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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

| aforesaid. | |
|--|---|
| | ACCIDENT STATEMENT |
| Date Of Report | 26/12/2019 15:51 |
| Date Of Accident | 24/12/2019 14:00 |
| Exact Location Of Accident | JALAN TOA PAYOH |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | GBE9863S |
| Insured/Policyholder | |
| Name Of Registered Owner | M/S UIE INDUSTRIAL EQUIPMENT PTE LTD |
| Co Reg No | 1XXXXX624M |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-67448928 |
| Vehicle Particulars | |
| Manufacturer | NISSAN |
| Model | NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMCVSN1628591903 |
| Cover Note Number | |
| Driver | |
| Name of Driver | SEOW HWEE HONG |
| NRIC No | SXXXX701B |

NRIC No SXXXX701B

Date Of Birth 18/08/1949

Occupation OUTDOOR

Date Of Driving Pass 03/08/1970

Driving Experience 49 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97884715

Fax Number

Contact Number OFFICE-97884715

EMail Address NOEMAIL

Address BLK 104 POTONG PASIR AVENUE 1

#04-406

Postcode 350104

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? YES

Foreign Vehicle Registration Number NWC7768 (COMMERCIAL VEHICLE)

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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

Police Station Name WOODLANDS WEST N.P.C

Police Station Address ROAD: 1 WOODLANDS STREET 12, POSTCODE: 738622, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20191224/2096.

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 NWC7768

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Name of Driver MOHD ZULKARNAIN BIN SABEDE

NRIC/Passport Number

Contact Number

Vehicle Category

Address Postcode

Page 2 of 20

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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)
 - (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
- 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.
- 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 Person Name

enature

NRIC/FIN No.:

Accident Sketch Plan

| SKETCH PLAN | | |
|--|--|--|
| Julen 12c payoh | 1 | A: GBE 98635 B: NWC 7768 |
| Relac to potice of | ES OF THE ACCIDENT | |
| | | |
| | | |
| | | |
| DECLARATION I/We declare the foregoing pa Policyholder's Signature Date & Time: | Driver's Signstore (If driver's not the policyholder) Date & Time: | Reporting Centre Personnel's Signature Name: NRIC/FIN No.: |

Police Report





Date of Expiry:

Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363.9999

1 of 3 Report No. T/20191224/2096

REPORT OF A TRAFFIC ACCIDENT

Van driver

| | | CACCIDENT | | |
|--|--------------------------|------------------------------|---|---------------------------|
| Date/Time Report Made: 24/12/2019 15:55 | | Vide Report No.: | Station Diary No. | |
| Informa | ant's Partic | ulars | (* 6-1 Land | |
| | f Informant: HWEE HON | | Address: APT BLK 104 POTON SINGAPORE 350104 | NG PASIR AVENUE 1 #04-406 |
| | / ID No.: O / S05467 | 01B | Contact No.: Home/Office: | Mobile: 97884715 |
| National SINGAP | lity: PORE CITIZ | EN. | Email: | MODILE. 37004713 |
| Sex: Male | Age: 70 | Date of Birth: 18/08/1949 | Type of Informant: Driver | |
| Race: Chinese | | Language: Chinese | Institution / School Name: | |
| Occupation: | | Driving Licence Information: | | |

| Type of Accident: | Non-Injury Foreign Vehicle | Drink Drive: No | Date/Time of Accident: 24/12/2019 14:00 | Type of Location Straight Road | |
|----------------------|-------------------------------|-----------------------|---|-----------------------------------|--|
| | EXPRESSWAY (JALA) | | | rection Road Speed Limit: | |
| 0.77 (20) | | Traffic Control: | | Traffic Volume: Heavy | |
| | | Not Controlled | | | |

Class: 3

| Details of V | ehicle Invo | lved | A STATE OF THE PARTY | DATE OF | V. LEWILLE | The state of the s |
|--------------|-------------|--------|---|---------|---------------------|--|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| GBE9863S | Van | NISSAN | NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC | Silver | Slightly Damaged | 0 |
| NWC7768 | Lorry | | Hohan | Green | Slightly Damaged | 0 |

Police Report



T/20191224/2096

Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

2 of 3 Report No. T/20191224/2096

CONTINUATION OF REPORT

| Details of Perso | on Involved | NAME OF THE OWNER. | 100 | 561 | |
|---------------------------------------|----------------------------|----------------------|---|--|-----------------------------------|
| Any Pedestrian I | nvolved: No | | | | |
| No. of Pedestrians Injured: NIL Use | | | estrian | Cross | sing: NA |
| Driver | | 20000 | o o i i i i i i i i i i i i i i i i i i | Orode | arig. rus |
| Name | SEOW HWEE HONG | | ID No. | | S0546701B |
| Related Vehicle | GBE9863S (Van) | | Contact No. | | 97884715 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL Date D | | | NIL | |
| No. of Days gran | ted Medical Leave NIL | Degree of I | | NIL | |
| Driver | | WASH FREE | 1-1 | Para de la constantia del constantia della constantia della constantia della constantia della constantia del | 19-19-27 (not 199) |
| Name | Mohd Zulkarnain Bin Sabede | | ID No. | | 861104436461 |
| Related Vehicle | NWC7768 (Lorry) | | Contact No. | | NIL |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discha | arge | NIL | |
| No. of Days granted Medical Leave NIL | | Degree of Injury NIL | | | |

Brief Details.

On 24/12/2019 around 1400hrs, I was driving my vehicle bearing registration plate GBE9863S along Jalan Toa Payoh on the first lane from the left on a four lane road.

At that point of time, it was congested but was slow moving traffic. Suddenly, I felt an large impact coming from the right rear of my vehicle. I then immediately came to a stop and came down from my vehicle. I then spotted a large lorry was stationary near to my vehicle bearing registration plate NCW7768. I then asked the driver and he just told me to lodge a report.

I then told my supervisor regarding this matter and the other party just drove off. My supervisor and I then chase after the other party and manage to stop him and direct him to Woodlands West NPC to lodge the traffic accident report. My vehicle sustained damages such as the rear bumper came off slightly with scratches, my right rear passenger door got dented in. No government property was damage, no one was injured, no traffic police nor ambulance was at scene. That's all.

Police Report





Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

3 of 3 Report No. T/20191224/2096

CONTINUATION OF REPORT

Sketch Plan

NP168

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: L / Sgt 1 DAVID NG YU BOON | Signature Of Informant: |
|--|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 24/12/2019 15:55 |
| Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404 | Classification Of Case: |























