

## 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	08/03/2019 15:50
Date Of Accident	07/03/2019 17:15
Exact Location Of Accident	JUNC OF JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3774A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YONG SENG COFFEE POWDER
Co Reg No	09891600M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86465533
Alternative Phone No	OFFICE-86465533

### Vehicle Particulars

Manufacturer	NISSAN
Model	-
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	THIRD PARTY
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	5094319495-01
Cover Note Number	

### Driver

Name of Driver	TAY WENG HOCK
NRIC No	S0878355A
Date Of Birth	27/09/1946
Occupation	OUTDOOR
Date Of Driving Pass	31/10/1964
Driving Experience	54 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86465533
Fax Number	
Contact Number	OTHERS-86465533
EEmail Address	NOEMAIL

Address	BLK 64 TELOK BLANGAH DRIVE #07-204
Postcode	100064
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	SBS7400J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	FOO KIM WEI
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.

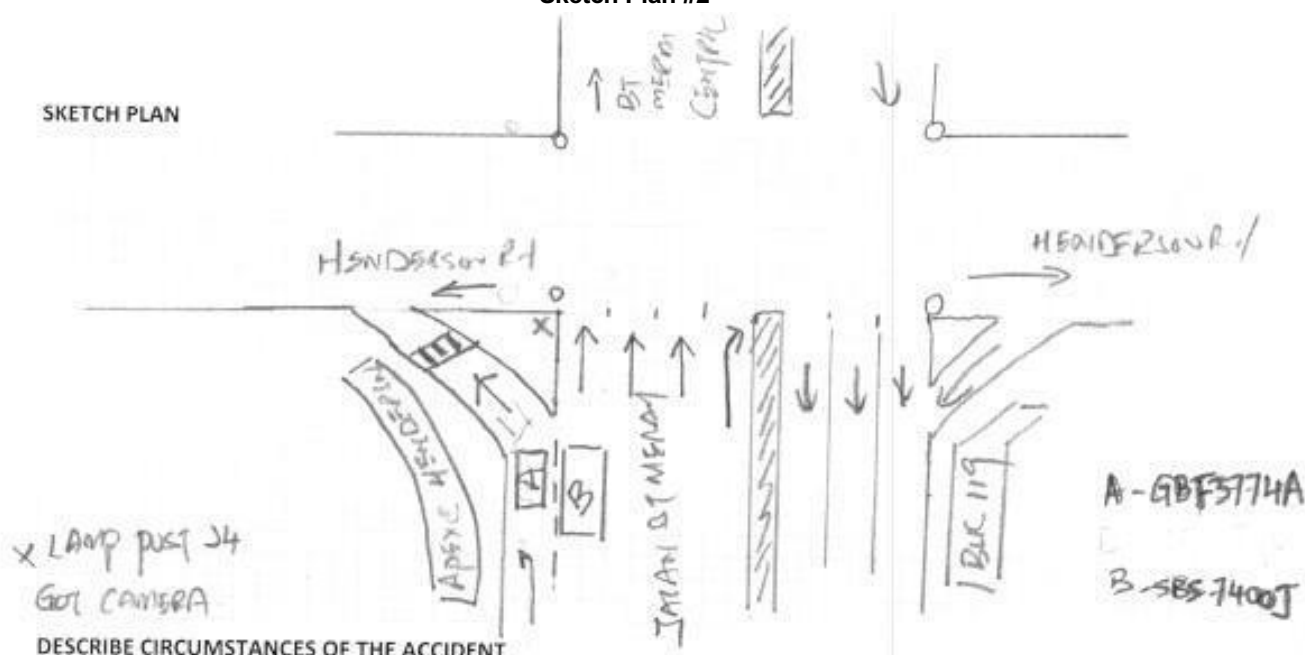
永盛咖啡粉  
YONG SENG COFFEE POWDER  
DLM 77, SENG FOH ROAD  
#01-73 SINGAPORE 161077

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 7/3/2019 AT 1715 HR, I WAS DRIVING ALONG  
JALAN BT MERAM TOWARD BT MERAM CONTROL. AS I INTEND  
TO TURN LEFT AT THE TRAFFIC LIGHT J2. I SIGNAL LEFT  
AND FOLLOW THE LONG QUEUE OF CARS WAITING TO ~~FOR~~  
TURN LEFT. THE QUEUE MOVE SLOWLY AND EVENLY  
COMES TO A STOP AS THERE ARE Zebra CROSSING. MY VAN  
STOPPED BEHIND ~~FOR~~ 3 TO 4 CARS AND IS COMPLETELY  
STATIONARY WHEN THE SBS BUS NO SBS 7407  
DRIVEN BY MR FOO KIM WEI (BUS SERVICE NO 14)  
KNOCK INTO THE REAR OF MY VAN. AS A RESULT OF  
THE IMPACT, MY VAN REAR BACK LIGHT IS BADLY DAMAGED  
AND ALSO MY RIGHT ~~REAR~~ SIDE IS ALSO BADLY DAMAGED.  
THERE ARE ALSO SCRATCH MARK ALONG THE BODY OF MY  
VAN. THE BUS DIDN'T STOP IMMEDIATELY BUT PROCEED FURTHER  
AND STOP AT THE TRAFFIC LIGHT J2.

## DECLARATION

• We declare the foregoing particulars are true in every respect.

**YONG SENG COFFEE POWDER**  
BLK 77, SENG POH ROAD  
#01-75 SINGAPORE 161077  
TEL: 231-1000

Policyholder's Signature 2232895

Date & Time:

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

Date & Time: 8-3-2019

APM 12

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.:

Page 4 of 28



MT/NB/WELCOM/001

05 Sep 2018

YONG SENG COFFEE POWDER  
BLK 77 #01-75  
SENG POH ROAD  
TIONG BAHRU ESTATE  
SINGAPORE 161077

Dear Policyholder

**COMMERCIAL VEHICLE INSURANCE**  
**POLICY NUMBER: 5094319495-01**

Thank you for insuring with Income. We are pleased to be able to help you with your protection and financial planning needs.

Please read the enclosed policy documents to make sure that the benefits meet your needs.

The main documents in this pack carry the Crystal Mark, an international seal of approval for the clarity of a document. It guarantees that a document is written in plain English and offers simple, clear and concise information. We are the first insurance company in Asia to carry out a major Crystal Mark initiative. We know that our customers want information that is easy to understand. By being as clear as possible, we help our customers make informed decisions.

For any correspondence on your Commercial Vehicle Insurance policy, please quote your policy number. This will allow us to help you quickly. Please also let us know if there are any changes to your home address and contact numbers.

If you have any queries, please contact our customer service officers on **6788 6616** or email us at **csquery@income.com.sg**. Alternatively, you may contact your agent **META AGENCY PTE. LTD.** at **98585076** or email **charliembpl@gmail.com**. Thank you.

Yours sincerely

Ken Ng  
Chief Executive

Sketch Plan #4

TP.

SBS 7400 J

79310

Foo Kim W31

Jln Buti Merah

SV14

17:15

Accident Photo



Accident Photo





Accident Photo



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