SF0F22640003 / FALCON-AIR AUTO SERVICES PTE LTD [575721] ENTRY DATE & TIME: 04/06/2022 11:25 (SGT) SUBMITTED BY: Florence Loh VERSION: 1 (04/06/2022 11:25 (SGT))

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 04/06/2022 11:25 (SGT) Date of Accident 28/05/2022 20:50 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG JALAN BESAR Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number GBK4109M

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **B2BSERVICES** Company Reg No 5XXXXX95C **Email Address** dnumd3y0@outlook.com Mobile Phone No (Phone) +65-96334293 Alternative Phone No +65-96251144

VEHICLE PARTICULARS

Manufacturer

Model NV200 1.6 (A) PETROL Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Auto CC 1598

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5122696490 Cover Note Number

DRIVER

Name of Driver CHEN YIHONG, EDMOND NRIC No. SXXXX479Z

Date Of Birth 09/01/1989 Occupation Indoor Date Of Driving Pass 14/06/2011 Driving experience 10 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-96251144 Alt. Phone Number Email Address dnumd3y0@outlook.com Address BLK 996 BUANGKOK CRESCENT #14-895 Address complement Postcode 532996 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Owner's Son 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? 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 **CAROLINE YEO** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Central Division Headquarters Police Station Phone No (Phone) +65-18002240000 Alt. Police Station Phone No (Fax) +65-62200877 391 New Bridge Road #03-112 Police Cantonment Complex Block Police Station Address A Singapore 088762 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1**

GBH753U

Vehicle Registration Number

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	VASUDEVAN SIVA MANOHARAN
	GXXXX347M
Contact Number	(Phone) +65-89069326
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. Rease report correctly the details of the accident to speed up the claims process.
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- 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.
- 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 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.

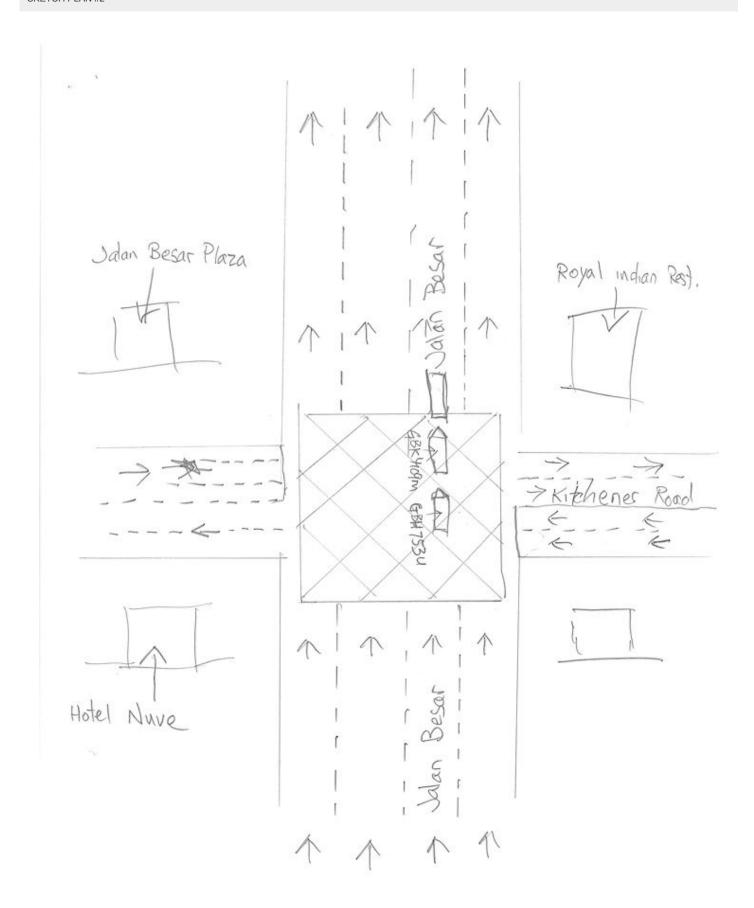
Policyholder's Signature / Date &

Refer to attach

Policyholder's Signafure / Date & Time Driver's Signature (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Refer to police report	
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declare the foregoing particulars are true in every respect.	
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POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ A 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000

Report No. A/20220601/7059

Date/Time Report Made 01/06/2022 22:02	Vide Re	port No.		Station Diary No.
Name Of Informant CHEN YIHONG, EDMOND	Address 996B BUANGKOK CRESCENT #14-895 SINGAPOR 532996			895 SINGAPORE
ID Type / ID No. NRIC NO / S8902479Z	Contact Home/C		Mobile: 96251144	
Nationality SINGAPORE CITIZEN	Email Address DNUMD3Y0@OUTLOOK.COM			
Occupation Accountant (excluding tax accountant)	Sex Male	Age 33	Date of Birth 09/01/1989	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 28/05/2022 20:50 - 28/05/2022 21:05	Location Of Incident JALAN BESAR			
Brief details.				

On the evening of 28th May, 2022 at approximately 2050hrs, I, Chen Yihong Edmond, S8902479Z, was driving along the road going towards Jln Besar with my wife. I'm driving a commercial van under GBK4109M. As I am driving along the road at the cross junction, the vehicles in front of me was braking and came to a stop just slightly past the traffic lights. But as my vehicle came to a stop, just within seconds, the commercial van under GBH753U, driven by the driver whose particulars are Vasudevan Siva Manoharan, under S PASS 0-37604607 employed by Live Sensor Security Pte. Ltd. behind me crashed onto the back of mine. As we are now trapped within the cross junction, both of us then shifted

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/06/2022 22:02
Officer In-Charge Of Case:	Classification Of Case:





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20220601/7059

our vehicles towards the right most lane just outside the shop name "CHIAT TECH ARTS AND FRAME MAKERS". He had verbally agreed to compensate the damages and wished to private settlement. However, as my dad, Tan Kim Hwai, S1447223A, who owned the commercial van that I was driving, and he went to the workshop to get repairs and the total damages charged came to a astonishing amount of \$5,068.16. We then contacted Vasudevan on 30th May, 2022, and he asked for 2 days grace while he check with his management.

However, his supervisor called my dad subsequently on 1st June, 2022 and mentioned that they are unable to pay the damages and asked for settlement via car insurance.

Suspect		CALL STREET, SHIPPING	
Person Name	VASUDEVAN SIVA MANOHARAN		
ID Type	FIN NO	ID No	G3415347M
Gender	Male	Age	29
Race	Indian	Mobile No	89069326
Victim			
Person Name	CHEN YIHONG, EDMOND		
	CHEN YIHONG, EDMOND NRIC NO	ID No	S8902479Z
Person Name ID Type Gender		ID No Age	S8902479Z 33
ID Type	NRIC NO		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/06/2022 22:02
Officer In-Charge Of Case:	Classification Of Case:





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20220601/7059

Mobile No	96251144	Is Informant A Victim?	Yes	
Person Name	CHEN YIHONG, EDN	1OND (Informant)	150	

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/06/2022 22:02
Officer In-Charge Of Case:	Classification Of Case: