

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 Submission 06/02/2021 13:45 (SGT)
Date of Accident 05/02/2021 12:25 (SGT)
Exact Location of Accident Cuscaden Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK8033X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner YUEN FISHERY TRADING
Company Reg No 5XXXX802C
Email Address YUENFISHERY@GMAIL.COM
Mobile Phone No (Phone) +65-91912758
Alternative Phone No +65-91912758

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070166499
Cover Note Number -

DRIVER

Name of Driver LIM PENG NAM
NRIC No SXXXX344E
Date Of Birth 25/05/1960
Occupation Outdoor

Date Of Driving Pass	01/12/1980
Driving experience	40 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91912758
Alt. Phone Number	-
Email Address	YUENFISHERY@GMAIL.COM
Address	8 LIM CHU KANG LANE 9A
Address complement	-
Postcode	718877
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Collision - Change/cross lane
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)	1
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	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210205/2066 & STATEMENT.

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	SH7430D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-

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**

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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)**

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.

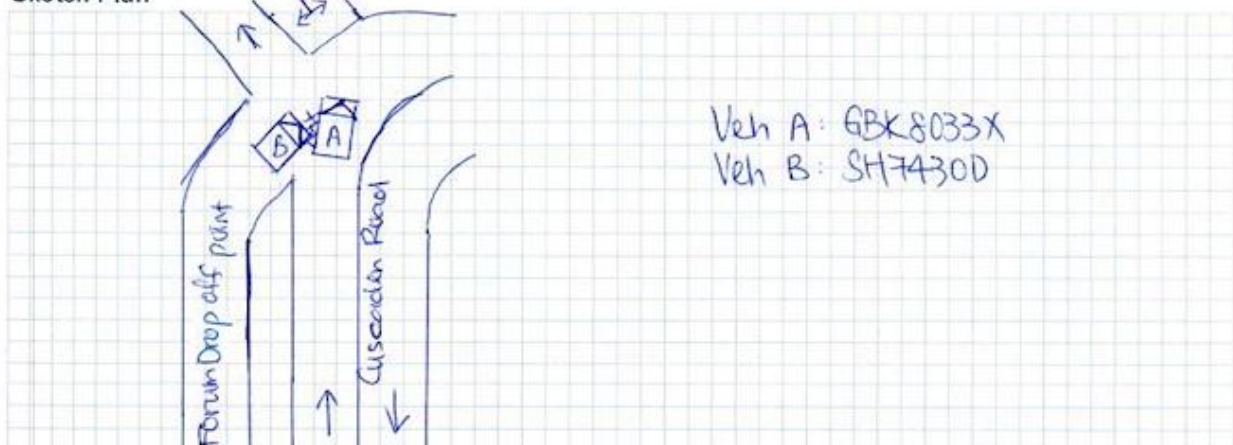
源鱼业贸易
Yuen Fishery Trading

No. 8 Lim Chuan Kang Lane 9A, Singapore 716037
HP: 910 2754 9274 2593

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

On above date & time, I was driving my vehicle A (GBK8033X) traveling along Cascaden Road on single lane, two way road. Somewhere at the Forum building drop off point, vehicle B (ST7430D) failed to give way, drove out from the drop off point and the front right portion of vehicle B collided onto the left portion of my vehicle.

Declaration

源鱼业贸易

Yuen Fishery Trading

No. 8 Lim Chu Kang Lane 9A, Singapore 718877

H/P: 9191 2758 / 9774 2593

GST Registration No. 53176802C

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel









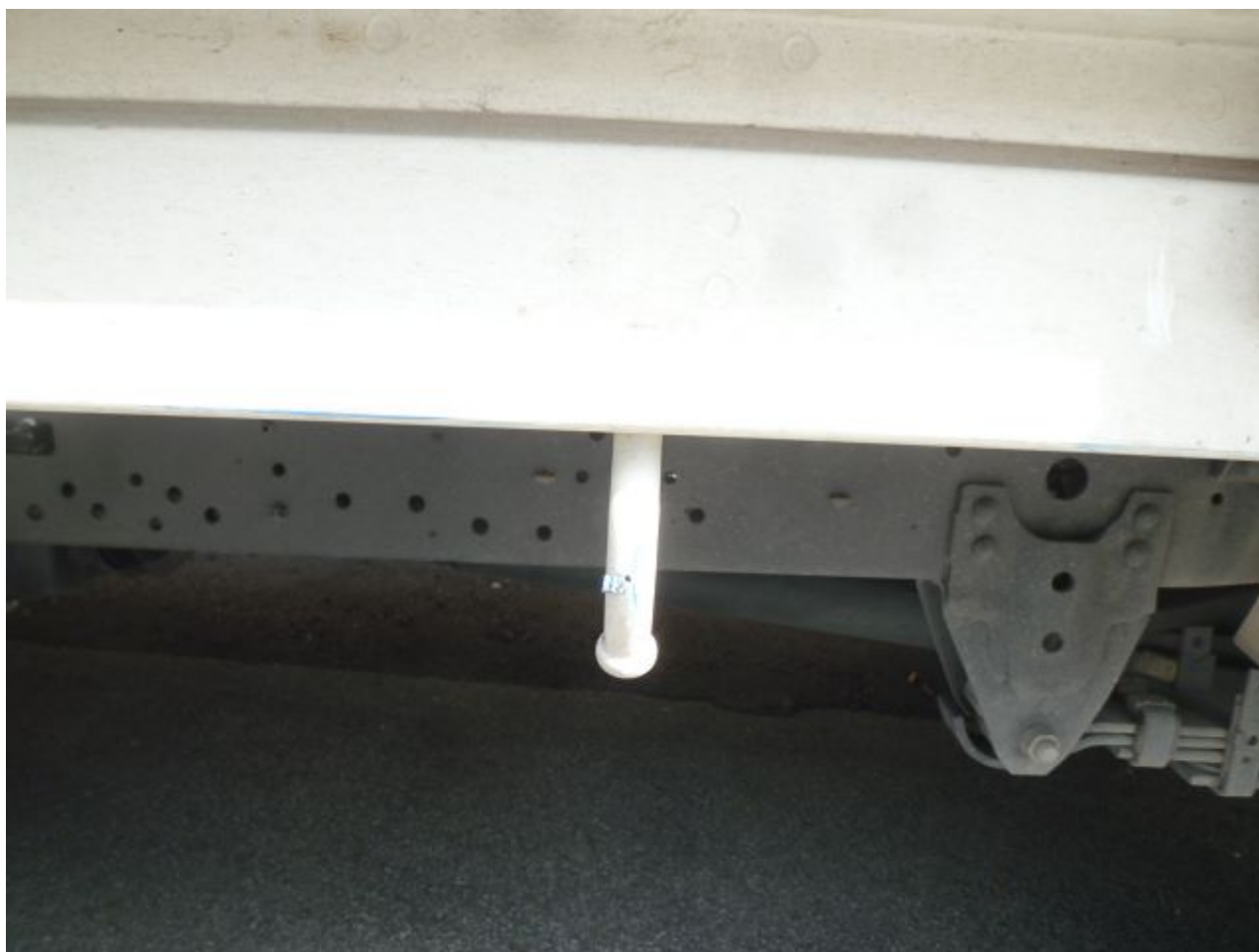


















**SINGAPORE
POLICE FORCE**



T/20210205/2066

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

* Report No. T/20210205/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2021 15:48	Vide Report No.:	Station Diary No.: 54
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Informant's Particulars

Name of Informant: LIM PENG NAM			Address: 8 LIM CHU KANG LANE 9A SINGAPORE 718877		
ID Type / ID No.: NRIC NO / S1446344E			Contact No.: Home/Office: Mobile: 91912758		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 25/05/1960	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/02/2021 12:25	Type of Location: Straight Road
Location: CUSCADEN ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK8033X	Lorry				Slightly Damaged	1
SH7430D	Car				Seriously Damaged	0



SINGAPORE
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T/20210205/2066

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2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3

Report No: T/20210205/2066

CONTINUATION OF REPORT

Brief Details.

On the 05/02/2021 at about 1225hrs, I was driving my vehicle bearing number GBK8033X along Cuscaden Road. Suddenly, I felt an impact on the left rear of my lorry. I stopped immediately and alighted the vehicle. The taxi driver bearing registration plate number SH7430D, also alighted. I spoke with him and asked why did he not see me. He didn't say a word and both of us took photos of each other's vehicle damages and registration plate number. My vehicle suffered scratches on the left rear and the taxi's front right bonnet was dangling. I wished to state that nobody was injured and both of us only managed to take down each other's registration plate number.



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T/20210205/2066

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Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20210205/2066

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:

J /
Sgt 3 MOK XIU QING, ESTHER

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/02/2021 15:48

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE