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 06/08/2021 16:37 (SGT) Date of Accident 05/08/2021 10:50 (SGT) Exact Location of Accident Chin Bee Cres, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL1355H

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner A & K PACKAGING AND DESIGN Company Reg No 46963900L Email Address salesenquiry@akpackaging.com.sg Mobile Phone No (Phone) +65-83827277 Alternative Phone No +65-83827277

VEHICLE PARTICULARS

Manufacturer

Toyota Model Hiace 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 2982

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMCG21004181 Cover Note Number

DRIVER

Name of Driver SNG CHENG HENG NRIC No. S7038803J

Date Of Birth 21/10/1970 Occupation Outdoor Date Of Driving Pass 19/01/1991 Driving experience 30 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-82922837 Alt. Phone Number Email Address salesenquiry@akpackaging.com.sg Address BLK 831 PASIR RIS DRIVE 3 #02-384 Address complement Postcode 510631 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 Hit and run / Vandalism / Damaged whilst parked 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? Nο 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? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Eunos Neighbourhood Police Post Police Station Phone No (Phone) +65-18004439999 Alt. Police Station Phone No (Fax) +65-62444376 Police Station Address Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT: T/20210805/2050. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number YP5824B Vehicle Manufacturer Vehicle Model Vehicle Variant

Commercial vehicle

Vehicle Colour
Vehicle Category

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

SKETCH PLAN

I hereby authorise SME Motor Pte Ltd to send my accident report to my worskhop: Alpha Car Services P/L via email. (glahaparservices@hotmail.com)

Signature (16963)

Sy, X

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.
- 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.
- 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)

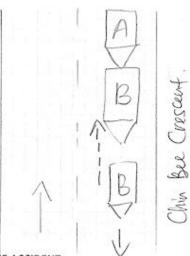
I understand, acknowledge, agree and consent that:

- (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:
 - (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.

X

Policyholder's Signature Date & Time: х _____

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.: SKETCH PLAN



Vehicu A: GBL 1355H Vehicu B: YP5824 B.

lefer to	the	polia	report	:	7/20	2108	05/20	050			
1		1			6					=10-4	
										ging	
									(2.00 m)	Usinoss 903. No 1039001	0
									100%	* 1889/	A.
	-										
11-11			77.7								
	-									_	
				-					-		
			6								
				-			77.2				
7772							1100				
	_		-								
	-			20 11 11							

DECLARATION

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:















1 of 3

Report No. T/20210805/2050

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2021 16:01		Vide Report No.:	Station Diary No.: 10			
Informa	nt's Partic	ulars				
	f Informant: HENG HEN		Address: APT BLK 631 PASIR RIS DRIVE 3 #02-384 SINGAPORE 510631			
ID Type / ID No.; NRIC NO / S7038803J			Contact No.: Home/Office:	Mobile: 82922837		
National SINGAF	lity: PORE CITIZ	EN .	Email:			
Sex: Age: Date of Birth: Male 50 21/10/1970			Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: Van driver			Driving Licence Informa Class: 3	ation: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/08/2021 10:50	Type of Location Entrance to building	
Location: CHIN BEE CF Weather: Clear	RESCENT	Road Surface:		Road Speed Limit;	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Two Way		1400 Controlled			

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBL1355H	Van	ТОУОТА	HIACE VAN TURBO 5DR MT	Silver	Slightly Damaged	0
YP5824B	Lorry	MITSUBISHI	FUSO FM65FM2R DEB	White		0



T/20210805/2050

2 of 3

Report No. T/20210805/2050

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location, I went over to make a delivery to one of the shops at the location. Upon entering the premises, I parked my van at the entrance as I wanted to check into the premises. My van was in good condition at the time. However, I was not able to check in using my TraceTogether token, as such I went back to my van to take my phone. While I was doing that, I saw a lorry reversing out of the premises. I did not pay much attention to the lorry and proceeded back to do my check in. After checking in, I went back to my van and drove inside to the loading/unloading bay. After parking and alighting my van, I saw that there were dents and scratches on the front of my van. I did not recall having any accident prior to this, as such I talked to the security officer.

They informed me that they have a CCTV footage of the incident, however they were unable to show me the footage without approval from their supervisor. I then contacted my manager with regards with the incident, who then spoke to their management. After awhile, they sent me a video footage showing a lorry (registration number YP5824B) was reversing. The driver was not able to see my van, as such he collided into my van. The driver then drove forward again, before reversing the lorry on the other lane. The driver also did not stop to wait for the van's owner to get the particulars, and just left the place. My manager then advised me to lodge a police report with regards to this and I acknowledged.

I am lodging this report for my management's follow up actions.





Report No. T/20210805/2050

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

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: G / Sgt 2 ARI HAIKAL BIN SUBTU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/08/2021 16:01
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:
Authentication Stamp	

ERGO

500.00 300.00

100.00

2.500.00

24-Hour Motor Accident Reporting and Assistance Helpline

SS

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 1 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA) ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number

DMCG21004181

Vehicle Registration Number

GBL1355H

Cover Type

Comprehensive

Policy Type

Commercial Vehicle (Pte Use)

Name of Policyholder/Insured

A & K PACKAGING AND DESIGN

Commencement Date of Insurance

24/03/2021

Expiry Date of Insurance

23/03/2022

Excess

EXCESS: (SECTION I).....ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I). EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS).

YOUNG&INEXP DRIVERS(SECTION I) DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC

Finance Company/Hire Purchase Owner:

*Persons or Classes of Persons entitled to drive:

2. Any Person who is driving on the Policyholder's order or 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.

* Limitations as to Use:

- 1) Use in connection with the Policyholder's business
- Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
 Use for social domestic and pleasure purposes

This Policy does not cover:

- Use for hire or reward, racing, pace-making, reliability trial or speed-testing
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle

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 (Malaysia) are not to be included under these headings (*).

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), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of ERGO Insurance Pte. Ltd.

Karl-Keint Ju

Approved Insurer

Authorized Signature

A100003	CAR INSURANCE AGENCY PTE LTD	Contact Number: 63863322
Vehicle Chassis	Number : JTFHT02P500251267, Vehicle Engine Number : 1KDB068453	CP1, 29/03/2021 18:11

ERGO Insurance Pte. Ltd. Co. Reg. No.: 199305211H GST Reg. No.: M2-0116930-5 8 Temasek Boulevard #04-01 Suntec Tower Three Singapore 038988 Tel: +65 6829 9199 Fax: +65 6829 9248 www.ergo.com.sg