SS23218P0001 / SIN SHENG AUTO WORKSHOP PTE LTD ENTRY DATE & TIME: 25/08/2021 13:12 (SGT) SUBMITTED BY: QUEK BENG HOE VERSION: 1 (25/08/2021 13:12 (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 25/08/2021 13:12 (SGT) Date of Accident 07/08/2021 14:30 (SGT) Exact Location of Accident 33 Harbour Dr, Singapore 117606 Additional Location Information PSA BERTH P34 (PASIR PANJANG) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Isuzu

Vehicle Registration Number GBF1658X

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner REEFERTEC PTE LTD Company Reg No 199501597C **Email Address** joseph.lee@engkong.com Mobile Phone No (Phone) +65-68620438 Alternative Phone No (Office) +65-68620438

VEHICLE PARTICULARS

Manufacturer

Model Nhr85aue4aa 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? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 2999

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number D18MFL0002152_02 Cover Note Number

DRIVER

Name of Driver SNG WEE SENG NRIC No. S6819590Z

Date Of Birth 20/05/1968 Occupation Outdoor Date Of Driving Pass 01/08/2013 Driving experience 8 YEARS Gender Male Mobile Number (Phone) +65-91559739 Alt. Phone Number Email Address joseph.lee@engkong.com Address BLK 78 REDHILL LANE #05-01 Address complement Postcode 150078 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 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? Was any injured conveyed to hospital by ambulance? Was any other vehicle 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 Bukit Merah West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18003779999 Alt. Police Station Phone No (Fax) +65-63773923 Police Station Address 500 Bukit Merah View #01-01 Singapore 159682 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO NOTICEC OF REPORTING LODGED ON 08/08/2021 AT BUKIT MERAH WEST NPC 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 YP2678B Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Commercial vehicle

Vehicle Category

Name of Driver	-
Contact Number	(Phone) +65-82857481
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEH B
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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.
- 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:
 - 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;
 - 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.

Driver's Signature

(If driver is not the policyholder

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GROUND STATE PROFESSION - 93

Policyholder's Signature

Date & Time:

ETCH PLAN			
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			21001 PP8X
		В	JP 2678B
SCRIBE CIRCUMSTANCE	S OF THE ACCIDENT		
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Keder	to notice of repr	siting	
			11-1-1
*			
DECLARATION		+	SENG AU
We declare the foregoing part	ticulars are true in every respect.	21.	TO THE TOTAL PARTY OF THE PARTY
olicyholder's Signature	Driver's Signature	Reporting	Centre Personnel's Signature
ate & Time:	(If driver is not the policyholder)	Name:	

GIARMC StetchPlanForm_V3















Annex D

NOTICE OF REPORTING

This is to confirm that Sng Wee Seng, NRIC: S6819590Z, HP: 91559739 has reported to the Police a non-injury traffic accident which occurred along PSA Berth P34 on 7/8/2021 at about 2.30pm involving the following vehicles:

- On 7/8/21 at about 2.30pm, I was driving my vehicle GBE1658X (lorry) and had stopped my vehicle as I am queuing to exit the lane. I then reversed my vehicle to change lane and collided with the vehicle(lorry) that was behind me. We exchange particular. The driver is namely Win Zaw Min, G7160936M and driving for company named Matrix Marine Logs & SUPP P L. No visible injuries on all parties. My vehicle is under my company named Reefertec Pte Ltd.
- 2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Nar	ne of Issuing Of	ficer: SGT(3) T140415 Nurjann	an
Date:	_08/08/2021	Time: _	0110hrs	
S/D Ref:	<u> </u>			
Police Po	st/Unit :Bı	ıkit Merah	West NPC	

Original - to be issued to informant Duplicate - to be submitted to Traffic Police

Bukit Merah West
Neighbourhand Police Centre
No See Bukit Meral View 2003
Naga 10 1856/21
Tel: 1866-3775/39