

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 03/01/2022 18:22 (SGT)
Date of Accident 17/12/2021 18:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information 221 BOON LAY PL
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP4833G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SEAQUEST ENTERPRISE PTE LTD
Company Reg No 200304487K
Email Address sherlyntan@sequestent.com
Mobile Phone No (Phone) +65-91728060
Alternative Phone No +65-91728060

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 2998

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00128872104
Cover Note Number 21/10/21 - 20/10/22

DRIVER

Name of Driver LAKHVIR SINGH
Passport No/FIN G7506608U

Date Of Birth	16/03/1980
Occupation	Outdoor
Date Of Driving Pass	18/12/2015
Driving experience	6 YEARS
Gender	Male
Mobile Number	(Phone) +65-96483728
Alt. Phone Number	-
Email Address	sherlyntan@sequestent.com
Address	C/O SEAQUEST MARINE & CONSTRUCTION PTE LTD
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	No 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	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)	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED.

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	GBH8141H
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

1. VEHICLE NO.: YP 4833G
 2. INSURER CO.: China
 3. ACCIDENT DATE & TIME: 17/12/21 @ 18:05

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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.



[Signature]

31/1/22

[Signature]

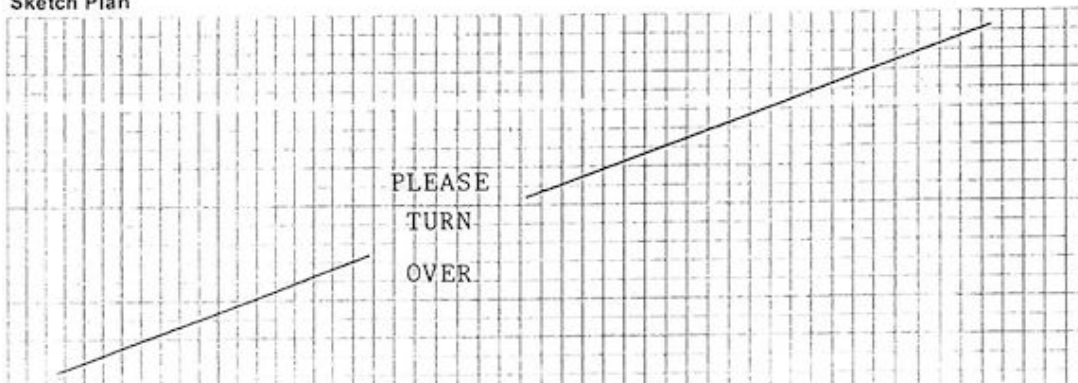
31/1/22

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (YS)

Sketch Plan



Sketch Plan

221 Boon Lay Pl

N.A.

Third Party :-
GBH 8141H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I'm Totale don't know about this happen
No body Aenoch me about this happen

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim
under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/We declare the foregoing 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.:

() Claim Own Policy () Claim Third Party (✓) Reporting Only
() Claim OD/TP at other workshop ()















Date : 3/1/22

To : Accident Reporting Centre (ARC)

I / We hereby approve (driver's name) Lakhuir Singh
 NRIC/FIN G750 6608 U, our employee / employee of Sequest Marine & Construction Pte Ltd to drive our m/vehicle no. YP 4833 G
 and to file the accident report (Third Party claims/Own Damage Claims/Reporting Only) which occurred on (date) 17/1/21 @ (time) 18:05
 along (location) 221 Boon Lay Pl.

* Relationship between Insured and driver's company: Same Boss.

Thank you.

Regards,



X

* SIGN & STAMP at the above *

Name of Owner : Sequest Enterprise Pte Ltd

NRIC / ROC : 200304487K

Contact No : 9172 8060

Email : sherlyntan @ sequestent. com

BONNIE KWOK LLC

Advocates & Solicitors

101A Upper Cross Street
#08-12 People's Park Centre
Singapore 058358

Tel : (65) 6536 6026
Fax : (65) 6536 2279
[Not for service of court documents]
GST Reg No. 201203547Z

Your Ref: YP 4833 G
Our Ref: GBH 8141 H P-21-P.sg- Precise

30 December 2021



M/s Seaquest Enterprise Pte. Ltd. by Post
280 Woodlands Industrial Park E5
#02-37 Harvest @ Woodlands
Singapore 757322

Dear Sir

ACCIDENT INVOLVING GBH 8141 H & YP 4833 G ON 17 DECEMBER 2021

We act for M/s Foodon Logistics Pte Ltd, the owner vehicle of GBH 8141 H in the above matter.

Our client instructs that on the 17 December 2021 at about 18.05 hours, you and / or your authorized driver driving vehicle no. YP 4833 G was involved in an accident with our client's vehicle along 221 Boon Lay Pl.

We have instructions to claim against your insurers M/s China Taiping Insurance (Singapore) Pte Ltd for damages suffered by our client as a result of the said accident.

We write to notify you to lodge an accident report with your insurance company. In the event that you do not do so, your insurance company will repudiate liability and in that event our client will look to you personally for all loss and damages suffered.

Kindly keep us informed once you have lodged your accident report.

Yours faithfully


BONNIE KWOK
cc clients