SF0H211R0001 / FALCON-AIR AUTO SERVICES PTE LTD [128226] ENTRY DATE & TIME: 28/01/2021 09:13 (SGT) SUBMITTED BY: Andy Esperanza VERSION: 1 (28/01/2021 09:13 (SGT))

## Your NCD will be affected due



# 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 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 Submission 28/01/2021 09:13 (SGT) Date of Accident 12/01/2021 12:45 (SGT) **Exact Location of Accident** 350 Orchard Rd, Singapore 238868 SHAW HOUSE ORCHARD LOADING/UNLOADING BAY Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number YN7527G

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **RED DOT EXPRESS** Company Reg No 53394771E REDDOTXPRESSSG@GMAIL.COM **Email Address** Mobile Phone No (Phone) +65-96258101 Alternative Phone No +65-96258101

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Canter 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 - Reporting only your vehicle? Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Lonpac Type of Coverage Comprehensive Fleet Policy Policy Number Z20VC05006070 Cover Note Number

DRIVER

Name of Driver ALEX GOH WEI GUAN NRIC No S9348958F Date Of Birth 28/12/1993 Occupation Outdoor

Date Of Driving Pass 18/10/2012 Driving experience 8 YEARS AND 3 MONTHS Gender Male Mobile Number (Phone) +65-96258101 Alt. Phone Number Email Address REDDOTXPRESSSG@GMAIL.COM **BLK 797 WOODLANDS DRIVE 72 #08-49** Address Address complement Postcode 730797 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 ...... Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 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? PASSENGER 1 Name **COLLEAGUE** Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Jurong West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002689999 Alt. Police Station Phone No (Fax) +65-62672438 Police Station Address 700 Corporation Road Singapore 649818 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT AS PER POLICE REPORT 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 GBJ1972L Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour	
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	3 <b>.</b> €
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

scribe Circumstances of	10 Kiporto	
aration	(*)	
lectore the foregoing particula	re ata trua in ayany rasmast	
declare the toregoing particula	s are true in every respect.	HUTO SERVIN
CO (150 140 17 18)	<b>N</b> .	PANDAN
Last West 1	1 1	(0)

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



Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the clams process.
- This Formmust 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.
- 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 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.
- 8 Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date 8 Time

Witnessed by Reporting Centre

Sketch Plan

Shaw House Reading / unloading Bay.





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999 1 of 3 Report No. T/20210113/2188

## REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 13/01/2021 20:25		Vide Report No.:	Station Diary No.: 235		
Informa	nt's Partic	ulars				
Name of Informant: ALEX GOH WEI QUAN			Address: APT BLK 797 WOODLANDS DRIVE 72 #08-49 SINGAPORE 730797			
ID Type / ID No.: NRIC NO / S9348958F		58F	Contact No.: Home/Office:	Mobile: 96258101		
Nationality: SINGAPORE CITIZEN		'EN	Email:			
Sex: Age: Date of Birth: Male 27 28/12/1993			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3,4	Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 12/01/2021 12:45	Type of Location Loading Bay	
Location: ORCHARD R Weather:	OAD	Road Surface:		Road Speed Limit:	
Clear Traffic Flow: One Way		Dry Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collis Moving Vehic	ion: le Against - Parked V	ehicle		Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBJ1972L	Van				Slightly Damaged	0
YN7527G	Lorry				No Damage	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Jurong West N.P.C

2 of 3 Report No. T/20210113/2188

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

Driver		140 II. 122	- 7 Tan Desire	723 (2)		
Name	Unknown Driver			ID No.		NIL
Related Vehicle	GBJ1972L (Van)			Contact No.		96713335
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc				NIL	
				Degree of Injury NIL		
Driver				-		
Name	ALEX GOH WEI QUAN		ID No		S9348958F	
Related Vehicle	YN7527G (Lorry)			Contact No.		96258101
Hospital/Clinic	NIL			Class Drivin Licence Expiry	g ce &	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL Date Disc				NIL	
No. of Days granted Medical Leave NIL			Degree of		NIL	

## Brief Details.

On 12/01/2021 at about 12.45pm, I was driving my company lorry (YN7527G) and was reversing at the Shaw House Loading/Unloading Bay. To my knowledge, as I was reversing, I did not hit onto anything nor did anyone called out to me asking me to stop.

On 13/01/2021 at about 4pm, I received a call from a driver claiming to be driving GBJ1972L who informed me that I had hit onto his van while I was reversing. The driver then sent me an in-car video clip showing that I had onto his van. I then recalled that the van was stationary at that point of time, and I did not see any driver in it.

Initially, I wanted to settle the issue via private settlement however the quotation given by the driver was high (S\$2766) for the slight damage sustained on his van (dent at the front right side).

I wish to state that it was not seen clearly in the video clip whether I had hit onto his van or not. Hence, I decided to lodge a Police report as he claimed that I hit his vehicle and flee the scene.





3 of 3 Report No. T/20210113/2188

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

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 T J / Sgt 3 NURUL SYIFA BINTE MO		Signature Of Informant:		
Signature Of Interpreter: Not applicable	1-4	Date/Time: 13/01/2021 20:25		
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151		Classification Of Case:		
Authentication Stamp NP168	Signature :			













