

MMA 120035081

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## 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	21/03/2020 10:46
Date Of Accident	20/03/2020 06:30
Exact Location Of Accident	JUNC OF KAKI BUKIT RD 3 & KAKI BUKIT AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK1833A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S HAI'S ROASTED MEAT SUPPLIER PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62626733

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1918461900
Cover Note Number	

### Driver

Name of Driver	BAN SHUN
NRIC No	GXXXX445W
Date Of Birth	18/11/1978
Occupation	OUTDOOR
Date Of Driving Pass	02/10/2019
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87582757
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	15 WOODLANDS LOOP #03-31
Postcode	738322
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 PEDESTRIAN
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	BEDOK DIVISION HQ
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT G/20200320/7018

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	TP TOOK THE MEMORY CARD
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	PEDESTRIAN
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name PEDESTRIAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode



## SKETCH PLAN

### IMPORTANT NOTICE

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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. 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) 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.

海燒臘食品供應私人有限公司  
HAI'S ROASTED MEAT SUPPLIER PTE LTD  
Reg. No. 201618233N

BAN SHUN



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.:

A = G3K1833A

Pedestrian

Kaki Bukit Ave 3

Kaki Bukit Rd 3

Refer to Police Report # G/2020032017018

海燒臘食品供應私人有限公司  
HAI'S ROASTED MEAT SUPPLIER PTE LTD  
Reg. No. 201618233N

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

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





**SINGAPORE  
POLICE FORCE**



G/20200320/7018

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20200320/7018

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 20/03/2020 10:35		Vide Report No.		Station Diary No.	
Name Of Informant THONG LOO WEI		Address			
ID Type / ID No. FIN NO / G6863785L		Contact No. Home/Office:		Mobile: 62626733	
Nationality MALAYSIAN		Email Address admin@haisroasted.com.sg			
Occupation Accountant		Sex Female	Age 28	Date of Birth 17/06/1991	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 20/03/2020 06:30 - 20/03/2020 07:00		Location Of Incident KAKI BUKIT AVENUE 3			

**Brief details.**

Report No.G/20200520/0057 at Kaki Bukit Road 3 x Kaki Bukit Ave 3

Vehicle Number: GBK1833A

Driver: Ban Shun

Our company vehicle GBK1833A, while waiting to turn right at the traffic light, the driver did not see the pedestrian crossing the road.

<b>Subjects Involved</b>	
<b>Suspect</b>	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/03/2020 10:35
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



G/20200320/7018

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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. G/20200320/7018

Person Name	BAN SHUN		
ID Type	FIN NO	ID No	G8850445W
Gender	Male	Age	40-45
Race	Chinese	Language	Chinese
Occupation	Van driver	Address	15 Woodlands Loop #03-31 SINGAPORE 738322
Home/Office No	62626733	Mobile No	90033904
Complexion	Fair	Build	Thin
Height About	180cm	Attire Last Worn	Working attire
Hair Colour	Black	Hair Style	Crew
Relation To Informant	Employee		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

20/03/2020 10:35

Classification Of Case:



10 Sin Ming Drive Singapore 575701  
www.lta.gov.sg

20 Jan 2020

Our ref 2001200203N061011775

HAI'S ROASTED MEAT SUPPLIER PTE. LTD.  
15 WOODLANDS LOOP  
#03-31  
SINGAPORE 738322

Dear Sir/Madam

**You Have Successfully Replaced Vehicle Registration No. GBJ4759S  
With GBK1833A**

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was GBJ4759S, now has the number GBK1833A.

The vehicle details after the transaction are:

Transaction No. : 20200120131404461438  
Vehicle Registration No. : GBK1833A (Previously GBJ4759S)  
Vehicle Make : TOYOTA  
Vehicle Model : DYNA 150 5MT  
Chassis No. : JTFAT35Y00K212761  
Engine No./ Motor No. : 1KD2847328 / -

**What You Need To Do:**

- You must show the new number GBK1833A on your vehicle by 23 Jan 2020.

Please change the number plates on this vehicle to show GBK1833A by 23 Jan 2020. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.



**中国太平**  
CHINA TAIPING

**中国太平保险(新加坡)有限公司**  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909  
Tel: 6369 6111 Fax: 6222 1033  
Website: www.sg.cntaiping.com  
Co. Reg. No. 200208384E

ORIGINAL

THE SCHEDULE

Agency	AN0166A	Class of Policy	MOTOR COMMERCIAL VEHICLE	Policy Number	..... DMCVSN1918461900
Account	AN0166A	Issued on	..... 13/05/2019 in SINGAPORE		
Client	3245483	Acceptance Date	24/04/2019	Replacing Cover Note	60014954

Period of insurance from 1214 hours on 24/04/2019 to 2400 hours on 23/04/2020

For Renewal/Extension, Please Contact

Insured's Name.... M/S HAI'S ROASTED MEAT SUPPLIER PTE. LTD.  
Address..... 15 WOODLANDS LOOP  
#03-31  
SINGAPORE 738322

COE AUTO TRADING  
18 Sin Ming Lane  
#02-00 Midview City  
Singapore 573960  
Tel: 64509033, 64571902  
Fax: 64565729

Business/Occupn... PROCESSING & PRESERVING MEAT

Financial interest HITACHI CAPITAL ASIA PACIFIC PTE LTD AS HP OWNER

Premium .....	Base Annual Premium.....	S\$2,224.00		
	Less 20% Autosafe Scheme.....	S\$444.80-		
	No Claim Discount .....	S\$0.00		
	Total Annual Premium .....	S\$1,779.20	Premium Due	S\$1,779.20
			Premium GST	S\$124.54
			Total Due	S\$1,903.74

Risk No. 001 MOTOR COMMERCIAL VEHICLE  
ORIGINAL REGISTRATION DATE: 30/4/2019

1. Registration	GBJ4759S	Make/Model ..	TOYOTA DYNA WITH HOOD
Type of Cover	Comprehensive	No. of seats	3
Engine No. ..	1KD2847328	Capacity cc's	0
Chassis No...	JTFAT35Y00K212761		
		Tonnage .....	1.69
			Certificate Ref. MZ300/C

Sum Insured..Market value at the time of loss  
Excess Sect I .....

The following clauses and endorsements apply to this policy

Subject to Endts. 2, Y, 25, 57, 72 & W(\$500/-).

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

Endorsement E - Elderly Excess

It is hereby declared and agreed that an Excess of S\$2,000.00 shall apply for accident loss or damage for any unnamed authorised driver who is 66 years old and above (Age as at Date of Accident).

Once this S\$2,000.00 Excess is applied, other Excess(es) applicable under different Endorsement(s) of this Policy shall not be applicable.

MODIFIED VEHICLES (FOR COMMERCIAL VEHICLES/BUSES/RENTAL VEHICLES)

It is hereby declared and agreed that the Company shall not be liable for any claims under SECTION I

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