SL0321330004 / Lai Huat (Meng Kee) Motor Pte Ltd ENTRY DATE & TIME: 03/03/2021 14:06 (SGT) SUBMITTED BY: Jenny Lim VERSION: 1 (03/03/2021 14:06 (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.

- 4. The issue and acceptance 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 03/03/2021 14:06 (SGT) Date of Accident 18/02/2021 07:05 (SGT) Exact Location of Accident 845 Yishun Ring Rd, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GY6310B

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Hong Kong Chinese Sausage Factory Company Reg No 09155900J **Email Address** hkchsausage@gmail.com Mobile Phone No (Phone) +65-94573736 Alternative Phone No (Office) +65-67540454

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace 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 your vehicle? No - Reporting only Vehicle Category Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage ThirdParty Fleet Policy Policy Number 100535251-15 Cover Note Number

#### DRIVER

Name of Driver Chan Chun Chiew NRIC No S1146498Z Date Of Birth 24/09/1955 Occupation Outdoor

Date Of Driving Pass 20/03/1975 Driving experience 45 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-94573736 Alt. Phone Number Email Address hkchsausage@gmail.com Address 83 Yishun Street 81 #11-02 Address complement Postcode 768446 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 Side Swipe 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? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Please refer to the sketch plan. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Z

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	SMP4492Z - - - -
Vehicle Category	Private car
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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- 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. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association
- of Singapore (GM) 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)

l 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

肠 HOUGHOUG OMNESE SAUSAGE FACTORY

--Policyholder's \$gnature f Date &··· Time - 3 MAR 2021

"Driver's Signature" ( driver is not the policyholder) / Date

& Time

Sketch Plan

- 3 MAR 2021

Witnessed by Reporting Centre Personnel

Jenny Lim

school SMP 4492Z

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Describe Ci	rcumstances	of the Accident	10/00/		1 4 4 5 5 6
The	incident	nappened	00 18/02/3	2021 at ground	1.05an
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N⇒	one w	as injured.	Change		
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#### Declaration

We declare the foregoing particulars are true in every respect.

香港 蠟 腸 廠 HONG KONG CHINESE SAUSAGE FACTORY

Policyholder's Signature / Date &

- 3 MAR 2021

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

- 3 MAR 2021

Witnessed by Reporting Centre Personnel Jenny Lim

















## POLICY SCHEDULE

### COMMERCIAL AUTO THIRD PARTY ONLY COMMERCIAL VEHICLE

: 0100535251-15 Policy No.

Period of Insurance : 16 Jun 2020 to 15 Jun 2021 : 17 Apr 2020 Issued Date

ABOUT THE POLICYHOLDER

Name of Policyholder

: Hong Kong Chinese Sausage Factory

Address

15 Woodlands Loop

#03-49

SINGAPORE 738322

Occupation/Nature of Business: Hospitality, Food & beverages

**ABOUT THE VEHICLE** 

Registration No. : GY6310B

Engine Capacity/Tonnage: 1.5 Tonnage

: JTFHS02P90-0020939 Chassis No.

Engine No.

: 2KD-1304257

Seating Capacity: 2

First Year of Registration : 2005

Body Type

: Van

: TOYOTA HIACE VAN 1.5 ton [Van] Make/Model Hire Purchase Company/Employer's Loan : The Hongkong and Shanghai Banking Corporation Ltd

**ABOUT THE COVER** 

Off Peak Car

: No

Sum Insured : NA

Driver Restriction : NA

Insuring with COE/PARF : NA

Person or Classes of Persons Entitled to Drive :

a) Any person who is driving on the Policyholder's order or with their permission.
 b) This Policy will indemnify the Policyholder or any authorised driver only if heather meets the specified age condition.

Age Condition

: All Age Condition

Limitation as to use

1) Use in connection with the Policyholder's business.
2) Use for the carriage of passenger (other than for first or reward) in connection with the Policyholder's business.
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tustion, driving test, racing, pace-making, seliability trial or speed-testing; and b) use whitst drawing a traiter except the towing of anyone disabled using a mechanically propelled vehicle c) use for any purpose in connection with Motor Trade.

Other Key Policy Benefits:

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Section 1

Windscreen: NA

Section 2 Property Damage - \$0

PREMIUM Premium

:\$ GST (7%) : \$ 1,013.60 70.95

Total

: 5

1,084.55

Your Premium includes the following discount(s):

No Claim Discount - 20%

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