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 11/01/2022 14:39 (SGT) Date of Accident 09/01/2022 18:30 (SGT) Exact Location of Accident Yishun Ave 5, Singapore Additional Location Information **BLK 101 CARPARK** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

+65-90223626

Toyota

Vehicle Registration Number GBG9086H

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner POKKA PTE. LTD. Company Reg No 1XXXXX135E **Email Address** evestiger949803@gmail.com Mobile Phone No (Phone) +65-90223626

VEHICLE PARTICULARS

Manufacturer

Model Dyna 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

Alternative Phone No

your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual

CC 2982

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number D21MTPCVE00857 Cover Note Number

DRIVER

Name of Driver FONG CHENG WAH NRIC No. SXXXX809E

Date Of Birth 06/09/1962 Occupation Outdoor Date Of Driving Pass 02/08/1995 Driving experience 26 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-93806341 Alt. Phone Number Email Address eyestiger949803@gmail.com Address BLK 674A YISHUB AVE 4 Address complement #13-730 Postcode 761674 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 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 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? Nο PASSENGER 1 Name YAP YEE LEE Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Yishun North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18008529999 Alt. Police Station Phone No (Fax) +65-68522299 Police Station Address 31 Yishun Central Singapore 768827 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT: T/20220111/2002 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SML2599J

Vehicle Registration Number

Vehicle Manufacturer

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|-------------|
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| - |
| Private car |
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SKETCH PLAN

IMPORTANT NOTICE

- 1. 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.
- 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.
- 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
- (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.

Policyholder's Signature / Date &

Time

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

Sketch Plan

YISHUN AUF 5 BLK 101

MRPARK

A - GBG9086H - SML25995

| | refe | to | the | police | report | - T/2000C | 111/2000 |
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Declaration

IWe declare the foregoing particulars are true in every respect,

S37vs R

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre





2 of 3 Report No. T/20220111/2002

CONTINUATION OF REPORT

| SUENG WAH | ID No. | S1563809E |
|------------------------------|---------------------------------------|--|
| FONG CHENG TO | | |
| (I orn) | Conta | ct No. 93806341 |
| GBG9086H (LOITY) | | |
| 0.00 | Class | of Class: 3 |
| NIL | Licence | ce & |
| | | NIL |
| NIL ted Medical Leave NIL | Degree of Injury | NIL |
| | FONG CHENG WAH GBG9086H (Lorry) NIL | FONG CHENG WART GBG9086H (Lorry) Class Driving Licence Expiry NIL Date Discharge |

Brief Details.

On 09/01/2022 at about 1730hrs, I had parked my company lorry (orange "Pokka" Toyota lorry, GBG9086H) at the open space carpark of Blk 101 Yishun, behind POSB.

On 09/01/2022 at about 1830hrs, I was at the carpark gantry of Blk 101 Yishun when I was approached by one male Chinese in his 50s claiming that I had collided onto his vehicle. The male Chinese then checked on my vehicle and left without saying anything. I then left the carpark. Upon reaching home, I di made a check on my company lorry and there is no damages.

On 10/01/2022, my company informed me that one male Chinese called the company claiming his in car camera had captured the company vehicle that I was driving had collided onto his vehicle. The caller refused to reveal further details however claimed already lodge report with insurance and Police. He onl provided his vehicle number as SML2599J.

There is no in car camera in my company lorry.

This is the first time such incident had happened.























1 of 3 Report No. T/20220111/2002

REPORT OF A TRAFFIC ACCIDENT

| | ne Report M 122 00:35 | Made: | Vide Report No.: | Station Diary No. | |
|--|--------------------------|------------------------------|--|----------------------------|--|
| Informa | nt's Partice | ulars | | Septimon and services | |
| Name of Informant: FONG CHENG WAH | | | Address: APT BLK 674A YISHUN AVENUE 4 #13-730 SINGAPORE 761674 | | |
| AND THE RESERVE OF THE PARTY OF | / ID No.: D / S156380 | 09E | Contact No.: Home/Office: Mobile: 93806341 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Age: Date of Birth: Male 59 06/09/1962 | | Type of Informant: Driver | | | |
| Race: Chinese | | | Language: | Institution / School Name: | |
| Occupat Lorry dri | | | Driving Licence Inform Class: 3 | nation: Date of Expiry: | |

| General Infor | mation of the Accider | t | | | |
|-------------------------------|---------------------------|-----------------------|---|--|--|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 09/01/2022 18:30 | Type of Location: Car Park | |
| Location: YISHUN AVE Weather: | NUE 5 | Road Surface: | | Road Speed Limit: | |
| Clear Traffic Flow: | | Dry Traffic Control: | | Traffic Volume: | |
| | Jan | Tranic Control. | | | |
| Type of Collis | sion: | | | Anyone conveyed by ambulance: No | |

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|--------|-------|--------|--------------|-----------------|
| GBG9086H | Lorry | ТОУОТА | | Orange | No Damage | 0 |
| SML2599J | Car | | | | | 0 |

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





2 of 3 Report No. T/20220111/2002

CONTINUATION OF REPORT

| Driver | THE WAH | | ID No. | alica) | S1563809E |
|------------------|-----------------------|--|------------------------------|-----------|---------------------|
| Name | FONG CHENG WAH | | GO STATE | | |
| | | TO A STATE OF STATE O | Contac | ct No. | 93806341 |
| Related Vehicle | GBG9086H (Lorry) | | | | |
| | | CONTRACTOR INC. | Class | of | Class: 3 |
| Hospital/Clinic | NIL | | Driving Licence Expiry | g ce & | Date of Expiry: NIL |
| | | | | | |
| Date Treatment | NIL | Date Disc | | NIL | BUSKINSHIE EN |
| No. of Days gran | ted Medical Leave NIL | Degree o | Injury | IVIL | |

Brief Details.

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There is no in car camera in my company lorry.

This is the first time such incident had happened.





3 of 3 Report No. T/20220111/2002

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 / Sr Staff Sgt LIM JUN LONG | Signature Of Informant: |
|---|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 11/01/2022 00:35 |
| Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN | Classification Of Case: |
| Contact No.: 65476079 Authentication Stamp | W 184000 |
| Singapora Police Fo | sof 1 |