

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	11/09/2020 13:29
Date Of Accident	16/09/2019 17:30
Exact Location Of Accident	CARPARK OF 323B SENGKANG EAST WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5258P
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	KEDANA TECHNOLOGY ENGRG PTE. LTD.
Co Reg No	201501790N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82961295
Alternative Phone No	OFFICE-82961295

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 1.5T-3.0 (A)
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	DMCVSN1923061900
Cover Note Number	

Driver

Name of Driver	ONG KAH SIM
NRIC No	S0070608F
Date Of Birth	01/01/2000
Occupation	OUTDOOR
Date Of Driving Pass	02/01/2000
Driving Experience	19 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82961295
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	11 TUAS BAY CLOSE #02-04 WEST STAR
Postcode	636996
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	NO COLLISION
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?	NO
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

REFER TO POLICE REPORT AND COMPANY REPRESENTATIVES STATEMENT

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG1402G
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

SKETCH PLAN

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. 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.

Policyholder's Signature
Date & Time:

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

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



REFER TO POLICE REPORT AND COMPANY REPRESENTATIVES STATEMENT.

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

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

Reporting Centre Personnel's Signature
Name: Ram 654
NRIC/FIN No.:





**SINGAPORE
POLICE FORCE**



T/20200904/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200904/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/09/2020 11:05		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE KE-DA			Address: 52 CASSIA CRESCENT #07-211 SINGAPORE 390052		
ID Type / ID No.: NRIC NO / S1262559F			Contact No.: Home/Office: Mobile: 82961295		
Nationality: SINGAPORE CITIZEN			Email: OPERATION@KEDANA.NET		
Sex: Male	Age: 62	Date of Birth: 18/09/1957	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Director (stage, film, television and radio)			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/09/2019 17:30	Type of Location:
Location: CARPARK OF 323B SENGKANG EAST WAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG1402G	Van					0
GBJ5258P	Lorry					0

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



**SINGAPORE
POLICE FORCE**



T/20200904/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20200904/7006

CONTINUATION OF REPORT

Driver				
Name	ONG KAH SIM		ID No.	S0070608F
Related Vehicle	GBJ5258P (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Vehicle Owner				
Name	LEE KE-DA		ID No.	S1262559F
Related Vehicle	NIL		Contact No.	82961295
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

On the stated date and time, my employee (Mr. Ong Kah Sim, S0070608F) drove my company's vehicle (GBJ5258P) along the car park of 323B Sengkang East Way. Out of sudden, a foreign worker came to my employee, said that my employee hit onto his vehicle (GBG1402G) and asked for \$50 for compensation. My employee refused to give him as he never hit onto his vehicle (GBG1402G) and decided to call the police. After that, 2 police arrived and interviewed them. After the interview, the police inform my employee that he no need to make a report as nothing go wrong and allow my employee to go off.

After about a year, I received a letter from my insurance company, China Taiping stated that there was a claim against my insurance and asked me to do an accident report. I wish to state that my employee (Mr. Ong Kah Sim) is in the jail now and will not able to file in the accident report. I am doing this report on behalf of Mr Ong Kah Sim for insurance claiming purposes.



**SINGAPORE
POLICE FORCE**



T/20200904/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200904/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
04/09/2020 11:05

Classification Of Case:



Individual Statement



Kedana Technology Engrg Pte Ltd

Date: 7 Feb 2020

China Taiping Insurance Singapore Pte. Ltd.
3 Anson Road #15-00
Springleaf Tower Singapore 079909

To Whom it may concern

Dear Sir / Mdm

We regard to your letter 31 January 2020 Ref 5NM19D204480C01

Our Driver Mr. Ong Kah Sim ID S0070608F, claim we did not cause an accident on the date 16 Sept 2019 involve vehicle no GBG 1402G

On this date, The GBG 1402 G driver foreign worker from Bangladesh come to him, said that Mr. Ong parking knock he vehicle. ask to pay 50.00. some dispute on the vehicle of the line scrap. Mr. Ong with the friend decides to call the police the settle, then 2 police arrived one interview the foreign worker and interview Mr. Ong, the police officer did inspect the vehicle nothing go wrong, Police office inform Mr. Ong, not need to make report allow Mr. Ong go off. this is the following photo



Meanwhile kindly update our policy data we no long in Tuas address. 499 Geylang is our new mail address

Thanks and appreciated

Operation Department

Mr Lee

