

REF:

ASSIGNMENT

Veh No: 6BE23J. Yr Regn: 2014 / DEC.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Isotta Fras c.c. 2982

Colour White A/C: Insured / Std / NI / NA

Sp. Reading 198969 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KDH2010146338*

Gen. Cond. Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 155 R15C

R: 195 RISC

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. D.O.I. 20/10/21.

Survey held at Zero Gravity

Des. of Damages : Frt / Rear / O/S / N/S / U/C / ~~Rooftop~~ or

The U/C / Chassis frame / Body Structure affected due to collision.

Action / Instruction

TP China.

lump sum \$1200, 3days

red:5615.71;82%

mv :

PV !

Nett:

☐: Prel. Report

Final Report

Days Of Repair: 3

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: : Site Insp (\$

	Site Insp (\$
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$$S + RS \rightarrow S_2$$

Photos

3) Others

Report Format :

Lump Sum / LBJ: 0

□: Interview (3)

Tech. Invs (3)

Weekend 12

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	07/09/2021 17:51 (SGT)
Date of Accident	06/09/2021 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	301 UPPER THOMSON ROAD, THOMSON PLAZA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE23J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HEMUS PACIFIC PRIVATE LIMITED
Company Reg No	200512640E
Email Address	hemus_pacific@yahoo.com.sg
Mobile Phone No	(Phone) +65-62703498
Alternative Phone No	(Office) +65-62703498

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	2989

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5069661931-06
Cover Note Number	26/12/2020 - 25/12/2021

DRIVER

Name of Driver	SEAH KWEE SENG
NRIC No	S7903993D

Date Of Birth	03/02/1979
Occupation	Outdoor
Date Of Driving Pass	20/04/2015
Driving experience	6 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90217953
Alt. Phone Number	-
Email Address	STEVEN@HEMUS.COM.SG
Address	BLK 273A PUNGGOL PLACE #04-860
Address complement	-
Postcode	821273
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	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	YN4459P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	LAI WAI KIT
Contact Number	(Phone) +65-94607972
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 07/09/2021 / 13:53

Report No: MT _____ D.O.A: 06/09/2021
Time: 11:30 hrs

Vehicle No: GBE23J Reporting Type: _____

SKETCH PLANIMPORTANT 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. 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.



07/09/21 / 13:53

Policyholder's Signature / Date & Time:

07/09/21 / 13:53

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

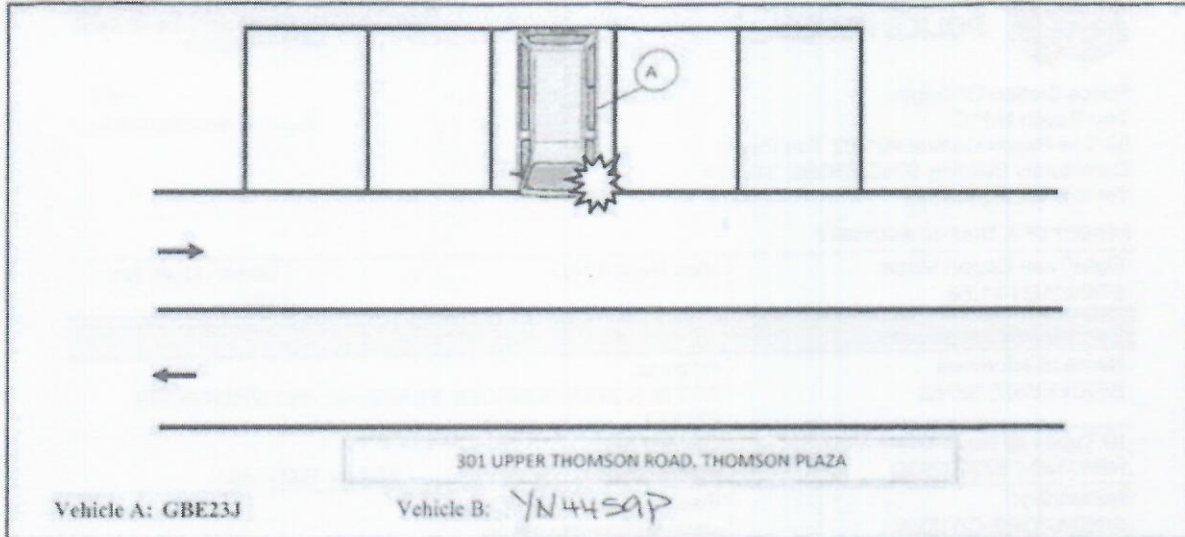
Ganesh (S993561)

Customer Care Executive

Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary parked. When I went back to my vehicle I saw there was damages on my front left side and details of vehicle B driver left on my vehicle. Afterwhich I contacted the driver B to discuss on the incident but he offered low amount for the repair which is not agreeable. So we decided to go through insurance claim. No one was injured in this accident.

Declaration

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



07/09/21 / 13:53

Policyholder's Signature / Date & Time

[Signature]

07/09/21 / 13:53

Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]

Ganesh (S993561)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel


**SINGAPORE
POLICE FORCE**


T/20210907/2131

1 of 3

Report No. T/20210907/2131

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/09/2021 21:59	Vide Report No.:	Station Diary No.: 101
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Informant's Particulars

Name of Informant: SEAH KWEE SENG	Address: APT BLK 273A PUNGGOL PLACE #04-860 SINGAPORE 821273		
ID Type / ID No.: NRIC NO / S7903993D	Contact No.:	Mobile: 90217953	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email: steven@hemus.com.sg	
Sex: Male	Age: 42	Date of Birth: 03/02/1979	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: DELIVERY	Driving Licence Information: Class: 3	Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/09/2021 12:00	Type of Location: LOADING BAY
Location: UPPER THOMSON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE23J	Van	TOYOTA	HIACE	White	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL		



**SINGAPORE
POLICE FORCE**



T/20210907/2131

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

Report No. T/20210907/2131

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Driver			
Name	SEAH KWEE SENG	ID No.	S7903993D
Related Vehicle	GBE23J (Van)	Contact No.	90217953
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am working as a Delivery for Hemus Pacific Pte Ltd. On 06/09/2021 at about 11.00am, I parked my company's van GBE23J, white Toyota Hiace at the loading bay of Thomson Plaza to do some delivery. I recalled there were vehicles parked both on my left and right side of my van. Later at about 12.00pm, I returned back to my van and found one small piece of cardboard placed on the windscreen that has the following words "I bang van call 94607972 Lai Wai Kit". Immediately I called the said contact number and spoke to someone who identified himself as Lai Wai Kit. He admitted to me that earlier on he had reversed his vehicle and the vehicle's tailboard had hit onto my van's front left side. He offered to compensate me for an amount of \$300/- however I told him that the cost of repair is going to be \$800/- if he wish to settle privately. I did request for his vehicle registration number however till now there was no further reply from him. I reported the matter to my insurance company who then advised me to lodge a report. I wish to state that the front left side of my van dented and has scratch marks. There is an In-Car camera installed however I am not sure if it captures the incident. I am lodging this Traffic Accident Report to seek Police assistance to facilitate me in making insurance claim.



**SINGAPORE
POLICE FORCE**



T/20210907/2131

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

3 of 3

Report No. T/20210907/2131

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 /

Sr Staff Sgt ZAINAL ABIDIN BIN
AMAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/09/2021 21:59

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:

SN 168

Authentication Stamp
NP168SINGAPORE
POLICE FORCE
OFFICER IN CHARGE

SIGNATURE



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN072197000H Vehicle Registration No: GBE23J
 Name (as shown in NRIC): SEAH KWEE SENG NRIC/FIN/Passport No: S7903993D
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 273A PUNGGOL PLACE #04-880 Singapore (821273)
 Contact (Tel): _____ Mobile No.: 90217953
 Email Address: STEVEN@HEMUS.COM.SG
 Date of Accident: 06-Sep-2021 Time of Accident: 11:30
 Place of Accident: 301 UPPER THOMSON ROAD, THOMSON PLAZA
 Insurance Company: NTUC INCOME

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To upload police report and update 3rd Party Vehicle Number

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: GANESH
 NRIC/FIN No.: S993561
 Date: