

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.

 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 53176802C 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 Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Employment

No - Claiming third party Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 2070166499

Cover Note Number

DRIVER

Name of Driver **LIM PENG NAM** NRIC No S1446344E Date Of Birth 25/05/1960 Occupation Outdoor

Date Of Driving Pass 01/12/1980 Driving experience 40 YEARS AND 2 MONTHS Gender 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? Nο If No, Relationship of the Driver with the Insured Other Does Driver Own Other Vehicles? Nο 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 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 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

Taxi

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

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- 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 GA 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 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' 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")

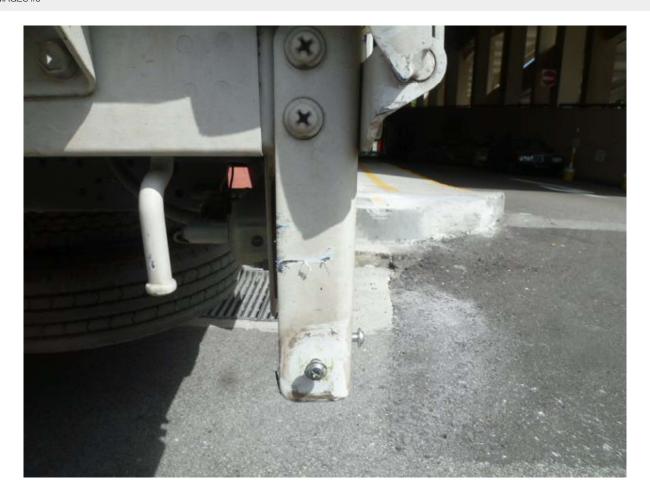
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

Lim Thir Kang Lane 9A, Singapore 7 19 19 19 19 19 19 19 19 19 19 19 19 19	er is not the policyholder) / Date	Witnessed by Reporting Centre Personnel
etch Plan		
Part Parel	Veh A: GB Veh B: St	X8033X 17430D
Forum Drop aff		

Describe Circumstances of On above date	filme, I was driving my whice	AC GBK8033x) travelin
	d on single lane, two way road	
	off point, vehicle B (SH7430D)	0
drove out from th	e drup off point and the front	right portion of relieve
collided onto the la	est portion of my vehicle.	
	,	
Declaration		
ded we 解fo 房ing particular	s are true in every respect.	
en Fishery Trading	٨	1.1
Lim Chu Kang/Lane 9A, Singa	pore 718877()	***
9191 2758/19774 2593	PAL.	
Registration 16 53176802C	98	-). \
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel





























Date of Expiry:

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

* Report No. T/20210205/2066

Tel No: 1800-7929999

Occupation:

SELF EMPLOYED

REPORT OF A TRAFFIC ACCIDENT

	me Report I 021 15:48	Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
	f Informant: NG NAM		Address: 8 LIM CHU KANG LA	NE 9A SINGAPORE 718877
	/ ID No.: O / S14463	44E	Contact No.: Home/Office:	Mobile: 91912758
National SINGAP	ity: ORE CITIZ	ĽEN	Email:	
Sex: Male	Age: 60	Date of Birth: 25/05/1960	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:

Driving Licence Information:

Class:

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 Weather: Clear	ROAD	Road Surface:		Road Speed Limit:
01001		Traffic Control:		Traffic Volume:
Traffic Flow: One Way				Moderate

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



T/20210205/2066

Police Station Of Origin: Nanyang N.P.C 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 spoked 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.





Police Station Of Origin: 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 Informant:
Date/Time: 05/02/2021 15:48
Classification Of Case: