SS0220CA0009 / S & H Motor Pte Ltd ENTRY DATE & TIME: 10/12/2020 17:12 (SGT) SUBMITTED BY: Wong Kee Nyuk VERSION: 1 (10/12/2020 17:12 (SGT))

# **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 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.

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   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 Submission 10/12/2020 17:12 (SGT) Date of Accident 08/12/2020 10:30 (SGT) Exact Location of Accident Sims Ave, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Kia

Vehicle Registration Number GBJ9383J

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Lee Khong Lam Trading Co Company Reg No 28133300M **Email Address** leeklcafe@gmail.com Mobile Phone No (Phone) +65-86503911 Alternative Phone No (Home) +65-86503911

#### VEHICLE PARTICULARS

Manufacturer

Model K2500 6MT Variant Exact purpose for which vehicle was being used at time of **Employment** accident

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNW00090002000 Cover Note Number

#### DRIVER

Name of Driver Ng Leong Min NRIC No S2164028Z Date Of Birth 13/11/1955 Occupation Outdoor

Date Of Driving Pass 02/10/1978 Driving experience 42 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-86503911 Alt. Phone Number Email Address leeklcafe@gmail.com Address 135 Sims Ave Address complement Postcode 387457 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 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 the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Paya Lebar Neighbourhood Police Post Police Station Address Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT refer attached accident report. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** 

 Vehicle Registration Number
 SHD1514L

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Taxi

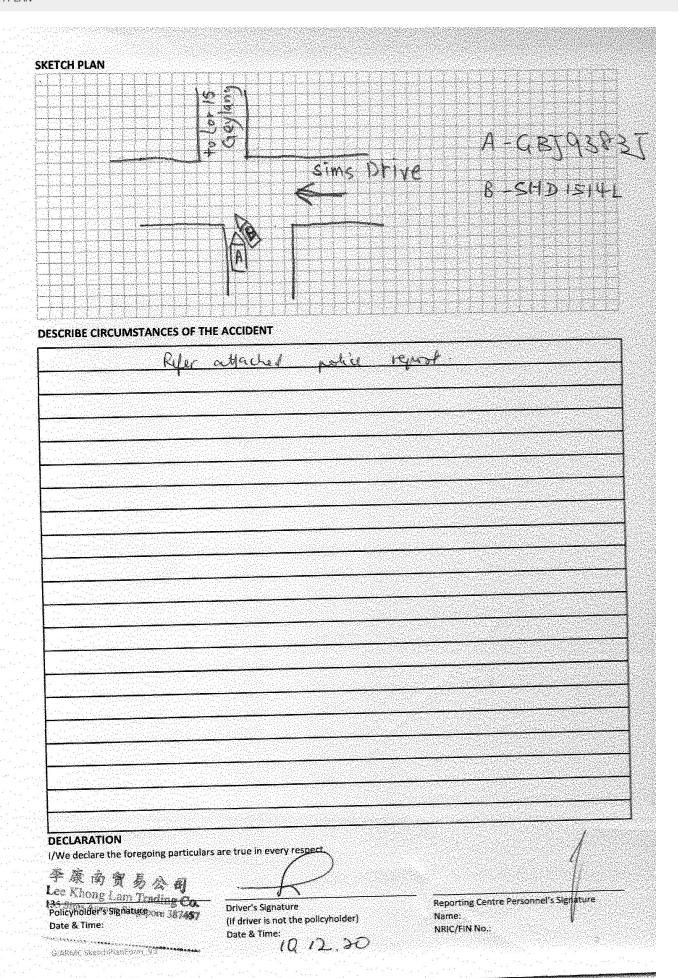
 Name of Driver
 Suppiah Veeragoo Naidu

 NRIC No
 \$1338470C

 Contact Number
 (Phone) +65-97494084

 Address

Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_



#### SKETCH PLAN

#### 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 wilful 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 liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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:
  - 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.

Policyhedden Sightun 司 Dare & Time: am Trading Co. Lee Khong Lam Trading Co. 135 Sims Avenue Singapore 387487

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

10-12-20

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.

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Report No. T/20201208/2099

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

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: F / Sgt 3 SYED NAFIS BIN SYED HUSSAIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/12/2020 19:11
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	





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Report No. T/20201208/2099

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/12/2020 19:11		ade:	Vide Report No.:	Station Diary No.: 27		
Informa	nt's Particu	ilars				
Name of Informant: NG LEONG MIN			Address: APT BLK 108 HOUGANG AVENUE 1 #03-1323 SINGAPORE 530108			
ID Type / ID No.: NRIC NO / S2164028Z		28 <b>Z</b>	Contact No.: Home/Office:	Mobile: 86503911		
National SINGAP	ity: ORE CITIZ	EN	Email.			
Sex: Male	Age:	Date of Birth: 13/11/1955	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name.		
Occupation: Delivery van driver			Driving Licence Information: Class: 3	Date of Expiry		

Type of Accident:	Ation of the Accide Non-Injury Others	Drink Drive; No	Date/Time of Accident 08/12/2020 10:30	Type of Location small road	
Location: SIMS DRIVE		Road Surface:	- 1	Road Speed Limit:	
Weather: Clear		Dry		Traffic Volume:	
Traffic Flow:		Traffic Control: Not Controlled		Moderate	
One Way   Not Gornions  Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance No	

Details of Ve	hicle Involved	<b>l</b> (1)		1 = 1	Condition	No of Passenger
Vehicle No.	Туре	Make	Model	Colot	CONGCIO	n
	Van					
SHD1514L	Car					0



Report No. T/20201208/2099

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

## CONTINUATION OF REPORT

#### **Brief Details.**

On 08/12/2020 at about 1000hrs, I was parking my van bearing registration number GBJ9383J along Sims Drive near to Lor 15 Geylang at one of the small to unload some items. Nothing was amiss.

On the same day at about 1030hrs as soon as I was done with the unloading I then boarded my van. As I was about to drive off, I noticed there was one Silvercab taxi bearing registration number SHD1514L was coming out from the said small road. Hence I then remained stationary. Suddenly while the taxi was making a left turn, the front left portion of vehicle got collided onto my van's front right portion.

Hence I then went down to make a check. The taxi driver was one namely Suppliah Veeragoo Naidu (S1338470C, Hp: 97494084)

There is no one injured. No traffic police or ambulance was activated. Subsequently both of us exchanged particulars and agreed to pursue personal insurance claim. Both of us left scene.

There is an in-built CCTV installed in my van. There is no CCTV at the said location. I wish to state that there is minimal damages suffered on my van.

Hence I am making his report for Traffic Police assistance.