

SK0L226M0004 / KAN FOOK SING MOTOR WORKSHOP [539147]  
ENTRY DATE & TIME: 22/06/2022 16:03 (SGT)  
SUBMITTED BY: Boo Miow Hwa  
VERSION: 1 (22/06/2022 16:03 (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 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	22/06/2022 16:03 (SGT)
Date of Accident	21/06/2022 08:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE TOWARD PIE (LAMP POST 182)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE7002M
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WEE GUAN ENGINEERING PTE LTD
Company Reg No	199804158D
Email Address	alex.chia@weeguan.com.sg
Mobile Phone No	(Phone) +65-96868669
Alternative Phone No	+65-96868669

#### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	CYH52T
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	Manual
CC	15681

#### INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2022-V5003194-VCV
Cover Note Number	19/01/2022 TO 18/01/2023

#### DRIVER

Name of Driver	SELVARASU THIRUMURUGAN
Work Permit No	G7801742U

Date Of Birth	10/03/1987
Occupation	Outdoor
Date Of Driving Pass	26/02/2018
Driving experience	4 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93487456
Alt. Phone Number	-
Email Address	alex.chia@weeguan.com.sg
Address	37 KRANJI LINK SINGAPORE 728643
Address complement	-
Postcode	-
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

REFER WITH ATTACH.

#### 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	YQ5960K
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Canter
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LAI HUEY SIANG
Work Permit No	G8180781M
Contact Number	(Phone) +65-93628087
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-