

## 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	24/06/2020 14:37
Date Of Accident	23/06/2020 12:30
Exact Location Of Accident	NO.5 MANDAI LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5355Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FRESHDIRECT PTE LTD
Co Reg No	2XXXXX709Z
Email Address	FACILITY@FRESHDIRECT.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-92716218

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MTPCVE003523
Cover Note Number	28/11/19-27/11/20

### Driver

Name of Driver	LAI TOW NAM
NRIC No	SXXXX655E
Date Of Birth	10/11/1949
Occupation	OUTDOOR
Date Of Driving Pass	05/08/1974
Driving Experience	45 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97848910
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 188A RIVERVALE DR #05-1082
Postcode	541188
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	SHELTERED
Road Surface	WET

#### 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?	
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	SEMBANWANG NPC
Police Station Address	<b>ROAD:</b> 4 SEMBAWANG CRESCENT , <b>POSTCODE:</b> 757633 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I WAS INSIDE MY TRUCK REFRIGERATOR UNLOADING MY GOODS. OUT OF SUDDEN, I FELT AN IMPACT AND REALIZED THAT M/VAN(B) HAD COLLIDED ONTO MY STATIONARY VEHICLE. I THEN REALIZED THAT M/VAN(B) WAS COMING DOWN THE RAMP FROM THE 3RD LEVEL TO THE 2ND LEVEL WHEN HE ACCIDENTLY HIT ONTO MY TRUCK. THE DRIVER APOLOGIZED AND HE CALLED HIS BOSS. HIS BOSS TOLD ME TO CLAIM FROM THEIR INSURANCE. NO INJURIES ON ANYONE.

#### 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	GBD6508T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ESWARAN SIVAAVANDAN
NRIC/Passport Number	GXXXX690W
Contact Number	82500051
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO.: GBD5355Z  
INSURER : SOMP  
DATE & TIME: 23/6/20  
12:30pm

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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.



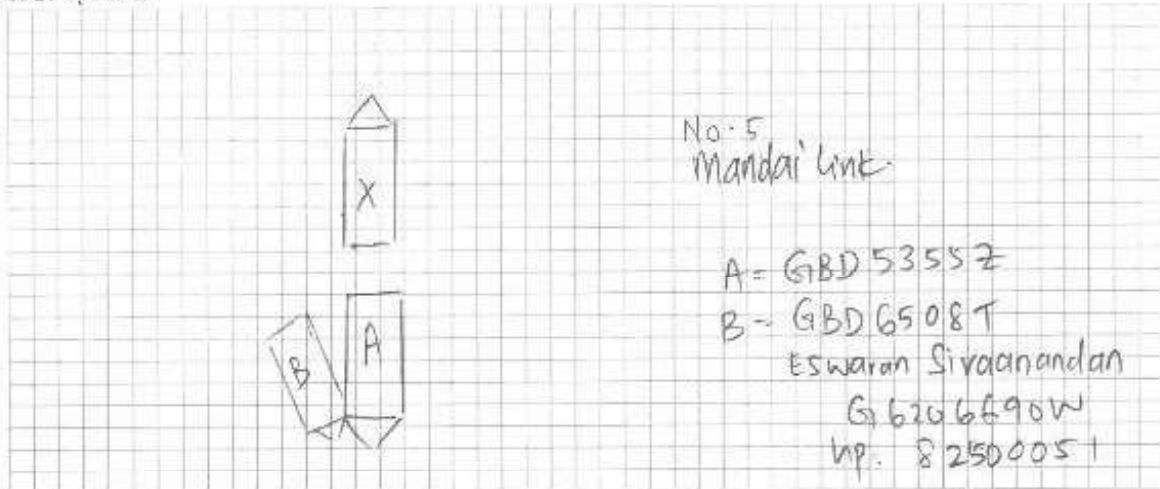
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

[Signature] 24/6/20  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: [Signature] (YS)  
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

0055 97637434  
MR. RONTARS

I was inside my truck refrigerator unloading my goods. Out of sudden, I felt an impact and realized that m/van (B) had collided onto my stationary vehicle. I then realized that m/van (B) was coming down the ramp from the 3<sup>rd</sup> level to the 2<sup>nd</sup> level when he accidentally hit onto my truck.

The driver apologized and he called his boss. His boss told me to claim from their insurance.

No injuries on anyone.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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:

Reporting Centre Personnel's Signature  
Name: Gleda (YJ)  
NRIC/FIN No.:

SGARMC SketchPlanForm\_V9 ( ) Claim Own Policy (x) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )

POLICE COMPLIANCE REPORT

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Annex E

NOTICE OF COMPLIANCE

This is to confirm that Lai Tow Nam, S0075655E HP: 97848910 has reported to the Police a non-injury traffic accident which occurred at 5. Mandai Link on 23/06/2020 1230hrs.

Involving the following vehicles:

- GBD 5355 Z (Nissan Capstar, Light Maroon Lorry)
- Lai Tow Nam, S0075655E HP: 97848910
- GBD 6508 T (Nissan, Black Van)

Complainant parked his Lorry at the unit loading and unloading bay to unload his goods. Suddenly the said van came and hit driver side door. No injury was sustained and no government property was damaged.

- 2 This accident was reported to the Police within 24 hours of its occurrence,  
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSS T07442 Mohamed Rosli Bin Mohamed  
Date: 23/06/2020 Time: 1505hrs

S/D Ref: 45

Police Post/Unit: Sembawang Neighbourhood Police Centre

Original – to be issued to informant  
Duplicate – to be submitted to Traffic Police



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SEMBAWANG NPC  
4 Sembawang Crescent  
Singapore 757633  
Tel: 1800-8549999  
Fax: 68522498