SP0U21CE0006 / PROGRESSIVE CAR CARE PTE LTD ENTRY DATE & TIME: 14/12/2021 16:23 (SGT) SUBMITTED BY: Lim Xu Wei Daryl VERSION: 1 (14/12/2021 16:23 (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 14/12/2021 16:23 (SGT) Date of Accident 29/11/2021 19:50 (SGT) Exact Location of Accident 513 Woodlands Drive 14, Singapore Additional Location Information LOADING/UNLOADING BAY Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBK8513C

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner WILLING HEARTS Company Reg No T05SS0071J **Email Address** WILLINGHEARTSINGAPORE@GMAIL.COM Mobile Phone No (Phone) +65-64765822 Alternative Phone No (Office) +65-64760607

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant 150D 1.9TON 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?

No - Reporting only Vehicle Category Commercial vehicle Transmission Manual

CC 2986

**INSURANCE COMPANY** 

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Nο Policy Number 2070178390 Cover Note Number

DRIVER

Name of Driver HENG YEONG LENG, NATHANIEL NRIC No. S6813462E

Date Of Birth 11/03/1968 Occupation Indoor Date Of Driving Pass 30/07/1986 Driving experience 35 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-86441264 Alt. Phone Number Email Address NATEHENG@GMAIL.COM Address 535 WOODLANDS DRIVE, #07-599 Address complement Postcode 730535 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **VOLUNTEER** 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 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 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 PASSENGER 1 Name **ADWIN ON** Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Woodlands West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18003639999 Alt. Police Station Phone No (Fax) +65-63640997 Police Station Address 1 Woodlands St 12 Singapore 738622 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT. 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** 

GBE8852E

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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 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)

Lunderstand, 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 GA 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.



Policyholder's Signature / Date &

1600hr 5 JNG HEZA 14/12/21 SMGAPORE

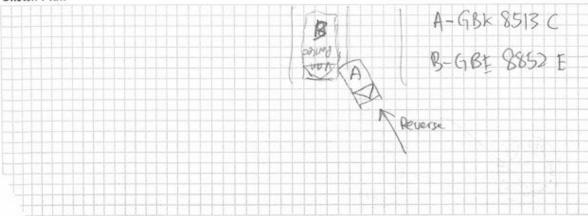
& Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan

Time



Refor to Police Report: 7/20211201/2085				
Refer to Police Report: 7/20211201/2085				
Refer to Police Report: 7/20211201/2085				
Refer to Police Report: T/20211201/2085			The Park	A - MINISTER OF
Refor to Police Report: T/20211201/2085			THE SECOND	
		Roter to Police les	ont: Therman	12000
		Mejer to mind the	172021120	1/2083
		The second second		
	1141)	Mary and the second second		Y
	W. C. S.			
		157	10.758	Zo alte
			15/	N. 11 - 2
			25 4477	1900
			25.27	
	aration			
ח	declar@the foregoing and in the	en are true in come and a		
				1222/2011 21 02 E-100E-100E
the foregoing particulars are true in every respect.	be prace within the stipulated	imetrame from the day of occurrence	insurer may have a fourteen e. Kindly check with your insu	(14) days clause whereby the claim irer for more details.
the foregoing particulars are true in every respect.	1=1/ Are Not	ALL THUNES	Men	- /
the foregoing particulars are true in every respect.  claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.	14/12	11 13 15 Man		a
claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim switch the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.	144-6	1 9	he policyholder) / Date V	



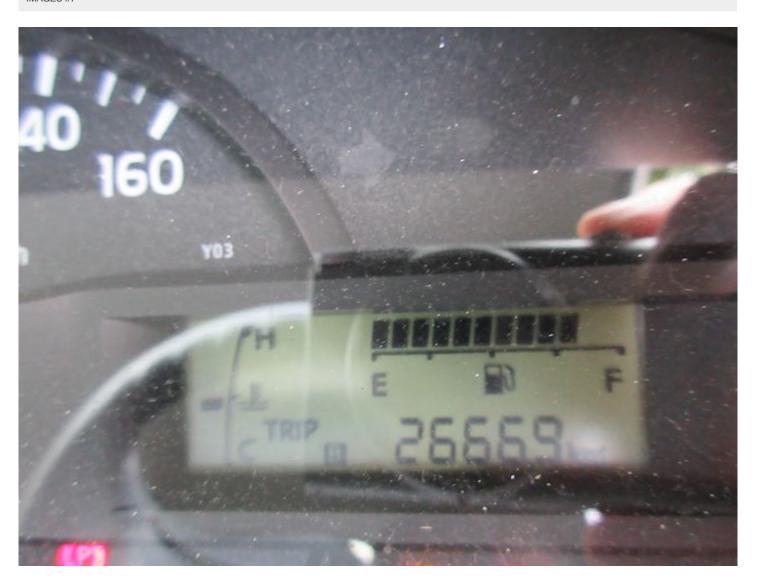


















Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999 1 of 3 Report No. T/20211201/2085

# REPORT OF A TRAFFIC ACCIDENT

	ne Report N 021 17:50	/lade:	Vide Report No.:	Station Diary No.: 344
Informa	nt's Partic	ulars		A CONTRACTOR OF THE PARTY OF TH
	f Informant: 'EONG LEN	NG, NATHANIEL	Address: APT BLK 535 WOODLAND 730535	S DRIVE 14 #07-599 SINGAPORE
	/ ID No.: O / S681346	62E	Contact No.: Home/Office:	Mobile: 86441264
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 53	Date of Birth: 11/03/1968	Type of Informant: Driver	
Race: Chinese			Language: Institution / School Na	
Occupation: Company director			Driving Licence Information: Class: 3 Date of Expiry:	

General Infor	mation of the Accide	ent		
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 29/11/2021 19:50	Type of Location: LOADING/UNLO ADING
Location: WOODLAND	S DRIVE 14			
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collis Moving Vehic	iion: le Against - Parked V	ehicle		Anyone conveyed by ambulance:

Details of V	ehicle Involv	/ed		History W. C. L.		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBE8852E	Van				Slightly Damaged	0
GBK8513C	TRUCK				No Damage	0

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





Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

Report No. T/20211201/2085

2 of 3

CONTINUATION OF REPORT

Driver			Market Mark			
Name	HENG YEONG LENG, NATHANIEL		ID No.		S6813462E	
Related Vehicle	NIL			Conta	ct No.	86441264
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	
Driver			TELEPI PARE			
Name	LUA HWA CHONG			ID No		S7224114B
Related Vehicle	NIL			Conta	ct No.	93399722
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	Degree of Injury NIL		

## Brief Details.

On the 29/11/2021 at about 1950hrs, I was reversing my vehicle (GBK8513C) at the Loading/Unloading bay at Blk 513 Woodlands Drive 14, I checked both my side mirror's before turning into the spot. I observed on my right side there was a van parked (GBE8852E), While doing the turn i accidently scratched the left front side of the van. I parked my vehicle at the lot and went to make a check on the van. While checking the van the driver came and he acknowledged that I cause the damage. We exchange for particulars and also took photo of the scratch. At the point of time no one was injured.





Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

3 of 3 Report No. T/20211201/2085

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 L / Sgt 3 MOHAMMAD MALIK BIN MOHAMMED ANIFAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/12/2021 17:50
Officer In Charge Of Case: TP / GIA / SI FAN JEOK LENG Contact No.: 65476151 Signature: Authentication Stamp Ce	Classification Of Case: