

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	27/05/2022 16:02 (SGT)
Date of Accident	27/05/2022 08:24 (SGT)
Exact Location of Accident	Yio Chu Kang Rd, Singapore
Additional Location Information	BEFORE TRAFFIC JUNCTION OF MUNSHI ABDULLAH AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9169Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FUDA FOOD PTE LTD
Company Reg No	201200002M
Email Address	fudafood@hotmail.com
Mobile Phone No	(Phone) +65-67537822
Alternative Phone No	(Office) +65-67537822

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5104545472-03
Cover Note Number	-

DRIVER

Name of Driver	TOH KOK KHENG
NRIC No	S7227606Z

Date Of Birth	08/08/1972
Occupation	Outdoor
Date Of Driving Pass	30/10/2003
Driving experience	18 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94702228
Alt. Phone Number	-
Email Address	fudafood@hotmail.com
Address	BLK 612 HOUGANG AVE 8 #01-448
Address complement	-
Postcode	530612
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	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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

ON 27/05/2022 AT 0824HRS, I WAS WAITING AT THE TRAFFIC JUNCTION OF YIO CHU KANG DRIVE (MUNSHI ABDULLAH AVE). JUST AS THE TRAFFIC LIGHT CHANGED GREEN, I WAITED FOR THE CARS IN FRONT TO MOVE OFF. WITHIN SECONDS OF THE TRAFFIC LIGHT CHANGING TO GREEN, I HEARD A LOUD HORN AND FELT A HUGE IMPACT FROM THE REAR OF MY VAN. I REALISED A LORRY (VEHICLE B HAD HIT THE REAR OF MY VAN. I FELT PAIN IN MY NECK AND SHOULDER AND WILL BE SEEING THE DOCTOR LATER.

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	YN3237U
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	VEHICLE B
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TOH KOK KHENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBH9169Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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)**

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

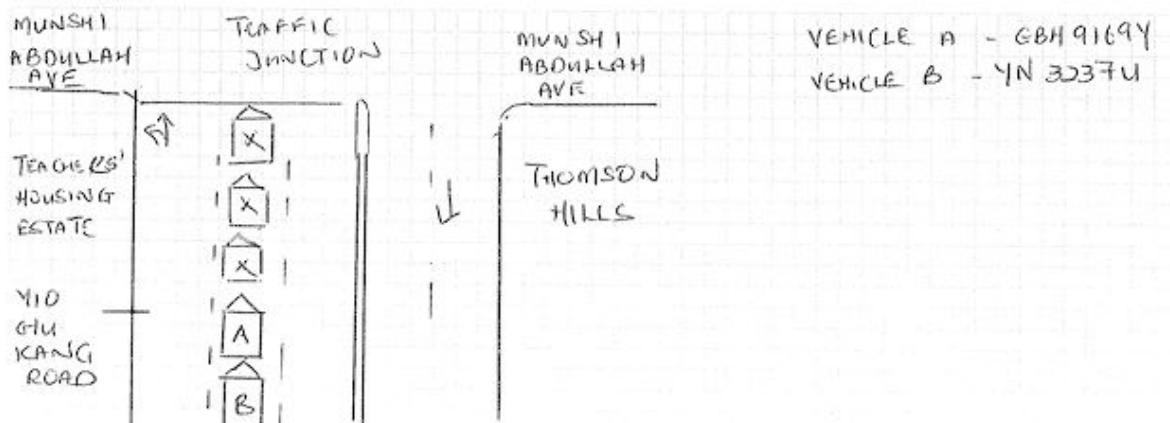
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Fuda Food Pte Ltd

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

ON 27 MAY 2022 @ 0824 HRS, I WAS WAITING AT THE TRAFFIC JUNCTION OF 410 CHU KANG ROU MUNSHI ABDULLAH AVE. JUST AS THE TRAFFIC LIGHT CHANGED GREEN, I WAITED FOR THE CARS IN FRONT TO MOVE OFF. WITHIN SECONDS OF THE TRAFFIC LIGHT CHANGING TO GREEN, I HEARD A LOUD HORN AND FELT A HUGE IMPACT FROM THE REAR OF MY VAN (VEHICLE A). I REALISED A LORRY (VEHICLE B) HAD HIT THE REAR OF MY VAN. I FELT PAIN IN MY NECK & SHOULDERS AND WILL BE SEEING THE DOCTOR LATER.

We declare the foregoing particulars are true in every respect.

Fuda Food Pte Ltd



Witnessed by Reporting Centre
Personnel