

## 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 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. 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 ..... 04/05/2021 17:26 (SGT)  
Date of Accident ..... 03/05/2021 15:45 (SGT)  
Exact Location of Accident ..... Woodlands Ave 12, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBA69Z

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... Jun Hang F&B Pte Ltd  
Company Reg No ..... 2XXXXX018D  
Email Address ..... hr@junhanggroup.com.sg  
Mobile Phone No ..... (Phone) +65-62979111  
Alternative Phone No ..... (Office) +65-62979111

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 3000

#### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SD20V07637/VCV/R00  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... Gan Chang Siong  
NRIC No ..... SXXXX253F

Date Of Birth .....	28/02/1967
Occupation .....	Outdoor
Date Of Driving Pass .....	11/06/1995
Driving experience .....	25 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97319009
Alt. Phone Number .....	-
Email Address .....	hr@junhanggroup.com.sg
Address .....	Blk 306 Yishun Central #08-191
Address complement .....	-
Postcode .....	760306
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 .....	Chain 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 .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
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 .....	Thomson Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004529999
Alt. Police Station Phone No .....	(Fax) +65-65535740
Police Station Address .....	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Please refer to police report.

#### 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 .....	GBJ3865A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBF3013M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 .....	Gan Chang Siong
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	Neck
Injured person in which vehicle? .....	GBA69Z
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

## SKETCH PLAN

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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.
7. By the lodgment 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' 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")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 04/05/21

Reporting Centre Personnel's Signature  
Name: Angie Soh  
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: GBA69Z  
 Vehicle B: GBJ 3865A  
 Vehicle C: GBF 3013M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref To Police Report: T/20210504/2079.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
 Date & Time:

GIARMC SketchPlanForm\_V3

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 04/05/21

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

Angie Soh







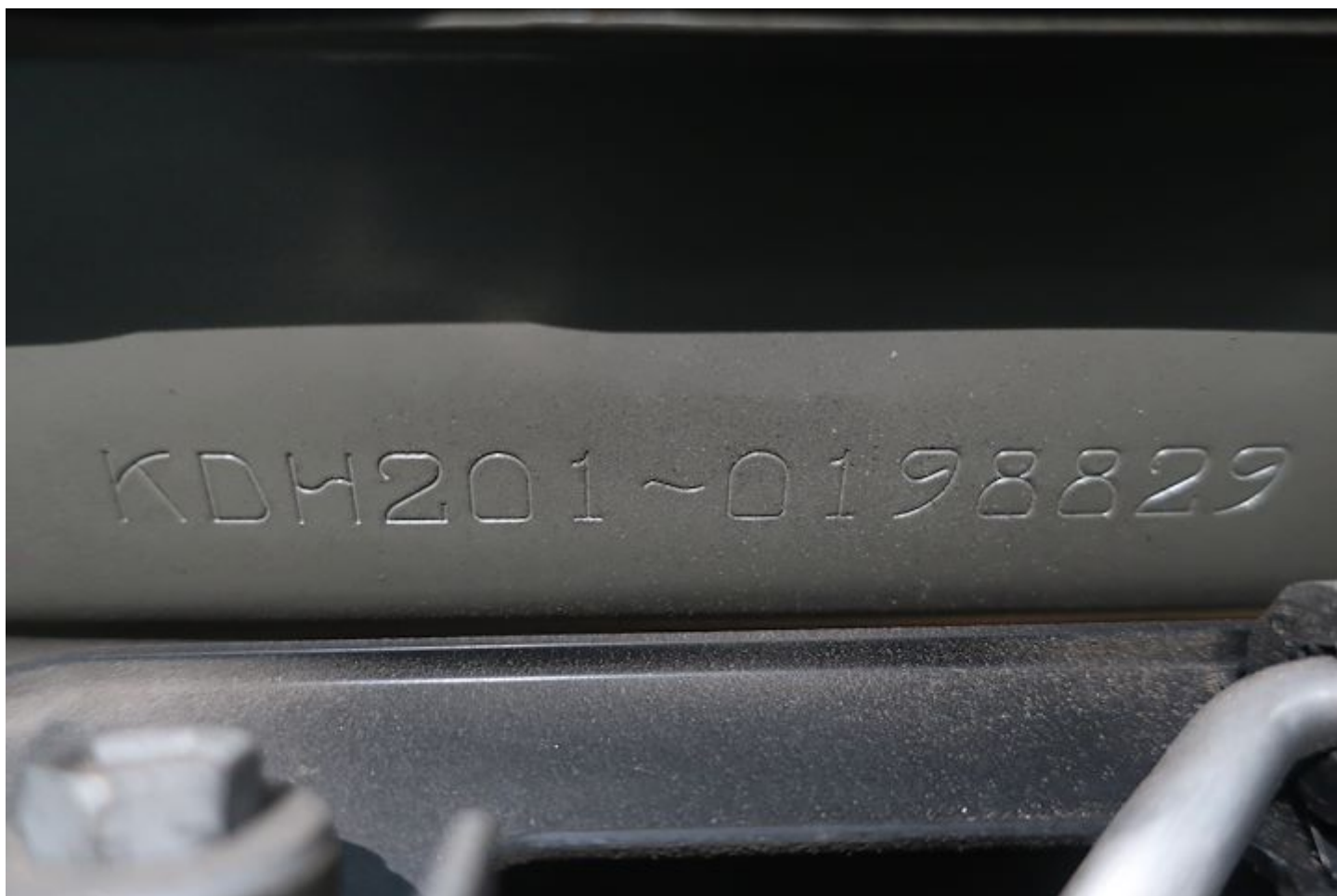















**SINGAPORE  
POLICE FORCE**


T/20210504/2079

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20210504/2079

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/05/2021 14:36		Vide Report No.:		Station Diary No.: 35
<b>Informant's Particulars</b>				
Name of Informant: GAN CHANG SIONG		Address: APT BLK 306 YISHUN CENTRAL #08-191 SINGAPORE 760306		
ID Type / ID No.: NRIC NO / S1832253F		Contact No.: Home/Office: Mobile: 97319009		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 54	Date of Birth: 28/02/1967	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: FNB		Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/05/2021 15:45	Type of Location: Straight Road
Location:  WOODLANDS AVENUE 12				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA69Z	Van	TOYOTA	HIACE 3.0DX A	Silver	Slightly Damaged	0
GBF3013M	Van	TOYOTA	TOYOTA HIACE VAN TURBO 5 DR MANUAL	White	Slightly Damaged	0
GBJ3865A	Van	OPEL	VIVARO L1H1 1.6 CDTI 6MT	Red	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20210504/2079

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20210504/2079

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	GAN CHANG SIONG	ID No.	S1832253F
Related Vehicle	GBA69Z (Van)	Contact No.	97319009
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	03/05/2021	Date Discharge	03/05/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	Yak Hai Kuan	ID No.	S7511581D
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	Koh Chai Kok	ID No.	S6838245I
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 03/05/2021, 1545hrs. I was driving (GBA69Z,V2) Along woodlands Ave 12 2nd lane. There was a vehicle (GBF3013M,V1) in front of me E-Break and I manage to stop my vehicle as well. However, there was a vehicle (GBJ3865A, V3) behind me that couldn't stop in time and collided onto the rear of my vehicle and pushed my vehicle towards and collided onto the vehicle in front of me. All of us got out of the vehicle and exchanged particulars except for V3 which he claimed that he forgotten to bring. I made a check on my vehicle and saw dents and scratches on the rear. I wish to state that I do not have an In-Car Camera and after that incident I felt pain on my neck thus I visited Khoo Teck Puat Hospital and received 3 Days MC.



**SINGAPORE  
POLICE FORCE**



T/20210504/2079

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20210504/2079

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:

E /

Sgt 1 SHAWN KOH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/05/2021 14:36

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

SN 079

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE



**SINGAPORE  
POLICE FORCE**



T/20210504/2079

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Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

Report No. T/20210504/2079

CONTINUATION OF REPORT



Liberty Insurance Pte Ltd  
 Registration no. 199002791D  
 51 Club Street  
 #03-00 Liberty House  
 Singapore 069428  
 Tel: (65) 6221 8511 Website: <http://www.libertyinsurance.com.sg>

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987  
 ROAD TRANSPORT (AMENDMENT) ACT 2019  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

<b>Certificate No</b>	SD20V07637 / NCV / R00
<b>Form</b>	MZ300A
<b>Date Of Issue</b>	14-APR-2021
<b>1. Index Mark and Registration No. of Vehicle:</b>	GBA69Z
<b>2. Chassis number of Vehicle:</b>	KDH2010198829
<b>3. Name of Policyholder:</b>	JUN HANG F&B PTE LTD
<b>4. Effective date of Commencement of Insurance for the purposes of the Act:</b>	04-JUN-2020 00:00 AM
<b>5. Date of Expiry of Insurance:</b>	19-OCT-2021 23:59 PM
<b>6. Persons or Classes of Persons entitled to drive*:</b> Any person who is driving on the Policyholder's order or with their permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
<b>7. Limitations as to use*:</b> A) Use in connection with the Policyholder's business. B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. C) Use for social, domestic and pleasure purposes.	
<b>8. The Policy does not cover:</b> A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing or any one disabled mechanically propelled vehicle.	
<small>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 are not to be included under these headings.</small>	
I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987.	
For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature	
<b>For Information only:</b>	
COVERAGE :	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Windscreen Excess S\$100, Section I S\$1200, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000
FINANCE COMPANY:	HITACHI CAPITAL ASIA PACIFIC PTE LTD
PRODUCER NAME:	NET LINK COMMERCIAL PTE LTD

SCKH/SCKH/14-APR-21

S3\_CI\_T1\_T3\_TEMPLATE2-VER1 14-APR-21

Apr 14, 2021, 12:10 PM