

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	12/11/2019 09:05
Date Of Accident	05/10/2019 08:45
Exact Location Of Accident	12 FISHERY PORT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ452T
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Insured/Policyholder

Name Of Registered Owner	FOODGEARS SINGAPORE PTE LTD
Co Reg No	201707896Z
Email Address	SALE@FOODGEAR.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63518898

Vehicle Particulars

Manufacturer	HINO
Model	XZU710R-4.0 D 14FT WIDE CAB 5T (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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA470144/1
Cover Note Number	

Driver

Name of Driver	HO GZOK LENG
NRIC No	S0135525B
Date Of Birth	13/06/1953
Occupation	OUTDOOR
Date Of Driving Pass	11/12/1971
Driving Experience	47 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97838091
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 53 TELOK BLANGGAH DRIVE
Postcode	
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?	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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TELOK BLANGGAH NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH INSURED / DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ6467X
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

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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.



FOODGEARS SINGAPORE PTE LTD
 Main Line : +65 6351 8889
 Main Fax : +65 6351 8890
 6 Chin Bee Avenue
 #10-06 Sharikat National Building
 Singapore 619930

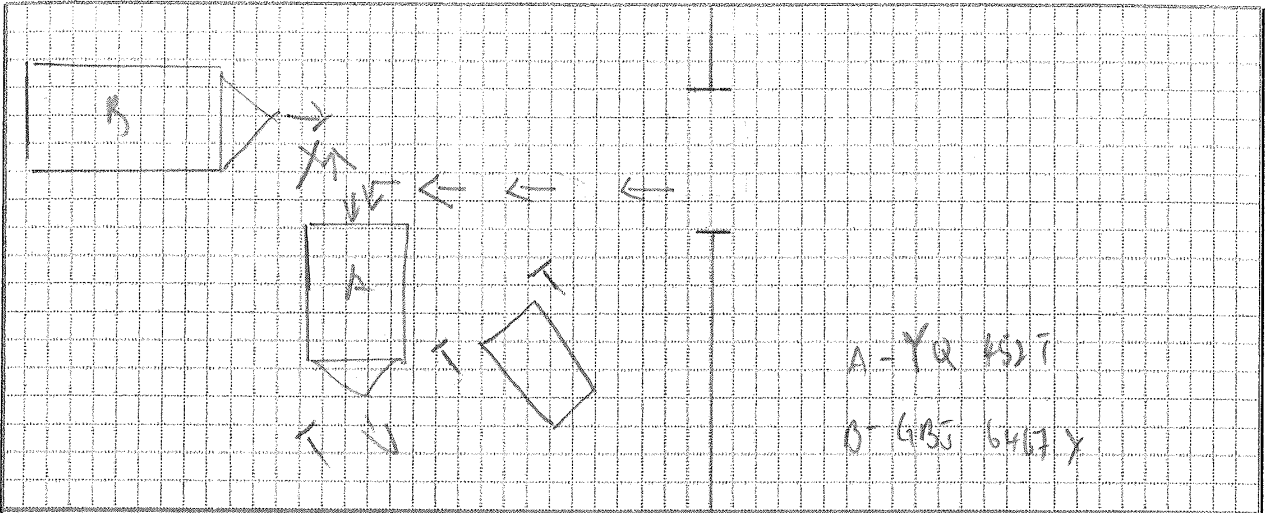
Policyholder's Signature
 Date & Time

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

CONFIDENTIAL REPORTING PTE LTD
 EXTERNAL BUSINESS UNIT / FINANCIAL SERVICES
 NAME & SIGNATURE: [Signature]
 DESIGNATION: [Signature] DATE: 12/11/19

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

RA to Police Report

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide **within 21 days** of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

DECLARATION

We declare the foregoing particulars are true in every respect.



FoodGears

FOODGEARS SINGAPORE PTE LTD
Main Line : +65 6351 8889
Main Fax : +65 6351 8890
6 Chin Bee Avenue
#10-06 Sharikat National Building
Singapore 619930

Policyholder's Signature
Date & Time

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

COMFORT DELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV. PANDAN BRANCH
NAME & SIGNATURE: [Signature]
DESIGNATION: [Signature] DATE: 12/1/12

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

ACKNOWLEDGE FORM Pg. 1



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 12/1/12

To: Owner of Vehicle Number: YQ 457

The following has been advised to you via your workshop, _____ through their staff, _____

Please tick the applicable box if you had been advised on any of the following:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- ☐ For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.

For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using **any combination** of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.

- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.



FOODGEARS SINGAPORE PTE LTD

Main Line: +65 6351 8889

Main Fax: +65 6351 8890

6 Chin Bee Avenue

#10-06 Sharikat National Building

Singapore 619930

Name and signature of policyholder/ authorized driver* and company stamp (where applicable)

*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

NAME & SIGNATURE: [Signature]
DESIGNATION: _____ DATE: 12/1/12

Name and signature of workshop personnel including company stamp

CERTIFICATION OF INSURANCE Pg. 1



**SINGAPORE
POLICE FORCE**



T/20191111/2110

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

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Report No. T/20191111/2110

CONTINUATION OF REPORT

Driver			
Name	HO GEOK LENG		ID No. S0135525B
Related Vehicle	YQ452T (Lorry)		Contact No: 97838091
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details:

On 05/10/2019 at about 0845hrs, I was driving my lorry and entered the loading and unloading bay carpark Storbest at 12 Fishery Port Road. As I enter the carpark, I turned left and in front of me was a wall. I then had to reverse and make a narrow turn to be able to move further into the carpark to park my lorry. I then reversed my lorry and while reversing, another lorry, GBJ6467X, which was parked near the entrance of the carpark move forward to exit the carpark. The rear of my lorry then hit onto the right side of the lorry.

I then got down and one of the supervisor from Storbest came and told the driver of GBJ6467X to continue with delivery first as it is a minor accident and the supervisor informed me to let our companies settle with each other and took down my contact number. The driver of GBJ6467X then drove off and exit the carpark.

I wish to state that I do not have the particulars of the driver of GBJ6467X or the Storbest supervisor as we decided to continue with our work and let our companies to settle on their own and no one was injured during the accident. There was one scratch on the right side of GBJ6467X caused by the mental hinge at the rear of my lorry during the accident. I also wish to state that I was only informed by my company today to lodge a police report as they have received a claim from the insurance company of GBJ6467X. The lorry of the other party belongs to Storbest and there is CCTV footage available regarding the accident as Storbest have sent the footage to my company.

6029920



NRIC No. S0135525B



Date of issue
24-09-2018

Address

APT BLK 53 TELOK BLANGAH DRIVE
#05-72
SINGAPORE 100053

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	07 Sep 1977
Class 2A	Motorcycles between 201 cc and 400 cc	07 Sep 1977
Class 2	Motorcycles exceeding 400 cc	07 Sep 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	11 Dec 1971

NP 428A



Licence No: S0135525B



redefining / insurance

AXA Insurance Pte Ltd
 ☎ 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 📠 (65) 6880 4740
 ✉ customer.care@axa.com.sg
 🌐 www.axa.com.sg

date
 21/05/2019

policy number
 CV1 / GA470144

Certificate of Insurance

-Commercial Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) - Commercial Vehicles (Third-Party Risks and Compensation) Rules, 1960 -Road Transport Act, 1987 (Malaysia) -Commercial Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	FOODGEARS SINGAPORE PTE LTD	Certificate number	GA470144 / 1
Cover	Comprehensive	NCD	0%
Engine number	N04CVV10642	Chassis number	JHHUCV3H80K029982
Vehicle Registration number	YQ452T		
Period of Insurance	from 29/03/2019 to 28/03/2020 (both dates inclusive)		
Sum Insured	Market Value at The Time of Loss		
Finance Loan Company	DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD		

Persons or classes of persons entitled to drive

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitations as to use*

- (a) Use in connection with the Policyholder's business.
- (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (c) Use for social, domestic and pleasure purposes.

The Policy does not cover

- (a) Use for the hire or reward or for racing, pace-making, reliability trail or speed testing.
- (b) Use whilst drawing a trailer except the towing of anyone disabled mechanically propelled vehicle.

* Limitations rendered Inoperative by Section 8 of the Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Excess

Section I	SGD800.00
Windscreen	SGD160.00

An additional excess is applicable as follows:


Additional Own Damage Excess of \$31,000 is applicable for any named/unnamed drivers who:

- a) Is 22 years old to 24 years old and/or
- b) Is 66 years old to 70 years old and/or
- c) with driving experience of 1 year to less than 2 years on the relevant classes of driving license

Additional All Claims excess of \$2,000.00 is applicable for any named/unnamed drivers who:

- a) Is 18 years old to 21 years old and/or
- b) Is 71 years old and above and/or
- c) with driving experience of less than 1 year on the relevant classes of driving license

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S0135525B**



Name
HO GEOK LENG
何 玉 林

Race
CHINESE


Date of birth
13-06-1953

Sex
M

Country/Place of birth
SINGAPORE


S0135525B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S0135525B**
Name:
HO GEOK LENG

Birth Date: **13 Jun 1953**
Issue Date: **30 Jun 2003**



000608073A



**SINGAPORE
POLICE FORCE**



T/20191111/2110

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

3 of 3

Report No. T/20191111/2110

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:

D /
Sgt 3 JEREMY TAN KAY JIN

Signature Of Informant:

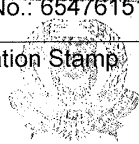
Signature Of Interpreter:
Not applicable

Date/Time:
11/11/2019 17:28

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



Signature:

Singapore Police Force



**SINGAPORE
POLICE FORCE**



T/20191111/2110

1 of 3

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

Report No. T/20191111/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2019 17:28		Vide Report No.:		Station Diary No.: 14	
Informant's Particulars					
Name of Informant: HO GEOK LENG			Address: APT BLK 53 TELOK BLANGAH DRIVE #05-72 SINGAPORE 100053		
ID Type / ID No.: NRIC NO / S0135525B			Contact No.: Home/Office: Mobile: 97838091		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 13/06/1953	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: DELIVERY LORRY DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 05/10/2019 08:45	Type of Location: Car Park
Location: Along Road 1 FISHERY PORT ROAD				
Storbest loading unloading bay				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 20 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ6467X	Lorry	TOYOTA		Red	Slightly Damaged	1
YQ452T	Lorry	HINO		White	No Damage	0

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

