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 this is form by instrained 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 01/03/2021 21:16 (SGT) Date of Accident 14/01/2021 13:25 (SGT) Exact Location of Accident Jln Melor, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number GBH6458H

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner HONG SOON FISHERY PTE.LTD. Company Reg No 2XXXXX463M **Email Address** hbsarah05@hotmail.com Mobile Phone No (Phone) +65-93968847 Alternative Phone No +65-93968847

VEHICLE PARTICULARS

Manufacturer

Model Dyna 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 China Taiping Insurance Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNA00063922001 Cover Note Number

DRIVER

Name of Driver LOKE AH CHYE NRIC No SXXXX806I Date Of Birth 07/09/1956 Occupation Outdoor

Date Of Driving Pass 08/06/1977 Driving experience 43 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-93968847 Alt. Phone Number Email Address hbsarah05@hotmail.com Address BLK 105 JALAN BUKIT MERAH #05-1904 Address complement Postcode 160105 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 No Collision 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? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Queenstown Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004719999 Alt. Police Station Phone No (Fax) +65-64715299 Police Station Address No. 3 Queensway #01-03 Singapore 149073 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH AND POLICE REPORT T/20210301/2058 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 SGE1788U Vehicle Manufacturer

Private car

Accident report SN082131000D

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- 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)

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.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SGE179911 ALONG WALLET	&
SGE1788U ALONG JLN MELOR	AT
14JAN2021 / 1325HRS	
VEHICLE A (GBH6458H) DRIVEN BY:LOKE AH CHYE OF NRIC:	S1239806I
VEHICLE B (SGE1788U) DRIVEN BY: UNNAMED DRIVER UNDISCLOSED	
PASSENGES INVOLVED: NIL	
vehicle B (SGE1788U) which was parked at the side of the road and did r significant damages worth mentioning nor any damages which I am sure door. I then rushed back to the lorry to continue my delivery.	not see any was caused by the
en B: SGE 1788U B JINMEL	OR LANE
The above statement is accurate to be best of my recollection and under offence to falsify any information relating to the above events.	OR LANE
The above statement is accurate to be best of my recollection and under offence to falsify any information relating to the above events.	stand that it is an
The above statement is accurate to be best of my recollection and under offence to falsify any information relating to the above events.	stand that it is an

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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

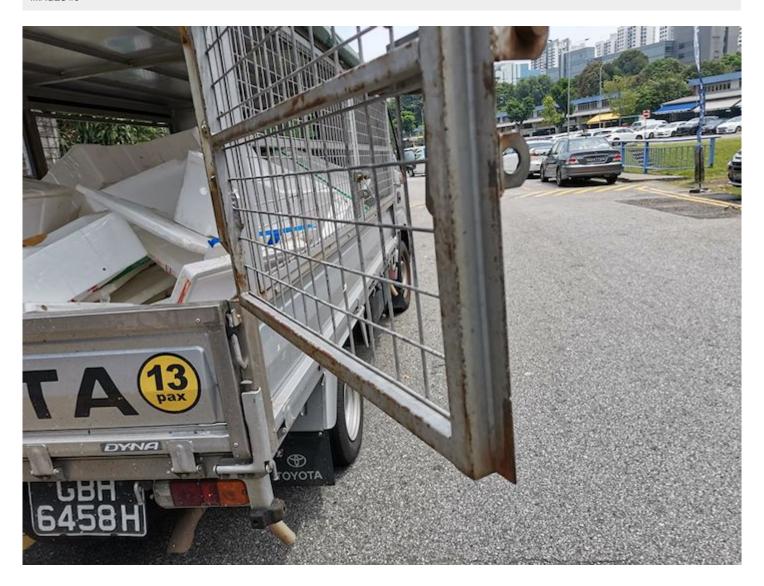
Witnessed by Reporting Centre Personnel





















Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

1 of 3 Report No. T/20210301/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2021 14:36			Vide Report No.:	Station Diary No.: 43		
Informa	nt's Particu	ulars	发动 网络拉萨斯姆斯克里里			
Name of Informant: LOKE AH CHYE			Address: APT BLK 105 JALAN BUKIT MERAH #05-1904 SINGAF 160105			
ID Type / ID No.: NRIC NO / S1239806I			Contact No.: Home/Office: Mobile: 93968847			
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age: 64	Date of Birth: 07/09/1956	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: DELIVERY DRIVER			Driving Licence Information Class: 3,4	n: Date of Expiry:		

General Inform	mation of the Accide	ent	The second secon	STORY TO STORY	
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/01/2021 13:25	Type of Location Straight Road	
Location: JALAN MELC	DR .				
Weather: Road Clear Dry		Road Surface: Dry	R	Road Speed Limit:	
Traffic Flow: Traffic Control: Two Way Not Controlled				Traffic Volume: Light	
Type of Collis Moving Vehic	sion: cle Against - Parked \	/ehicle		nyone conveyed by mbulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBH6458H	Lorry	TOYOTA	DYNA	Silver	No Damage	0
SGE1788U	Car				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: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

2 of 3 Report No. T/20210301/2058

CONT	INUA	HON	OF	KEP	ORT

Driver		Callenger	THE REAL PROPERTY.	A 7 19	Market 1	
Name	LOKE AH CHYE			ID No		S1239806I
Related Vehicle	GBH6458H (Lorry)			Conta	ct No.	93968847
Hospital/Clinic	NIL			Class Drivin Licent Expir	g ce &	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL Date Di				NIL	
No. of Days gran	Days granted Medical Leave NIL			f Injury	NIL	

Brief Details.

On 14/01/2021 at about 1325 hrs, I was driving along Jalan Melor towards Macpherson Lane when my rear goods door on my lorry (GBH6458H) suddenly swung open. As I was rushing, I quickly stopped the vehicle, ran back to close the door and to check if I dropped anything. I also did a very quick check on the vehicle (SBE1788U) which was parked at the side of the road and did not see any significant damages worth mentioning nor any damages which I am sure was caused by the door. I then rushed back to the lorry to continue my delivery





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

3 of 3 Report No. T/20210301/2058

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: D / Sgt 3 LEE HONG HAI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/03/2021 14:36
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact-No.:-65476151	Classification Of Case:
Authentication Stamp : SN 49	
SIGNATURE	