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 26/07/2021 19:01 (SGT) Date of Accident 23/07/2021 14:46 (SGT) Exact Location of Accident 1 Yishun Street 11, Singapore 760123 Additional Location Information SHELL STATION EXIT OPP AVE 5 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC4664C

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SIANG HOCK HOLDING PTE LTD Company Reg No 1XXXXX681M **Email Address** sianghockholding@yahoo.com.sg Mobile Phone No (Phone) +65-68482002 Alternative Phone No (Office) +65-68482002

VEHICLE PARTICULARS

Manufacturer

Model NV350 MICROBUS 2.5 4DR 5AT ABS 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? Yes Vehicle Category Commercial vehicle Transmission Auto CC 2488

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Type of Coverage Comprehensive Fleet Policy Policy Number D-21097512MFBP/3 Cover Note Number

DRIVER

Name of Driver GOH WEI HUN, WILSON NRIC No. SXXXX404I

Date Of Birth 07/03/1992 Occupation Outdoor Date Of Driving Pass 30/06/2011 Driving experience 10 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-96681739 Alt. Phone Number Email Address sianghockholding@yahoo.com.sg Address **BLK 146 RIVERVALE DRIVE** Address complement #16-503 Postcode 540146 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Hirer 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 Collided into Property 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 vehicle or property damaged? Nο Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **PASSENGER** Gender Male PASSENGER 2 Name **PASSENGER** Gender Male PASSENGER 3 Name **PASSENGER** Gender PASSENGER 4 Name **PASSENGER** Gender PASSENGER 5 Name **PASSENGER** Gender Male PASSENGER 6 Name **PASSENGER** Gender Male PASSENGER 7 Name **PASSENGER** Gender Male PASSENGER 8 Name **PASSENGER**

Gender	Male
DETAILS OF POLICE ACTION	
Vas the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Vas notice of intended Prosecution given?	Yes Ang Mo Kio Division Headquarters (Phone) +65-18002180000 (Fax) +65-64814246 51 Ang Mo Kio Avenue 9 Singapore 569784 No

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED 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

SKETCH PLAN

IMPORTANT NOTICE

- Pease report correctly the details of the accident to speed up the claims process.
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- 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. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association
- of Singapore (GA) 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)

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/authorsy (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/mel 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 seed outside of Singapore, for one or more of the above Purposes.

oture / Date & Policyholder's Sign

STATION

SHELL

PETROL

Driver's Signature (# driver is not the policyholder) / Date

Witnessed by Reporting Centre

D- PC4664C

Personnel

Sketch Plan

YISHUN ST 11

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Declaration

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

On 23rd July 2021 at 14:46 hrs, I was driving PC4664C along 1 Yishun Street 11.

We were on a Coffee break at the Shell Petrol station on 1 Yishun Street 11.

While exiting the petrol station, I checked the oncoming traffic from my right side and later proceed further once the traffic was cleared.

While making a left turn onto the main road, I felt an impact on the LHS center door of my vehicle which had collided onto the kerb.

In the event I tried to control my vehicle, but it further collided onto the side barricades causing the damages on the Front & Front LHS portion.

Nobody was injured.

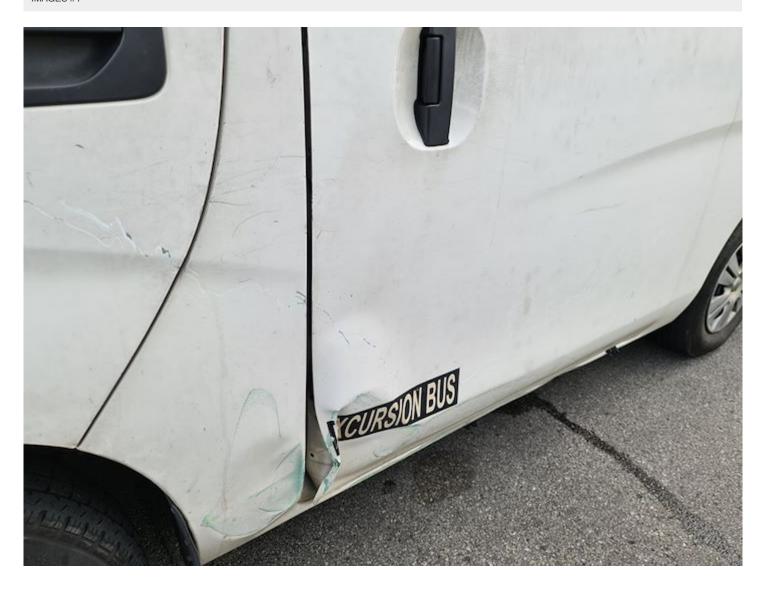
Traffic Police arrived on site for investigation.

Accident report SN09217Q000E

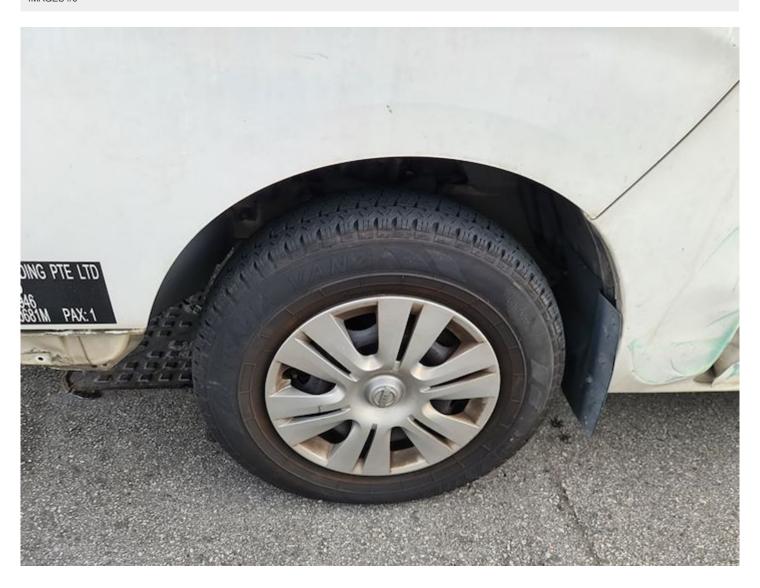






























1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No:1800-2180000 Report No. F/20210723/7059

Date/Time Report Made	Vide Report No.		Station Diary No.	
23/07/2021 21:46				
Name Of Informant	Address			
GOH WEI HUN, WILSON	146 RIVERVALE DRIVE #16-503 SINGAPORE 540146			
ID Type / ID No. NRIC NO / S9209404I	Contact No. Home/Office: Mobile: 96681739			
Nationality SINGAPORE CITIZEN	Email Address wilsongoh 92@hotmail.com			
Occupation	Sex	Age	Date of Birth	Race
Auxiliary police officer	Male	29	07/03/1992	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 23/07/2021 14:45 - 23/07/2021 14:50	Location Of Incident 146 RIVERVALE DRIVE #16-503 SINGAPORE 540146			
Brief details.				

I am the driver for this accident. Was driving my colleagues, going for our next deployment. While exiting the petrol kiosk and was looking at the right blindspot when turning. I did not realise that the left was too near to the fencing. Van crashed into the fence once turned left onto the main road.

Subjects Involve	ed				
Victim					
Person Name	GOH WEI HUN, WILSON				
ID Type	NRIC NO	ID No	S9209404I		
Signature Of Officer Recording The Report: Not applicable		Th	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass No signature is required.		
Signature Of Interpreter: Not applicable			Date/Time: 23/07/2021 21:46		
Officer In-Charge Of Case:		CI	Classification Of Case:		
Authentication §	Stamp				





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210723/7059

Gender	Male	Age	29
Race	Chinese	Language	English
Occupation	Auxiliary police officer	Address	146 RIVERVALE DRIVE #16- 503 SINGAPORE 540146
Mobile No	96681739	Is Informant A Victim?	Yes
Person Name	Chong jin jie		
ID Type	FIN NO	ID No	G2826267T
Gender	Male	Age	29
Race	Chinese	Language	Chinese
Occupation	Auxiliary police officer	Mobile No	90377884
Relation To	Colleague		

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. Signature Of Officer Recording The Report: Not applicable Signature Of Interpreter: Not applicable Date/Time: 23/07/2021 21:46 Classification Of Case: Officer In-Charge Of Case: Authentication Stamp