SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 1. Please report <u>correctly</u> 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.

410.004.41	
	ACCIDENT STATEMENT
Date Of Report	04/01/2020 12:36
Date Of Accident	20/12/2019 07:45
Exact Location Of Accident	LOADING BAY NEAR BK 78A TELOK BLANGAH ST 32
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP201G
Insured/Policyholder	
Name Of Registered Owner	HENG GUAN POULTRY INDUSTRIES PTE LTD
Co Reg No	67560043
Email Address	MAY@HENGGUAN.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67560043
Vehicle Particulars	
Manufacturer	HINO
Model	HINO XZU710R-HKFMS3
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VC05003881
Cover Note Number	11/11/19-10/11/20
Driver	
Name of Driver	VIJAYAN SAKTHIVEL
Passport No/FIN	G2011935M
Date Of Birth	01/10/1989
Occupation	OUTDOOR
Date Of Driving Pass	03/03/2016
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90867835
Fax Number	

NOEMAIL

Address -

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

Insurance Company of Driver's Own Vehicle

Vehicle Registration Number of Driver's Own

-

2

NO

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

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

Was any body injured in the Accident? NO

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.

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 SEMBANWANG NPC

Police Station Address ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY:

SINGAPORE

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20200104/2044

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 UNKNOWN

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

VEHICLE NO.: _ INSURER : YP 201€

DATE & TIME

20/0/19

745 avv

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any winful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy is billy on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report with 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.
- 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)

Lunderstand, 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 possested 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 (all insurers' lawyers/law firms, the Monatay Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - processing, handling and/or desing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (iii) 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 low 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 rollect, 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:
 - 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 regultements 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 Signa Name: (2000)

NRIC/FIN No .:

Page 4 of 17

Sketch Plan #2

H PLAN			
Loading Bry Near BK78A Telok Blandon St		A= yP20 B - unk var	N.C.
Refer to p	elico raport: 1/2020010	4/2644	
	-100		
under your own compr	nsurer may have 14days Time Frame ehensive policy. Please check with you	for you to submit an Own D or policy for more information	ramage Claim on.
RATION Selere the foregoing particula	rs are true in every respect.	DV	4/1/2020
older's Signature Time: () Claim	Driver's Signature (If driver is not the policyholder) Date & Time: Own Policy () Claim Third Party OD/TP at other workshop (Reporting Cornre Persons Name: "UCULG" NRIC/FIN No.: Reporting Only	net's susmature)





1 of 3

Report No. T/20200104/2044

Police Station Of Origin: Sembawang N.P.C

4 Sembawang Crescent SINGAPORE

757633

Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Diary No.: 04/01/2020 11:54

04/01/2020 11:54				19	
Informa	nt's Partic	ulars			
Name of Informant: VIJAYAN SAKTHIVEL			Address: APT BLK 473 SEMBAWANG DRIVE #08-361 SUN TRELLIS SINGAPORE 750473		
	/ ID No.: / G2011935	5M	Contact No.: Home/Office:	Mobile: 90867835	
National INDIAN	ity:		Email:		
Sex: Male	Age: 30	Date of Birth: 01/10/1989	Type of Informant:		
Race: Indian			Language:	Institution / School Name:	
Occupation: Lorry driver			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 20/12/2019 00:00	Type of Location Loading Unloading Bay
Weather:	GAH STREET 32	Road Surface:		oad Speed Limit:
SUNNY		Dry		
Sunny Traffic Flow: Two Way		Traffic Control: Not Controlled	1.55	affic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
YP201G	Lorry					0

Details of Person Involved	THE RESERVE OF THE PARTY OF THE
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20200104/2044

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

2 of 3 Report No. T/20200104/2044

Tel No: 1800-5549999

CONTINUATION OF REPORT

Driver		2000	CHICAGON AND	SAFEELS	DESCRIPTION OF THE PERSON NAMED IN	NINGS STREET
Name	VIJAYAN SAKTHIVEL			ID No).	G2011935M
Related Vehicle	YP201G (Lorry)			Conta	act No.	90867835
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc			
No. of Days granted Medical Leave NIL		NIL	Degree of		NIL	

Brief Details.

On 20/12/2019 at about 0745hrs, as I was doing delivery of frozen food with my company lorry bearing the plate number YP201G, I came to the loading bay of Blk 78A Telok Blangah Street 32 to unload the items. As such the loading bay was full so I have to park by the side to unload. I than saw an empty space between 2 cars as such I tried to reverse in to park my vehicle.

As I was reversing my vehicle i misjudge my reverse and accidentally hit on a van which was parked behind me. i than decided to parked my vehicle somewhere else and wait for the driver to come as i was doing my delivery. i waited for about 10 minutes and decided to proceed with my deliveries as the driver of the van wasn't at the location.

After being done with my delivery, i realise that the van had already left the area as such i also continue with my other deliveries and left the loading bay, I would also like to state that i already informed my higher up, May Sng 93860078 about the matter and he acknowledge.

No traffic police or ambulance was at scene.





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999 3 of 3 Report No. T/20200104/2044

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: L / SC2 MOHAMMAD NUR ILHAM BIN AHMAD SHAHARUDDIN	Signature Of Informant: V. Sacettini
Signature Of Interpreter: Not applicable	Date/Time: 04/01/2020 11:54
Officer In Charge Of Case:	Classification Of Case:
Staff Stat WONG SIEU LUI SN 130 SN 130	
Singapore Police Force	



Traffic Police Singapore Police Force 10, Ubi Avenue 3 Singapore 408865 Tel: 6547 0000 Fax: 6547 6259

Date: 01 Jan 2020

Your Ref

Our Ref

: TP/IP/80405/2019

HENG GUAN POULTRY INDUSTRIES PRIVATE LIMITED C/O 32 SENOKO CRESCENT SINGAPORE 758280

հիվլլՈւկեց|հիեց|կել

Dear Sir / Madam,

CASE OF TRAFFIC ACCIDENT INVOLVING YP201G ALONG TELOK BLANGAH STREET 32 ON 20 DEC 2019 @ 7.45 AM

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

- 2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (http://www.police.gov.sg/epc).
- Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.
- 4 You may contact the Investigation Officer IRMAN BIN MOHAMAD SAID at his / her office number: 65476145 or the supervisor TAN CHIN YONG at 65476178 if you have any further queries.
- 5 Thank you.

Yours faithfully,

PUTEH BTE SHARIFF (DSP) CHIEF INVESTIGATION OFFICER INVESTIGATION BRANCH TRAFFIC POLICE

This is computer generated and does not require a signature.

Driving License

. . .



S PASS Employment of Foreign Manpower Act (Chapter \$1A) Republic of Singapore

English MUA HIN POULTRY PARM PTE. LTD.



VIJATAN SAKTHIVEL

E Patri 14: 9 35524576

DANUFACTURING

K1501514

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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 03 Mar 2316 yearsengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



VISIT PASS

32-06-2019

VMAYAN SAKTHIVEL





YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU













