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 24/01/2022 18:12 (SGT) Date of Accident 22/01/2022 12:35 (SGT) Exact Location of Accident Hume Ave, Singapore Additional Location Information TWDS HILLVIEW AVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP9341B

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner YEOW HENG VEGETABLES & FRUITS SUPPLIES PTE LTD Company Reg No 2XXXXX725E **Email Address** khyhveg@singnet.com.sg Mobile Phone No (Phone) +65-98313905 Alternative Phone No +65-98313905

VEHICLE PARTICULARS

Manufacturer

Mitsubishi Model Canter 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 your vehicle? No - Claiming third party 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 Policy Number DMCVSNW00095662102 Cover Note Number

DRIVER

Name of Driver **CAO QIANG** Passport No/FIN GXXXX122Q Date Of Birth 27/11/1986 Occupation Outdoor Date Of Driving Pass 26/03/2018 Driving experience 3 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-98967938 Alt. Phone Number Email Address khyhveg@singnet.com.sg Address 59B JLN TUA KONG Address complement Postcode 457254 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 Collision - Head to Rear 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 **KHANAN** Gender Male 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 PLS REFER TO THE ATTACHED STATEMENT. 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 SGV8765A Vehicle Manufacturer

Private car

Vehicle Variant

Vehicle Category

Vehicle Model

Vehicle Colour

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

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- 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)

l 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.

Yeow Heng Fresh Vegetables & Fruit Supplier No 59-B, Jalan Tua Kong Singapore 457252

Tel: 6445 8553 Fax: 6876 0713

E-mail: khyhveg@sinanet.com.sa

Policyholder's Signature / Date &

(Ao ajung

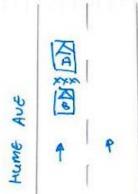
Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre

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Sketch Plan

Time



A: 4P 934 18

B: 3GV 8765+

					ALONG				
	Marca	Hume	AUE,	WHILE	TRAVEL	LING	STRAKENT	, VEHICL	E IN FRONT
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	Kong Singap								
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	6876 0713		PLANG		14.	07 A	de	2/11	24/01/2
khyhveg@s	ingnet.com s s Signature /	9	Deisson	Cianotics (#	dehicas in mot the	प्रम्	(or) / Dota	Witness	Departing Contro
Time	s Signature /	Date &	Driver's	oignature (II i	driver is not the	POSCALIGIC	rei) / Date	vviinessed by	Reporting Centre



















