SK0N214E0001 / KIM CHWEE AUTO PTE LTD ENTRY DATE & TIME: 14/04/2021 11:44 (SGT) SUBMITTED BY: JASON TANG VERSION: 1 (14/04/2021 11:44 (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 14/04/2021 11:44 (SGT) Date of Accident 11/04/2021 12:33 (SGT) Exact Location of Accident Singapore Additional Location Information X-JUNCTION BETWEEN YISHUN AVE 2 AND LENTOR AVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC4067S

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner KIDA FOOD TRADING PTE LTD Company Reg No 2XXXXXX80G Email Address JASONKCAPL@GMAIL.COM Mobile Phone No (Phone) +65-90239282 Alternative Phone No +65-90239282

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv200 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 No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 1500

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number D19MCV0000520_02 Cover Note Number

DRIVER

Name of Driver LOY TECK SOON NRIC No SXXXX197I

Date Of Birth 08/03/1965 Occupation Outdoor Date Of Driving Pass 23/08/1990 Driving experience 30 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-90239282 Alt. Phone Number Email Address jasonkcapl@gmail.com Address **BLK 643 YISHUN STREET 61** Address complement #13-290 Postcode 760643 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Paid Driver 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 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? Yes Was any injured conveyed to hospital by ambulance? Nο 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 Yishun North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18008529999 Alt. Police Station Phone No (Fax) +65-68522299 Police Station Address 31 Yishun Central Singapore 768827 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE ATTACHMENT. 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 SMA6235R Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AXA Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	SHC1633G -
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	LOY TECK SOON BLK 643 YISHUN STREET 61 #13-290 760643
Injured person in which vehicle?	GBC4067S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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>.
- 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 (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)

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' 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 tax 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

A: GBC 40648

A: SMA-6235R

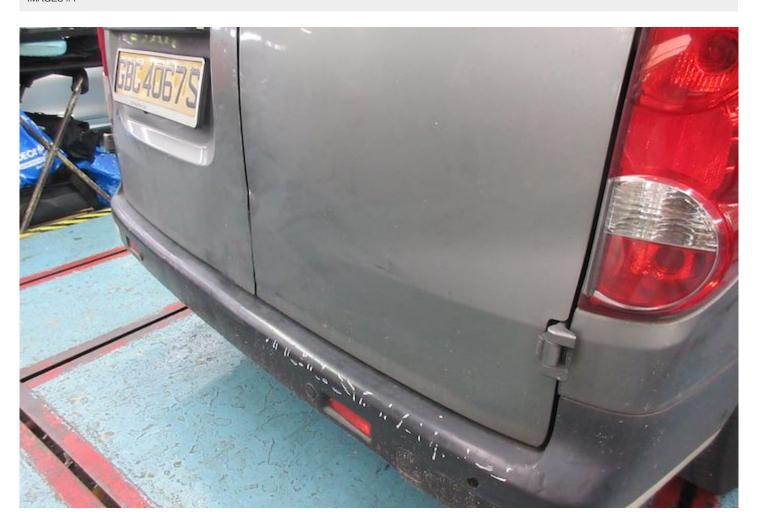
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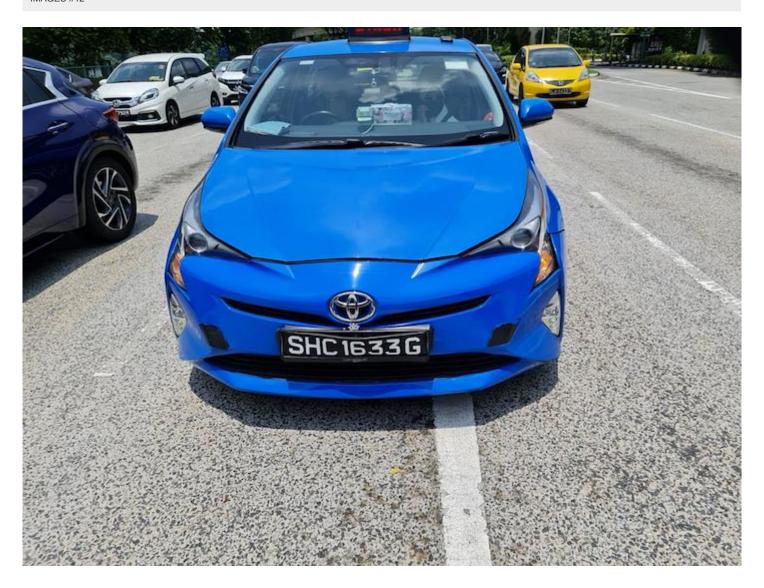






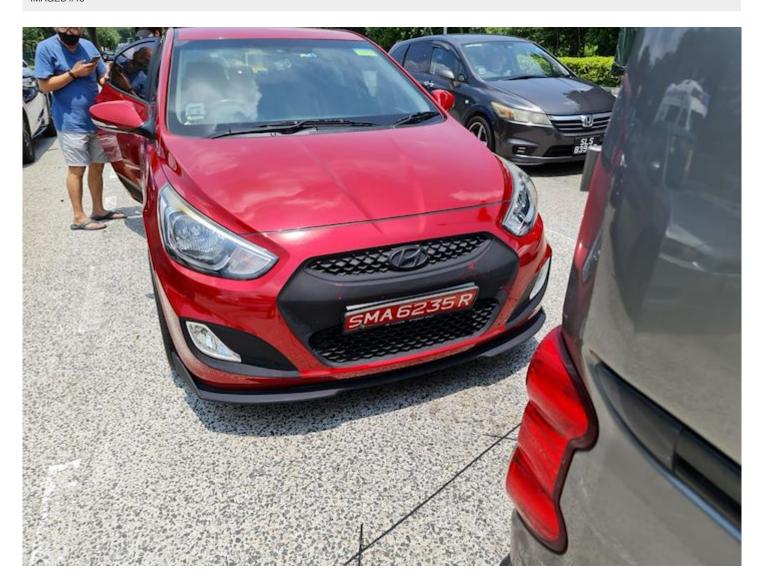
















Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

1 of 3 Report No. T/20210412/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2021 14:29			Vide Report No.:	Station Diary No. 75	
Informa	int's Partic	ulars	新沙里的 医水果 医水果 医水果	Wall Sign Terror	
	f Informant: CK SOON		Address: APT BLK 643 YISHUN STRE 760643	ET 61 #13-290 SINGAPORE	
ID Type / ID No.: NRIC NO / S1686197I			Contact No.: Home/Office:	Mobile: 90239282	
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Age: Date of Birth: Male 56 08/03/1965			Type of Informant:		
Race: Chinese			Language: Institution / School N		
Occupation: DELIVERY			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:	

General Infor	mation of the Acc	ident		HUNDRED STREET	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/04/2021 12:00	Type of Location X-Junction	
YISHUN AVE	NUE 1	David			
01		Road Surface: Dry	F	Road Speed Limit:	
Traffic Flow: Dual Carriage		Traffic Control: Not Controlled			
Type of Collisi Between Movi	ion: ing Vehicles - Head	a	Inyone conveyed by imbulance:		

Details of V	ehicle Involved			STILLIS TO	UNIA THE PARTY AND	No. of the Local Division in the
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBC4067S	Van	NISSAN	NV200	Grey		
011040000		Description of the second	144200	Grey	Slightly Damaged	0
SHC1633G	(COMFORT)	TOYOTA	PRIUS	Blue	Slightly	1
SMA6235R	Car	HYUNDAI		Red	Damaged Slightly	1
		A-14 11 11 11 11 11 11 11 11 11 11 11 11 1			Damaged	



T/20010441/2059

20210412/2000

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 2 of 3 Report No. T/20210412/2058

CONTINUATION OF REPORT

Any Pedestrian Ir	nvolved: No				
No. of Pedestrian		Use of Pedes	strian (Cross	ing: NA
Driver	Commence of the Commence of th	E RY DIVING		Service Services	
Name	LOY TECK SOON	10	ID No.		S1686197I
Related Vehicle	GBC4067S (Van)	C	Contact	No.	90239282
Hospital/Clinic	DR CARE MEDICAL CLINIC	L	Class of Driving Licence & Expiry Date		Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	12/04/2021	Date Discha	rge	12/04	/2021
	ted Medical Leave 03	Degree of In	ijury I	NIL	
Driver	THE RESERVE TO SERVE THE RESERVE TO SERVE THE RESERVE TO SERVE THE RESERVE THE		all the same of the		
Name	SOH BEAN HIAN	11	D No.		S1257742G
Related Vehicle	SHC1633G (TAXI (COMFORT))	C	Contact No.		NIL
Hospital/Clinic	NIL		Class o Driving Licence Expiry (8	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha	arge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of In	njury	NIL	

Brief Details.

On 11/04/2021 at around 1233hrs, I was at the X-Junction between Yishun Avenue 2 and Lentor Avenue. The traffic light was red and I was the first vehicle on the 3rd lane from the right on Lentor Avenue going towards Yishun Ave 2. About 3 seconds later, suddenly the red Hyundai behind me collided against the rear of my van. I got of my vehicle and noticed that the rear of my van had a dent. I also noticed that another taxi had hit against the rear of the Hyundai, which resulted into the collision against my van. No one was injured at that point of time so we exchanged particulars, took photos and left. I only managed to take photo of the taxi driver particulars.

After the accident, we all went on back to our journey. However, the next day my neck wasn't feeling well so I went to see a doctor at Dr Care Medical Clinic and was given 3 days mc for my injury.





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 3 of 3 Report No. T/20210412/2058

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: L / Sgt 3 OH HONG LI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/04/2021 14:29
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476179	Classification Of Case:
Authentication Stamp NP168	Signature