

MSME20034065 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 18/03/2020 14:57
 SUBMITTED BY: Chia Pei Ying

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	18/03/2020 14:57
Date Of Accident	17/03/2020 13:50
Exact Location Of Accident	OSCP OF JALAN TUA KONG SOUTH UNION PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC6452A
Insured/Policyholder	
Name Of Registered Owner	YEOW HENG VEGETABLES & FRUITS SUPPLIES PTE LTD
Co Reg No	2XXXXX725E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98313905
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MS005607
Cover Note Number	
Driver	
Name of Driver	JUVIOR BIN DUNGIN
NRIC No	GXXXX068P
Date Of Birth	06/07/1980
Occupation	OUTDOOR
Date Of Driving Pass	19/03/2019
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94855004
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address 50B JALAN TUA KONG, SOUTH UNION PARK
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 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 3
 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

MY VEHICLE WAS PARKED AT OSCP OF JALAN TUA KONG, SOUTH UNION PARK IN FRONT OF MY SHOP. SUDDENLY, I HEARD A LOUD SOUND AND CAME OUT TO CHECK WHAT HAPPENED. VEHICLE B REVERSED OUT FROM PARKING LOT AND COLLIDED ONTO REAR LH OF VEHICLE C WHICH IS PARKED ON MY VEHICLE LH SIDE AND PUSJED VEHICLE C REAR RH COLLIDED ONTO FRONT LH PORTION OF MY VEHICLE REFRIGERATOR BOX AND CAUSED DAMAGES.

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 SLW8422A
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLZ1691U
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

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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.

YENOW HENG VEGETABLES & FRUITS SUPPLIES PTE LTD
 No 58-C, Jalan Tas Kong, South Canton Park
 Singapore 457214
 Tel: 6445 5583 Fax: 6476 0719
 Policyholder's Signature
 Date & Time:

[Signature]

018866 1464146/018866 1464146

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

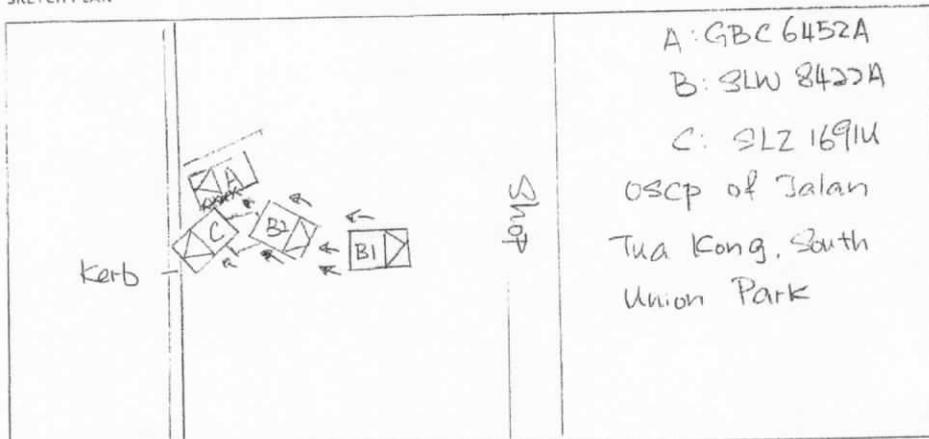
[Signature]

Owner / in-charge / Driver NRIC no: <u>G2727068P</u> Vehicle no: <u>GBC 6452A</u>	Name: _____ No of Plates: <u>67417276</u>
Reporting Centre Personnel's Signature (Name) NRIC/PIN No.: _____ Company name: <u>NEW HOCK TECK MOTOR</u>	Signature of Reporting Centre Personnel (Name) _____
For all vehicle damaged repairs and insurance claims. NEW HOCK TECK Ltd has clearly informed me on new GIA rules, I accept all liabilities and discharged.	Signature of Policyholder (Name) _____

NEW HOCK TECK

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was parked at OSCP Jalan Tua Kong, South Union Park, in front of my shop

Suddenly, I hear a loud sound and came out to check what happened? Veh B reversed out from parking lot and collided onto rear LH of veh C which is parked on my vehicle LH side and pushed veh C rear RH collided onto front LH portion of my vehicle refrigerator box and caused damages.

DECLARATION

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

VEOW MARK VEHICLES & PARTS SUPPLIES PTE LTD

No. 28-3, Jalan Tua Kong, South Union Park

Singapore 467204

Tel: 6466 6688

E-mail: myinfo@veow.com.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.: