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 09/03/2022 18:15 (SGT) Date of Accident 08/03/2022 19:10 (SGT) Exact Location of Accident Jln Anak Bukit, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC6625T

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner NAM SOON SIN KEE & CO Company Reg No 04466600D **Email Address** OFFICE@NAMSOON.COM.SG Mobile Phone No (Phone) +65-65600522 Alternative Phone No (Office) +65-65600522

VEHICLE PARTICULARS

Manufacturer

Volkswagen Model Caddy 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? Yes Vehicle Category Commercial vehicle Transmission Auto

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNW00052642108 Cover Note Number

1598

DRIVER

CC

Name of Driver NG KENG MENG NRIC No. S1659047I

Date Of Birth 25/05/1964 Occupation Outdoor Date Of Driving Pass 17/11/1985 Driving experience 36 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-97252978 Alt. Phone Number Email Address NG_KENGMENG@ICLOUD.COM Address 24 YUNNAN WALK 2 Address complement Postcode 638155 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 - Cross Junction 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 **UNKNOWN** Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Jurong West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002689999 Alt. Police Station Phone No (Fax) +65-62672438 Police Station Address 700 Corporation Road Singapore 649818 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT: T/20220309/2000 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** Vehicle Registration Number **GBH6962T**

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

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.
- 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 w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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.



Policyholder's Signature / Date & Time

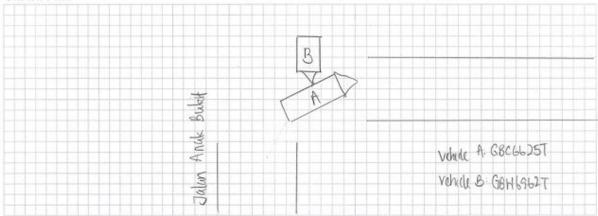


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



Desc	Describe Circumstances of the Accident						
	Refer	Police	Reput:	T/20200309/2000			
			1				
			/1				
1							

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



Witnessed by Reporting Centre Personnel



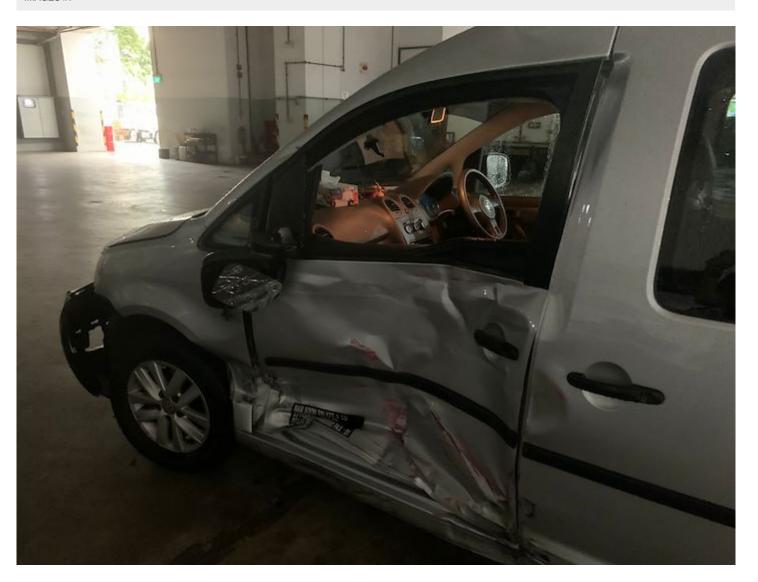


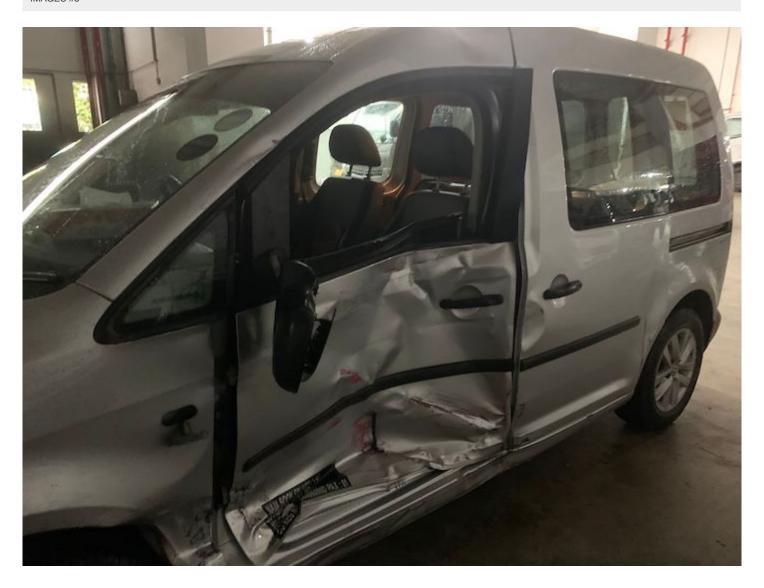


















Police Station Of Origin:

Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

	1 of 3
Report No.	T/20220309/2000

REPORT	OF A TRAFFI	C ACCIDENT				
Date/Time Report Made: 09/03/2022 01:24			Vide Report No.: D/20220308/0086	Station Diary No.: 8		
Informa	nt's Partic	ulars				
Name of Informant: NG KENG MENG			Address: 24 YUNNAN WALK 2 SINGAPORE 638155			
ID Type / ID No.: NRIC NO / S1659047I Nationality: SINGAPORE CITIZEN			Contact No.: Home/Office: Mobile: 97252978			
			Email: ng_kengmeng@icloud.com	7		
Sex: Age: Date of Birth: Male 57 25/05/1964			Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: Van driver			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Drive: Accident:		
JALAN ANAK	BUKIT				
Weather: Clear		Road Surface: Dry	- 1	Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
			and the second s		

Details of V	ehicle Invo	lved				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC6625T	Van					0
GBH6962T	Van					0

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





Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

Report No. T/20220309/2000

CONTI	NUATION	OF REPORT

Driver						
Name	NG KENG MENG			ID No		S1659047I
Related Vehicle	GBC6625T (Van)			Contact No.		97252978
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date			harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of Injury NIL			
Driver						
Name	Abdul wahid			ID No		S7330371J
Related Vehicle	GBH6962T (Van)			Conta	ct No.	84982116
Hospital/Clinic	NIL			Class Driving Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 8/3/2022 at about 7.10pm, I was driving my van bearing plate number GBC6625T along Jalan Anak Bukit and was turning right towards BKE when suddenly, another van from opposite bearing plate number GBH6962T collided onto the left side of my car. My van ended up slightly touching onto the traffic light after the collision. No one was sent to the hospital. I have no in car vehicle camera. There were a few traffic police that attended to the incident.





Police Station Of Origin: Jurong West N.P.C

Report No. T/20220309/2000

700 Corporation Road SINGAPORE 649818 CONTINUATION OF REPORT

Tel No: 1800-2689999

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.

J / SGT 2 NURAQILAH BINTE ABDUL HAMID	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	09/03/2022 01:24
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
SI CHONG GUAN FATT	
Contact No.: 65476083	
NP168	