

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	19/02/2020 14:05
Date Of Accident	05/02/2020 19:00
Exact Location Of Accident	PUNGGOL ROAD END
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB9150G
Insured/Policyholder	
Name Of Registered Owner	FOOD PARTNER PTE LTD
Co Reg No	52878139A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62858548

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL 3SEATER
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MCV0004483
Cover Note Number	

Driver

Name of Driver	LOO SAY BOCK
NRIC No	S1105266E
Date Of Birth	02/02/1955
Occupation	OUTDOOR
Date Of Driving Pass	24/10/1975
Driving Experience	44 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90256022
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 669B EDGEFIELD PLAINS #15-686
Postcode	822669
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	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	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

REEFR ATTACHED;

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	GBF8317D
Vehicle Make/Model/Colour	NISSAN / NV350 PANEL VAN 2.5 5MT 5DR EURO V
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)	0

Accident 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.

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: accident@idac.gov.sg

Policyholder's Signature
Date & Time:

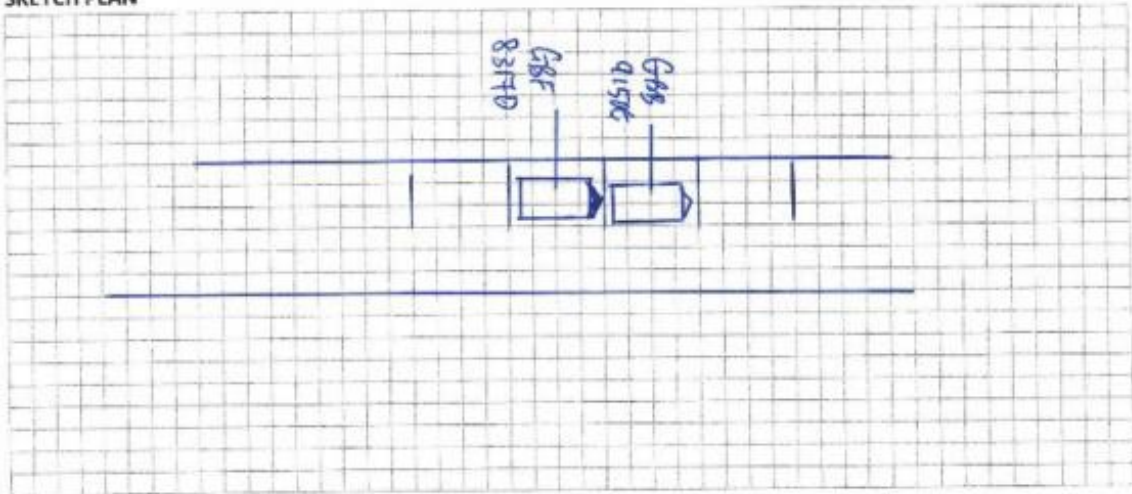

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

19 FEB 2020

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer e-file

DECLARATION

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

Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vacb@vicom.com.sg

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 19 FEB 2020

Quadrant Sketch Plan Form - V3

Accident Sketch Plan

I am the driver of GBB 9150 G.

I wish to report as follows :-

- a. On February 7, 2020 at about 10.00 am Ms Dawn Lim from my office received a call from a private and unlisted number. The caller said that my vehicle GBB 9150 G was involved in a 'hit and run' accident on February 5, 2020 along Punggol Road end. Ms Lim refused to talk to the caller unless she call from a listed telephone and identified herself. This was done to protect against scams.
- b. Sometime later the same lady called from her handphone (number 94389916) and identified herself as Su Ky. She said she was an employee of a motor workshop called New Hock Teck and that she was representing the owner of vehicle GBF 8317 D. Ms Lim told Su Ky that she does not deal with third party and that if there is an claim she (Ms Su Ky) should direct the owner to call and deal directly with her. As she was running outside the office, Ms Lim told Ms Su Ky that the owner can call after 2.00 pm if he has got a claim against the company.
- c. At 10.44 am Ms Su Ky messaged Ms Lim and Ms Lim replied by restating her position to ask the owner of the vehicle to contact her if he has got any claim. A screenshot of this message is attached. However, there was no call from the vehicle owner relating to any claim.
- d. On February 17, 2020 Ms Lim an email from the insurance agent about non-reporting of the accident and for the driver to making a report at any of India International Insurance reporting center.
- e. I wish to say that the alleged accident was supposed to have occurred on 5.2.20 at about 7.00 pm along Punggol Road end parking lot. The space to the parking lot was tight because the vehicle in front and in the rear overparked their lots. I managed to squeeze into the lot and left to do my errands. I also managed to get out after my errands.
- f. My vehicle is equipped with 2 pieces of 4 1/2" rubber pads which was installed at the rear of the vehicle. These rubber pads would act as a buffer or cushion for both my vehicle or other object or vehicle in the event of an accident.
- g. Also, going in and out of the parking lots requires very very slow movement – certainly with speed of less than 5 kmph. I was told previously that all vehicles under the law are designed and manufactured to at least withstand damages and dents from occurring to the vehicle with speed up to 5 mph.
- h. With the rubber pads coupled with very slow vehicle movement even if there is an impact there should not be any damage to the other vehicle.

Accident Sketch Plan

- i. My vehicle is a refrigerated truck and the back of the storage space is made of polyurethane material and would break or crack in the event of an accident. None of this has occurred.
- j. From the photographs provided one can see the two protruding rubber pads and old dents on the polyurethane door. These old dents resulted from the door hitting the body of the truck during loading/unloading of goods sometime ago.
- k. I would also add that after parking I did get down from my vehicle to retrieve my bicycle which was at the back of my vehicle. I noticed that there was no dents to both the vehicle and also that there was a blue light emitting from the other vehicle to show that he had a vehicle camera. Checking on my vehicle and the other vehicle is a habit that I cultivated.
- l. I was thus shocked to be told that there was a report of a claim.

Accident Sketch Plan



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792K | GST. Reg. No. M2-0078806-X
64 Cecil Street #04 & #05 IOH Building Singapore 049711
Office: (65) 63476100 Email: insure@iil.com.sg
Fax: (65) 62244174 Website: www.iil.com.sg

Our Ref: MCV2020D0000273/KL
Your Ref: GBB9150G

Date: 17 February 2020

FOOD PARTNER PTE. LTD.
24 DEFU LANE 10
#01-220
Singapore 539205

BY REGD & NORMAL POST

Dear Sir,

**ACCIDENT INVOLVING GBB9150G(III) & GBF8317D ON 05/02/2020
ALONG PUNGGOL RD TWDS PUNGGOL END LOT NO. 6**

We do not appear to have been notified of the above accident and hence are unable to deal with the third party claim(s). If the accident did in fact happen kindly ensure that an accident report is filed immediately with any of the IDAC or Reporting Centres and provide us with the following:

- (i) Copy of police report, if lodged
- (ii) Copy of accident report and
- (iii) Explanation for the non-reporting of the accident **within 24 hours** of the accident or by the **next working day** in compliance with the "Notification Clause" of the policy (copy enclosed for easy reference).

Please note that if we do not receive copies of the police and/or accident report and satisfactory explanation latest by the date indicated below this communication will serve as our formal communication to deny indemnity to you and/or driver at the time of accident, in respect of all claims arising out of the above accident.

Kindly note that under the Motor Vehicles (Third Party Risks & Compensation) Act, we are statutorily liable to satisfy any third party claim for damages for personal injuries and related expenses. Should we be required to satisfy any third party injury claim required under law, we reserve our rights to seek full recovery from you for all amounts incurred by us in accordance with the "Avoidance of Certain Terms & Rights of Recovery" clause of the Policy.

If you are not the driver of insured vehicle at the material time please bring this letter to the attention of the driver concerned for compliance. Further, kindly let us have the driver's name, NRIC and contact details (Phone nos. and Email ID).

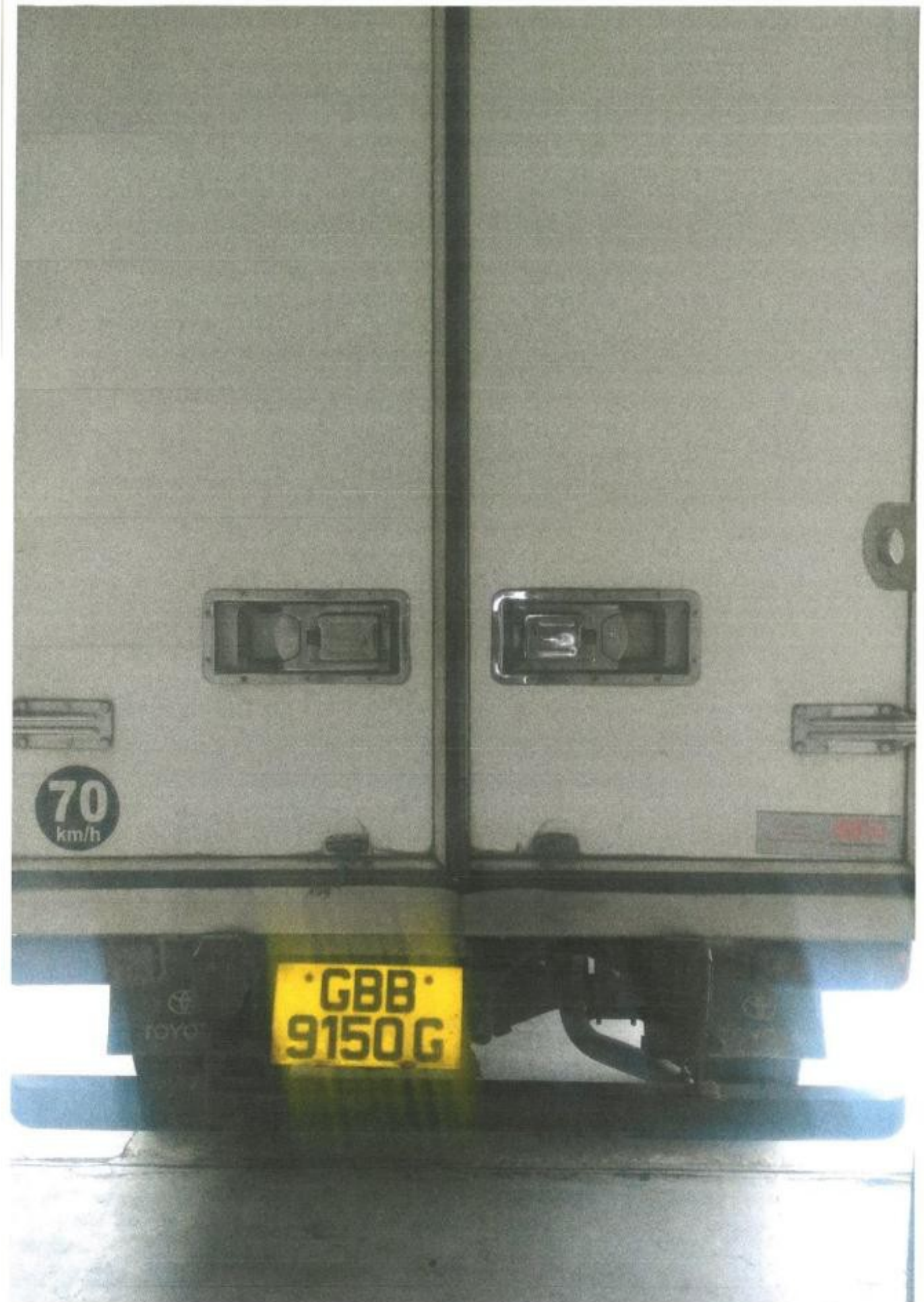
Kindly revert latest by: 27/02/2020.

Yours faithfully


Lalitha Krishnan
Motor and Work Injury Claims Dept.
Email : lalitha@iil.com.sg
DID : 6347 6139

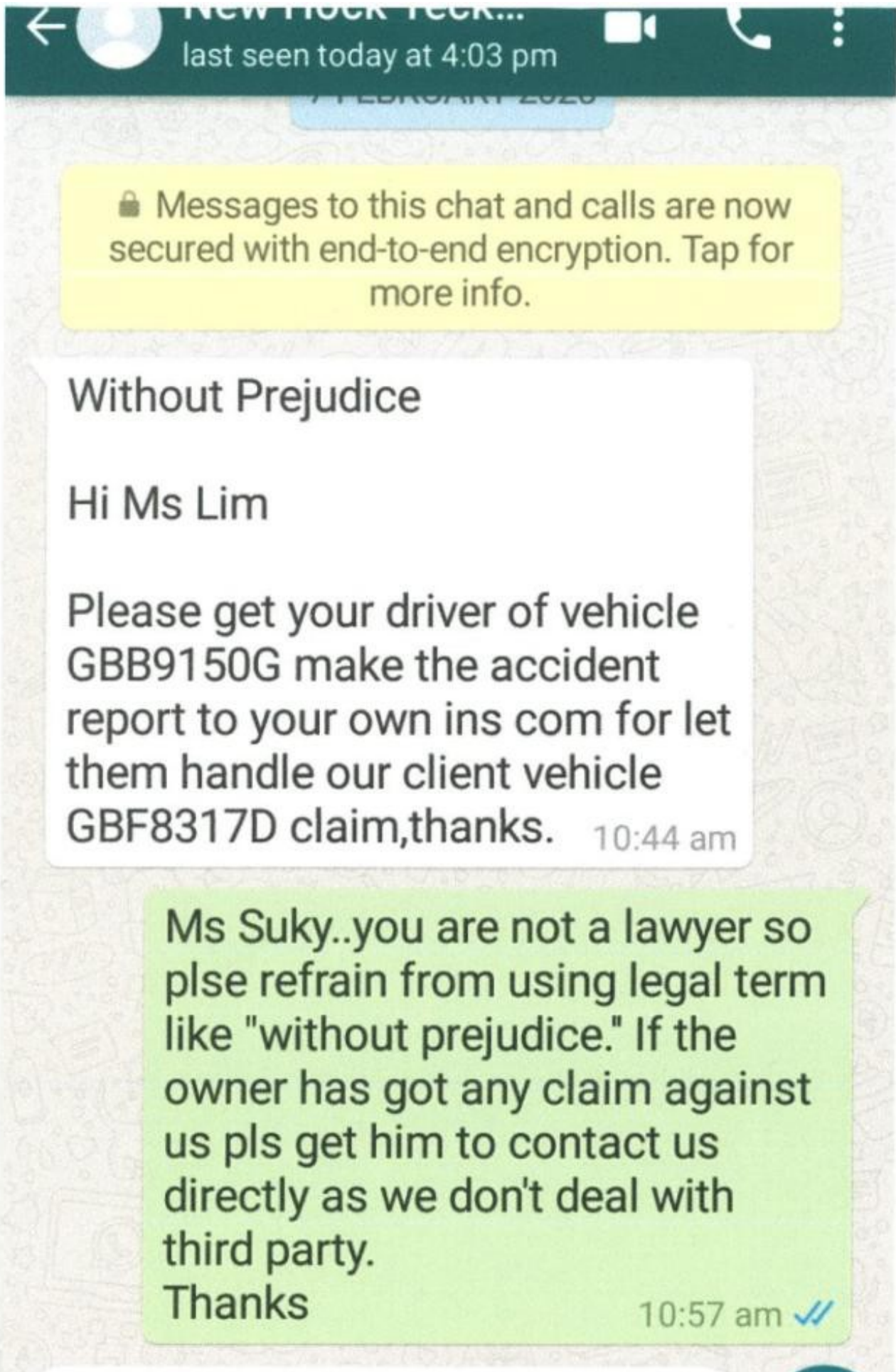
Cc: SIME DARBY INSURANCE BROKERS (S) PTE LTD [By Email]

Accident Sketch Plan



Accident Sketch Plan





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

