SL0X226N0001 / LKK Auto Consultants Pte Ltd [408933] ENTRY DATE & TIME: 23/06/2022 13:55 (SGT) SUBMITTED BY: LKK Auto PU VERSION: 1 (23/06/2022 13:55 (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.

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 23/06/2022 13:55 (SGT) Reported by Date of Accident 19/06/2022 11:27 (SGT) Exact Location of Accident Sims Ave, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Employment

4009

Vehicle Registration Number YQ2080U

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **UNI-TAT ICE & MARKETING PTE LTD** Company Reg No 1XXXXX736C Email Address chiakc@iceman.com.sg Mobile Phone No (Phone) +65-67448484 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Hino Model XZU700R 12FT WIDE CAB 5T Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number B 400001498 MKF

DRIVER

Name of Driver JIANG CHENG Passport No/FIN GXXXXX858U Date Of Birth 10/11/1980 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	07/02/2018 4 YEARS AND 4 MONTHS Male (Phone) +65-91595698 - chiakc@iceman.com.sg 51 UBI AVE 1 #01-26 PAYA UBI INDUSTRIAL PARK 408933 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 Yes Yes Yes 1 No
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes MacPherson Neighbourhood Police Post (Phone) +65-18007449999 (Fax) +65-65476366 Blk 54 Pipit Road #01-82/84 Singapore 370054 No
CIRCUMSTANCES OF ACCIDENT	
PLS REFER TO THE POLICE REPORT:T/20220619/2042	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes SD CARD WITH TRAFFIC POLICE
DETAILS OF OTHER	VEHICLE PROPERTY 1

Accident report SL0X226N0001

Vehicle Model

Vehicle Registration NumberFBR4238LVehicle Manufacturer-

Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Gender	_
Phone No	_
Address	_
Address Complement	_
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBR4238L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual 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 Traffic Police Department for investigation.

- 6. This report will be forwarded by the insurers to 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 ladgement 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.

Policyholder's Signature / Dato's Time

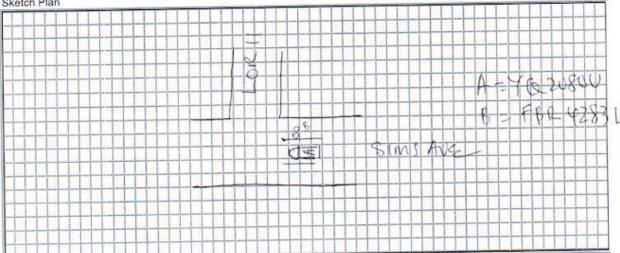
MARKE

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

ROSLINDA BINTE A WAHAB Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident	Rafee	107	lo	Police	Repor	+
	1					

Declaration

I/We declare the forestance articulars are true in every respect.

Policyholder's Signature / Date & Time

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

ROSLINDA BINTE A-WAHAB

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2



T/20220619/2042

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Report No. T/20220619/2042

2 of 3

370054 CONTINUATION OF REPORT Tel No: 1800-7449999

Driver						
Name	JIANG CHENG			ID No	1	G2991758U
Related Vehicle	YQ2080U (Lorry)			Conta	ict No.	91595698
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: 19/09/2022
Date Treatment	NIL Da		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

On 19/06/2022 at around 1025hrs, I was driving my company Hino lorry (YQ2080U) along Sims Ave towards Sims Ave East. Near the junction of Sims Ave and Lor 11 Geylang, I was driving on Lane 2 of the 4-lane road as at the time there were vehicles occupying the lots on Lane 1 of Sims Ave just before the junction of Sims Ave and Lor 11 Geylang. Since I intended to turn into Lor 11 Geylang, and as I wanted to park at the lot immediately after the entrance of Lor 11 Geylang, I had switched on my hazard lights. Before I could make the turn into Lor 11 Geylang, a Yamaha motorcycle (FBR4238L) suddenly went pass the right side of my vehicle at quite a high speed. My vehicle was not moving at the time as I had already slowed down in order to make the turn into Lor 11 Geylang. One part of the motorcycle or motorcyclist hit onto the right wing mirror of my lorry, which caused the motorcyclist to lose control of the motorcycle and fall, but as the collision happened at such a speed, I did not observe which part of the motorcycle or motorcyclist made contact. I alighted from the lorry and called for the ambulance.

An ambulance and Traffic Police officer then came down to the scene and the motorcyclist was conveyed to hospital by the ambulance. I did not have any interaction with the motorcyclist. There is an in-car camera installed in my lorry, which I have handed to the Traffic Police officer at the scene. As a result of the accident, the right wing mirror of my lorry was scratched near the bottom. I did not suffer any injuries as a result of the accident.



















Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999 l of 3 Report No. T/20220619/2042

REPORT OF A TRAFFIC ACCIDENT

	me Report N 022 15:38	Made:	Vide Report No.: G/20220619/0158	Station Diary No.	
Informa	nt's Partic	ulars			
Name o	f Informant: CHENG		Address:		
ID Type / ID No.: FIN NO / G2991758U		BU	Contact No.: Home/Office: Mobile: 91595698		
Nationality: CHINESE			Email:		
Sex: Male	rigot batto of bittill		Type of Informant: Driver		
Race: Chinese			Language: Institution / School Na		
Occupation: Lorry driver			Driving Licence Information: Class: 3	Date of Expiry: 19/09/2022	

Type of Accident:	Injury Conveyed By Ambi	ed By Ambulance		nk Date/Time of ve: Accident: 19/06/2022 10:25		Type of Location: T-Junction	
Location: SIMS AVENU	JE						
Weather: Clear		Road	Surface:		Road	Speed Limit:	
Traffic Flow:	Traffic Control: Not Controlled			Traffic Volume: Moderate			
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction					Anvoi	ne conveyed by	

Details of V	ehicle Involve	ed	No. of the last of			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBR4238L	Motorcycle	YAMAHA	AEROX 155A	Blue	Slightly Damaged	0
YQ2080U	Lorry	HINO	XZU700R 12FT WIDE CAB 5T	White	Slightly Damaged	0

Details of Person Involved	THE REPORT OF THE PERSON OF TH
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20220619/2042

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999 2 of 3 Report No. T/20220619/2042

CONTINUATION OF REPORT

Driver		STEWNS OF			De la constitución de la constit	
Name	JIANG CHENG			ID No	1	G2991758U
Related Vehicle	YQ2080U (Lorry)			Conta	ict No.	91595698
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: 19/09/2022
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details

On 19/06/2022 at around 1025hrs, I was driving my company Hino lorry (YQ2080U) along Sims Ave towards Sims Ave East. Near the junction of Sims Ave and Lor 11 Geylang, I was driving on Lane 2 of the 4-lane road as at the time there were vehicles occupying the lots on Lane 1 of Sims Ave just before the junction of Sims Ave and Lor 11 Geylang. Since I intended to turn into Lor 11 Geylang, and as I wanted to park at the lot immediately after the entrance of Lor 11 Geylang, I had switched on my hazard lights. Before I could make the turn into Lor 11 Geylang, a Yamaha motorcycle (FBR4238L) suddenly went pass the right side of my vehicle at quite a high speed. My vehicle was not moving at the time as I had already slowed down in order to make the turn into Lor 11 Geylang. One part of the motorcycle or motorcyclist hit onto the right wing mirror of my lorry, which caused the motorcyclist to lose control of the motorcycle and fall, but as the collision happened at such a speed, I did not observe which part of the motorcycle or motorcyclist made contact. I alighted from the lorry and called for the ambulance.

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Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999 3 of 3 Report No. T/20220619/2042

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 <u>report number</u> as reference.

Signature of Officer Recording The Report: G / SGT 3 MUHAMMAD ZUHAIR BIN MIOR ABDUL AZIZ	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/06/2022 15:38
Officer In Charge Of Case: TP / GIT / SGT 2 DAVID YAP Contact No.: 65476138	Classification Of Case:

NP168