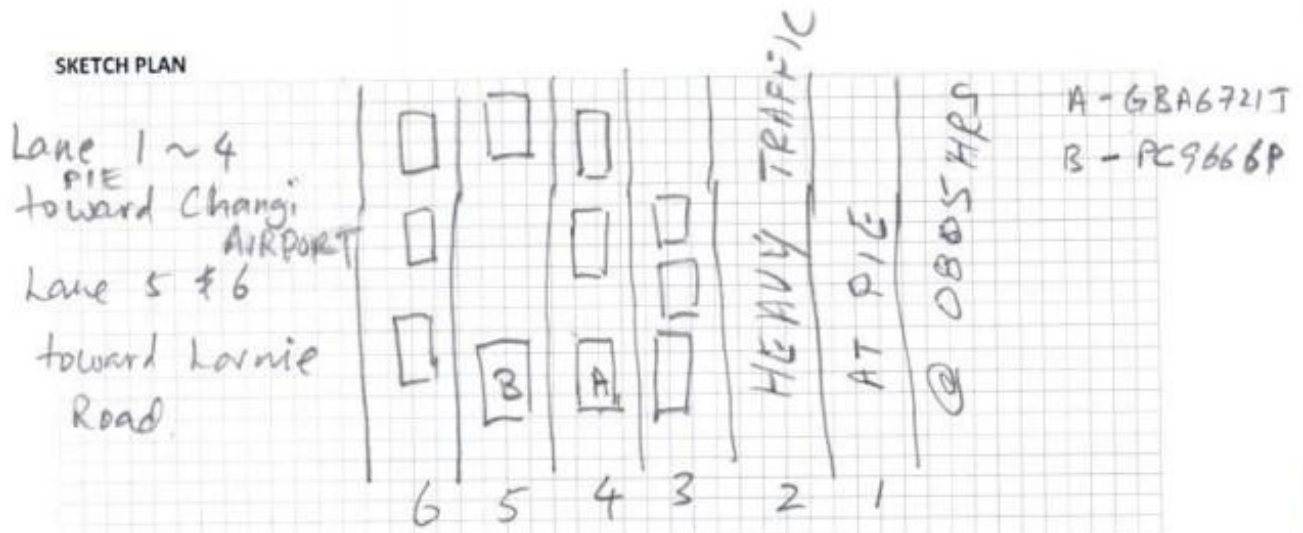
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Verbalize A travelling along Lane 4. Heavy traffic
 at PIE along lane 1 to 4. Time was at
 around 0805 HRS.

I couldn't see veh B overtaking from left which
 is by traffic highway code no overtaking from
 the left. There wasn't clear lane on the right
 as well.

While travelling, veh B may over taking which I didn't
 even notice. When I was straight ahead on
 lane 4, I didn't feel anything knock against my
 vehicle A. That was the reason for me to proceed
 to travel along lane 4.

There isn't any damage to the vehicle A.

DECLARATION

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

Policyholder's Signature
 Date & Time:

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

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

Sketch Plan #3

05/03/2019 TUE 16:44 FAX

0003/007

001/007

GURDEEP SINGH BSEKHON
CHIA KOK SENG
REY FOO JONG HAN
GOH LAM CHUAN
NAVINDER SINGH
P. PADMAN
KWEH SOON HAN
PRADIEP KUMAR GOBIND
HUE JIAPEI
LIM YUN HENG
SHANIN S/O NANO SIVA DAS

KSCGP
JURIS LLP

*Celebrating 25 Years of
Professional and Personalised
Legal Service*

MAIN OFFICE:

10 Hoe Chiang Road, #13-03A
Keppel Towers,
Singapore 089316
Tel: 6538 3611
Fax: 6538 3708

Website: www.kscgp.com

(Fax/Email not for service of court documents)
Registered in Singapore with limited liability
as a Limited Liability Partnership
Registration Number T10LL1855L

Your Ref: PC 9666P
Our Ref: GS/19/2554/YB/ms
Date: 05 MAR 2019

DID: 3152 0981
Email: accident@kscgp.com

Chye Heng Huat Engineering Pte Ltd
49 Kaki Bukit Road 2
Kaki Bukit Warehouse Complex
Singapore 417862

By Fax 6243 0010 & Post

Dear Sirs,

ACCIDENT INVOLVING PC 9666P & GBA 6721J ALONG PAN-ISLAND
EXPRESSWAY ("PIE") ENG NEO TOWARDS CHANGI AIRPORT ON 21.02.2019

We act for Yellow Bus Services Pte Ltd, the owner of PC 9666P in the above matter.
Our investigations reveal that you were the owner of motor vehicle no. GBA 6721J at
the material time of the accident.

We are instructed that the accident was caused by the negligent driving and/or
management of your authorised driver and/or servant and/or agent of vehicle no. GBA
6721J. As a result of the accident, our client's vehicle was damaged and our client has
been put to loss and expense. We enclose herein a copy of our client's Accident Report,
for your attention.

(a) Accident Reporting

Please confirm/furnish the following:

- a) the name, address and NRIC/FIN no. of the driver of the said motor vehicle;
- b) whether the driver was, at the material time of the accident, driving the said
vehicle with the consent of and as your authorised driver. If yes, please provide
particulars together with documentary evidence of:
 - i) the person or entity who gave the authorisation to drive; and
 - ii) the related insurance policy.

Please note that there is a presumption in law that the said driver was driving as your
authorised driver.

BRANCH: PRIVATE PROPERTY CONVEYANCING
490 Lorong 6 Tee Payoh Bld 3 Lobby 2
#09-18 HDB Hub
Singapore 310490
Tel: 6591 7096 Fax: 6256 1825

BRANCH: HDB CONVEYANCING
490 Lorong 6 Tee Payoh Bld 3 Lobby 2
#09-18 HDB Hub
Singapore 310490
Tel: 6591 7096 Fax: 6256 1408

BRANCH: SHIPPING, ADMIRALTY & COMMERCIAL
02 Arab Street #03-01 & #03-02
Singapore 190750
Tel: 6534 1340 Fax: 6534 1358

BRANCH: CORPORATE & LITIGATION
61 Robinson Road
#15-02 Robinson Centre
Singapore 068893
Tel: 6517 9795 Fax: 6224 1612

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intended recipient, you are hereby notified that any use, revelation, dissemination, distribution or copying of this document is strictly prohibited. If you have received this document in error, please
notify us immediately by telephone (call the number above) and destroy the original message.

2019 TUE 16:44 FAX

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KSCGP JURIS LLP

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On receipt of this letter, you are advised to report the above accident to your insurers immediately together with your Certificate of Insurance to enable them to assist you. If you fail to do so, your said insurers have the right to repudiate liability by reason of your breach of the terms of the Motor Insurance Policy. In such event, legal proceedings has be taken against you without further notice, and in which case, our instructions are to seek interest and further costs in addition to losses incurred by our clients. We hope this can be avoided.

Kindly contact us at 6538 3611 after you have made an Accident report/Police report and forward us a copy of the same via fax no. 6538 3708 or email via accident@kscgp.com, for our perusal.

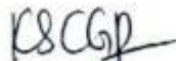
(b) Liability

We are instructed that the accident was caused by the negligent management and/or driving of your authorised driver of vehicle no. **GBA 6721J**.

Please confirm whether you are agreeable to liability at 100% with quantum to be agreed or adjudicated by way of an open letter, failing which we have our client's instructions to proceed further without further reference to you. We hope this will not be necessary.

In the meantime, all our client's rights remain reserved.

Yours faithfully,



(Main Office)

Enc

Cc client

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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