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.

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 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 29/11/2021 18:35 (SGT) Date of Accident 29/11/2021 08:20 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS JURONG Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number GBH7998J

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner PHUKOM INTERNATIONAL PTE LTD Company Reg No 199002752D **Email Address** ADMIN@PHUKOM.COM.SG Mobile Phone No (Phone) +65-81592282 Alternative Phone No (Office) +65-81592282

VEHICLE PARTICULARS

Manufacturer

Model Nv200 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 - Claiming third party Vehicle Category Commercial vehicle Transmission Auto CC 1600

INSURANCE COMPANY

Name of Insurance Company Great Eastern General Insurance Limited Type of Coverage Comprehensive Fleet Policy Policy Number 2021-V0109401-VCV-R002 Cover Note Number

DRIVER

Name of Driver CHIN CHEE WAN NRIC No. S1108916Z

Date Of Birth 26/04/1955 Occupation Outdoor Date Of Driving Pass 22/10/1977 Driving experience 44 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-81592282 Alt. Phone Number Email Address ADMIN@PHUKOM.COM.SG Address BLK 225 ANG MO KIO AVE 1 #09-579 S 560225 Address complement Postcode 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 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) 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 Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident VIDEO WITH TP Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SHD3606S Vehicle Manufacturer

Vehicle Model
Vehicle Variant
Vehicle Colour

Vehicle Category	Private car
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 Vehicle Manufacturer Vehicle Model Vehicle Variant	SKU6913K - -
Vehicle Colour	-
Vehicle Category	Private car
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 3

SMN5211Y
Private car

	Refler	40	the	Police	Veport	2	1/207/11	79/70	32	
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	-	o barrio								
1	1/			福身	医國際,	企業	有限公司 IONAL PTE. LT			
	Nº /			77E (1971)	1 1	1	and the second section in the			

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

Time

Policyholder's Signature / Date &

Witnessed by Reporting Centre

Personnel

SKETCH PLAN

IMPORTANT NOTICE

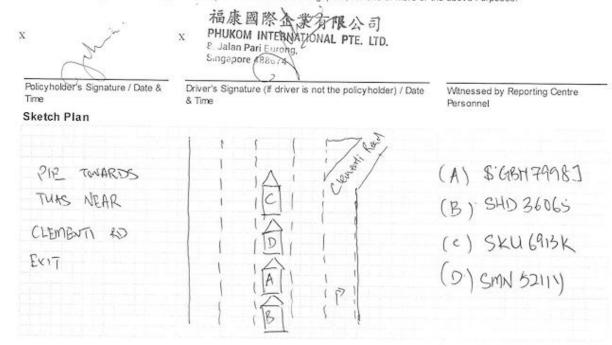
- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material 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.
- 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.
- 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/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.

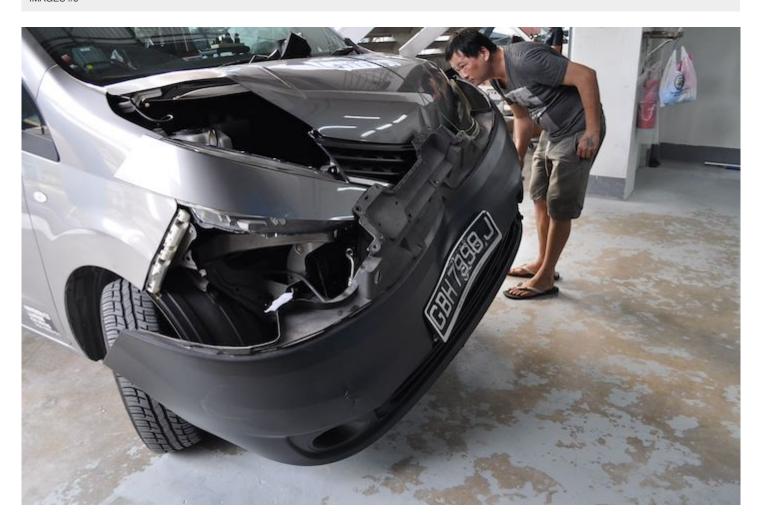
(collectively the "Purposes")

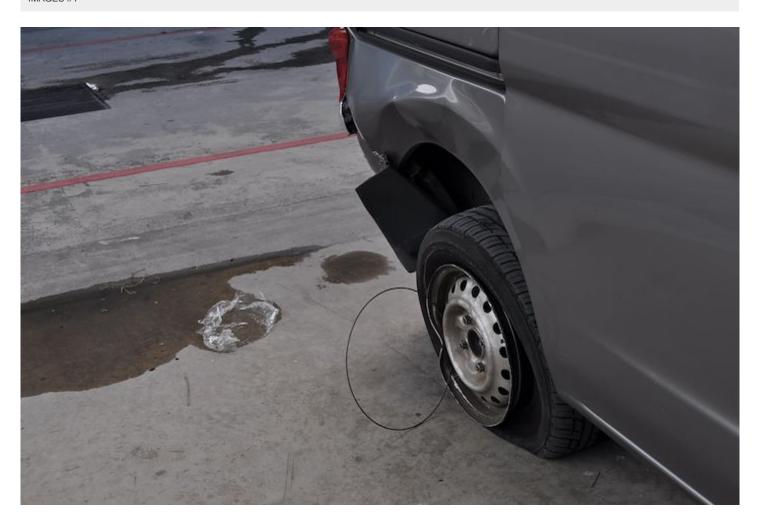
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

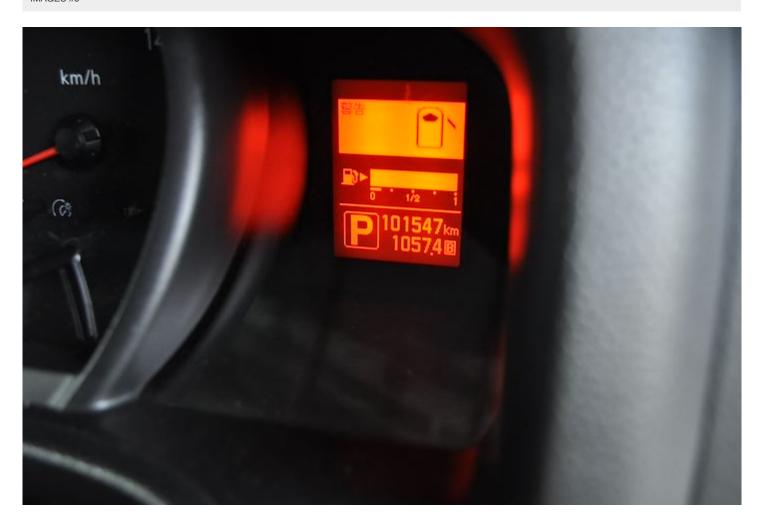


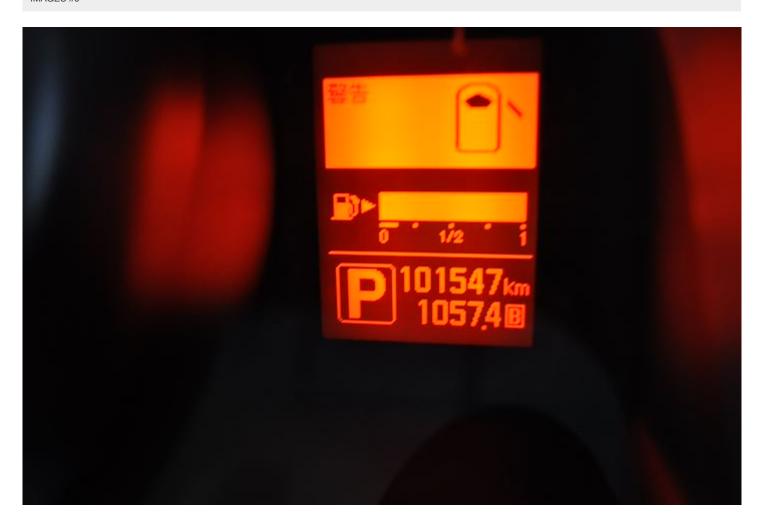


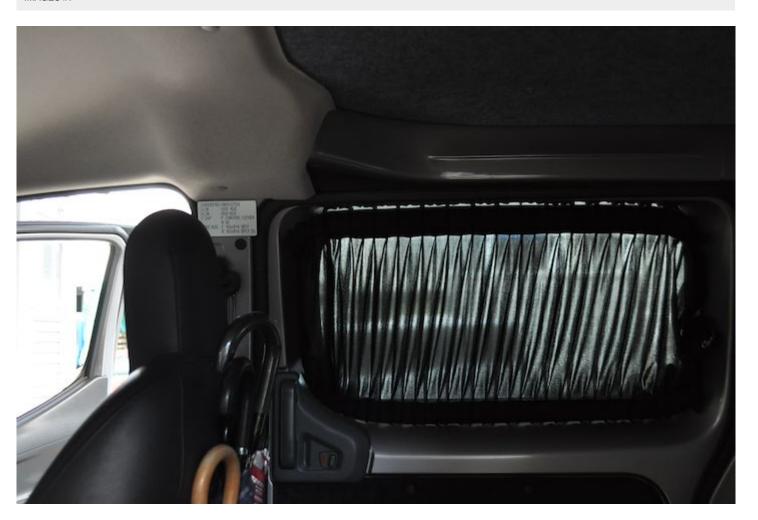


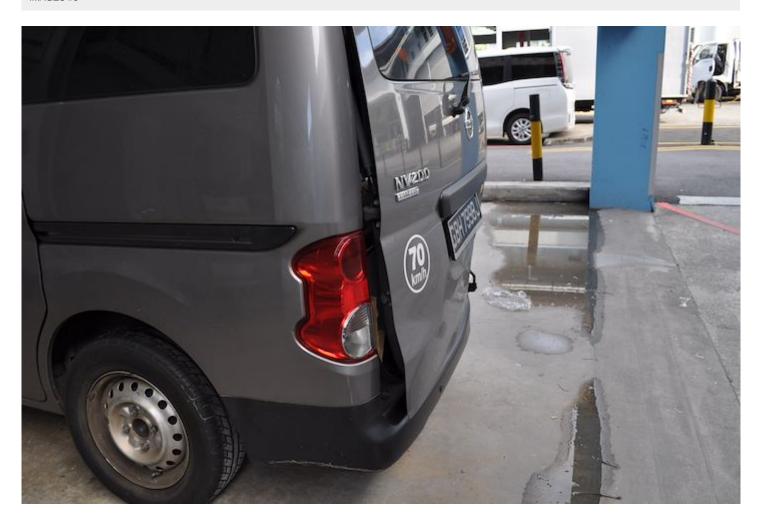
































Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20211129/7032

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	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: 29/11/2021 15:00
Officer In Charge Of Case: TP / TPIB / MUHAMMAD SYARIFUDDIN MUHAMMAD AJMAIN Contact No.: 65476367	Classification Of Case:

NP168





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20211129/7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2021 15:00			Vide Report No.: Station Diary N J/20211129/0047				
Informa	nt's Partic	ulars		SECONOMIC TRANSPORTED TO THE PROPERTY OF THE PERSON SECONOMICS.			
	f Informant: HEE WAN		Address: 225 ANG MO KIO AVENUE 1	1 #09-579 SINGAPORE 560225			
	/ ID No.: D / S11089	16Z	Contact No.: Home/Office:	Mobile: 81592282			
Nationality: SINGAPORE CITIZEN			Email: ADMIN@PHUKOM.COM.SG				
Sex: Male	Age: 66	Date of Birth: 26/04/1955	Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupati Van drive			Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/11/2021 08:20	Type of Location Straight Road
	EXPRESSWAY			
		Road Surface:	R	load Speed Limit:
Weather: Clear		Road Surface: Dry	R	oad Speed Limit:
		2000	Т	raffic Volume:

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH7998J	Van		- Constitution of the cons		Conditio	0
SHD3606S	Car					0
SKU6913K	Car					0
SMN5211Y	Car					0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20211129/7032

CONTINUATION OF REPORT

Details of Perso	n Involved						
Any Pedestrian I	nvolved: No						
No. of Pedestrian	ns Injured: NIL		Use of Pedestrian Crossing: NA				
Driver	THE REAL PROPERTY.	1961/2 3 681					
Name	CHIN CHEE WAN		ID No.		S1108916Z		
Related Vehicle	GBH7998J (Van)			Contact No.		81592282	
Hospital/Clinic	MOUNT ALVERNIA	L	Class of Driving Licence a Expiry		Class: NIL Date of Expiry: NIL		
Date	29/11/2021 Date			N	IL		
No. of Days granted Medical Leave 05			Degree of		eriou	IS	

Brief Details.

I was travelling along PIE towards on lane 3 of 5 lanes. Weather was clear, traffic was moderate. The vehicle in front of me slowed down and stopped. Noticing that, I also slowed down and came to a halt. After a few seconds, I felt an great impact from the rear. The impact was so huge that it pushed me forward and collided onto the rear of the vehicle in front of me. After the collision, I alighted and realised it was a chain collision involving 4 vehicles. I was the 3rd vehicle from the front.

1st: SKU6913K 2nd: SMN5211Y 3rd: GBHJ7998J 4th: SHD3606S