SG0F214Q0006 / GOLDBELL ENGINEERING PTE LTD ENTRY DATE & TIME: 28/04/2021 14:18 (SGT) SUBMITTED BY: Oh Soon Lee VERSION: 1 (28/04/2021 14:18 (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 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 28/04/2021 14:18 (SGT) Date of Accident 25/03/2021 10:00 (SGT) Exact Location of Accident 11 Kim Chuan Rd, Singapore 537065 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF569B

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CHENG HAI KWAN Company Reg No S1552101E **Email Address** liuhaifeng@gmail.com Mobile Phone No (Phone) +65-91169123 Alternative Phone No (Office) +65-91169123

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 Transmission

CC

Employment

No - Reporting only Commercial vehicle

Auto 2985

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNW00071902004

Cover Note Number

DRIVER

Name of Driver Liv Hai Feng Passport No/FIN G2575266Q

Date Of Birth 17/12/1986 Occupation Outdoor Date Of Driving Pass 19/04/2021 Driving experience 11 MONTHS Gender Male Mobile Number (Phone) +65-91169123 Alt. Phone Number Email Address liuhaifeng@gmail.com Address Blk Senja Road #14-108 Address complement Postcode 670623 Is the driver the policyholder? Nο 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 AFTER RAIN Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? 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? 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT AS POLICE REPORT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC6301G Vehicle Manufacturer Kia Vehicle Model Optima Vehicle Variant Vehicle Colour Scarlet 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

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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")

ANA

- (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.

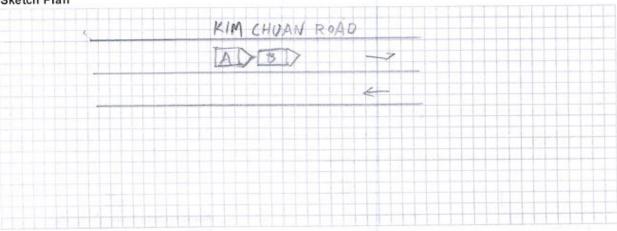
Policyholder's Signature / Date &

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

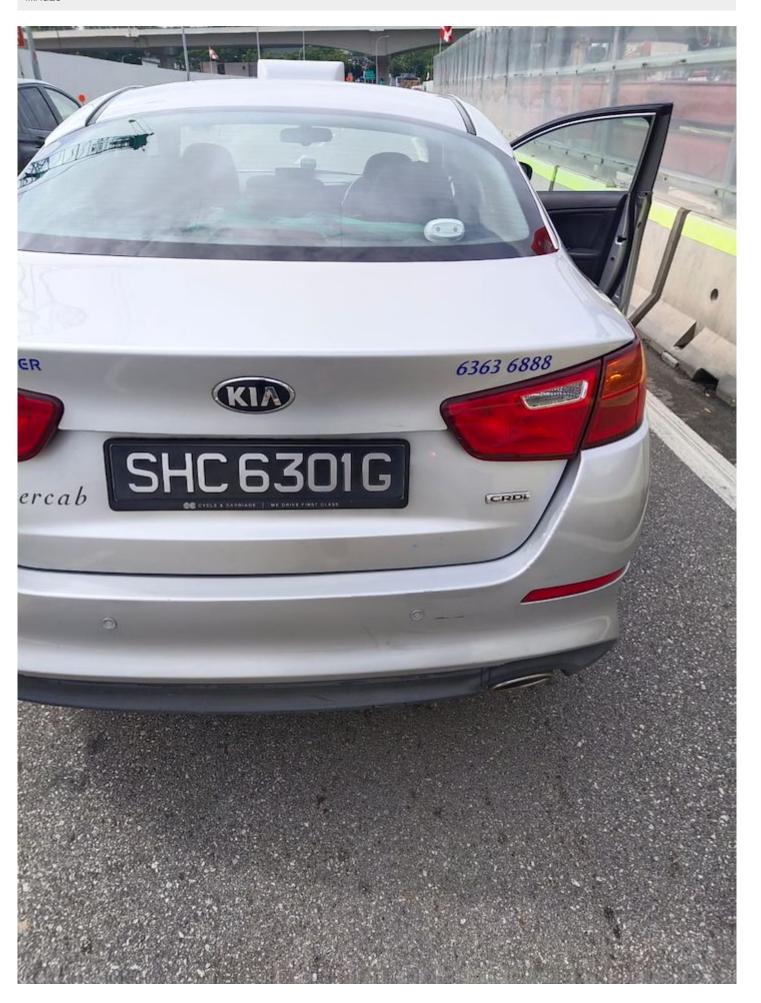
Hai Fend

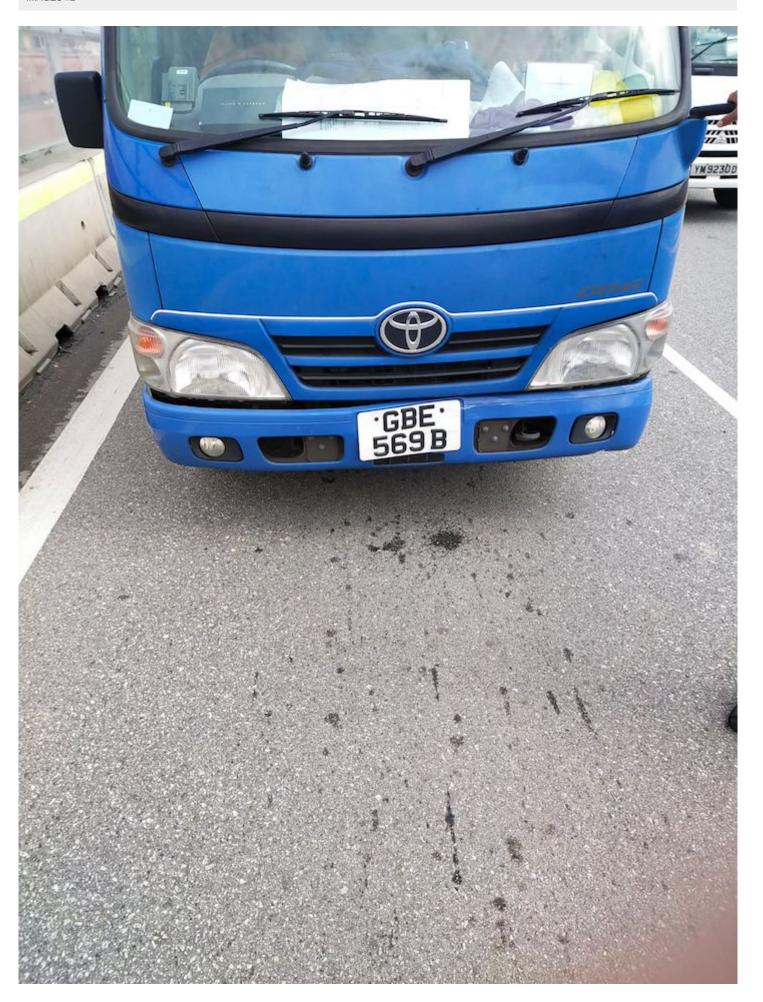
Witnessed by Reporting Centre Personnel

Sketch Plan



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As per volla	in the	2
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		triffee to let
No. of the control of		
Owner/ In -charge/ Driver)	,Nric No:	Vehicle no:
be sending my above stated damaged vehicle to Company name:		for my vehicle damaged repairs and
rance claims.		
had clearly informed me on new GIA rules. I accepted all liabilities and	discharged Goldbell Eng	ineering Pte Ltd
laration		
datation		
declare the foregoing particulars are true in every respect.		
ANN		
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(x) * 11		









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

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

Report No. T/20210401/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2021 18:36		Made:	Vide Report No.:	Station Diary No.: 149	
Informa	nt's Partic	ulars			
Name of Informant: LIU HAIFENG			Address: APT BLK 623 SENJA ROAD #14-108 SINGAPORE 670623		
ID Type / ID No.: FIN NO / G2575266Q		3Q	Contact No.: Home/Office:	Mobile: 91169123	
Nationality: CHINESE			Email:		
Sex: Male	Age: 34	Date of Birth: 17/12/1986	Type of Informant: Driver		
Race: Chinese			Language: Mandarin	Institution / School Name:	
Occupation: Lorry driver			Driving Licence Information: Class: 3C	Date of Expiry: 08/09/2025	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 25/03/2021 10:00	Type of Location Straight Road	
Location: KIM CHUAN Weather:	ROAD	Road Surface:		Road Speed Limit:	
Cloudy		Wet			
		Traffic Control:	rking	Traffic Volume: Moderate	
Two Way		Traffic Light - Wo	KIIIY	woderate	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
GBE569B	Lorry	ТОУОТА	DYNA 3.0 M	Blue	Slightly Damaged	1
SHC6301G	Car	KIA .	OPTIMA 1.7(A)	Silver	Slightly Damaged	1





1/20210401/20

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999 2 of 3 Report No. T/20210401/2091

CONTINUATION OF REPORT

Brief Details.

On the above 25/03/2021 at about 1000hrs, I was driving vehicle V1) GBE569B along Kim Chuan Road going towards Ubi. The vehicle V2) SHC6301G stopped as the traffic light ahead was red. I was about to make a stop however the road was slippery and I was not able to stop in time and collided onto V2.

The both of us came out of our vehicles and made a check. None of us were injured and we agreed to settle the matter privately. Hence we exchanged particulars, V2's contact number is HP: 97766797 and drove off.

I am lodging this report today as my company received a letter from the police.





T/20210401/2091

3 of 3 Report No. T/20210401/2091

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 The Report: J / Sgt 2 KARINA SEAH JIA LING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/04/2021 18:36
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	