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 Actual 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 23/08/2022 15:59 (SGT) Reported by Date of Accident 22/08/2022 23:40 (SGT) Exact Location of Accident Singapore Additional Location Information SERANGOON ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Employment

Vehicle Registration Number **GBF5537E**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner C.K.H. FOOD TRADING PTE, LTD. Company Reg No 200408991Z Email Address CKHFOOD@SINGNET.COM.SG Mobile Phone No (Phone) +65-62680390 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model DYNA 150 MANUAL 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 - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2982

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Policy Number / Cover Note Number 5124338704

DRIVER

Name of Driver LEE SERH KWANG NRIC No S1562632A Date Of Birth 01/11/1962 Occupation Outdoor

Date Of Driving Pass 20/09/1980 Driving experience 41 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-98110656 Alt. Phone Number Email Address CKHFOOD@SINGNET.COM.SG Address **BLK 252 TECK WHYE LANE** Address complement #05-162 Postcode 680025 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 Chain Collision 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? Yes Was any injured conveyed to hospital by ambulance? Yes 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? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SH2201G

Toyota

Prius

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour Vehicle Category Taxi Name of Driver LIM CHYE HOH NRIC No S1722775J Contact Number (Phone) +65-91089499 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFL731P Vehicle Manufacturer Toyota Vehicle Model Corolla Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver LEE BOON KHIN NRIC No S1109684J Contact Number (Phone) +65-97415288 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 LEE BOON KHIN Gender Male Phone No (Phone) +65-97415288 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? SFL731P 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 Authorised Driver.
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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insultnee
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 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and temples of the report being made available aforesaid.
- 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 calect, 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 transferruch 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/lawinths, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - processing, handling and/or dealing with my claims including the retriement 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, involces, 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 padiages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Furposes")
 - 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.
 - (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - the information so collected under (d) above may be shared / disclosed;
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signaturi Date & Time:

Lat make

Priver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

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101.	211	A = GBF 5537E '
, T		B=SH 22019
T.	~	C=SFL731P
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT		
LICENSE PLATE: 48 F 5637E	ACCIDENT DATE & TIME:	02/8/22 23:40
CONTACT NUMBER: 98110656 / 6368 0390		ood @ singnet. com. sq
		O Singilet . com. sq
LOCATION: Serangoon Road	× ===	
Please refer to police repo		
NOTE: PLEASE NOTE THAT YOUR INSURER	MAY HAVE 14 DAYS TIME FO	
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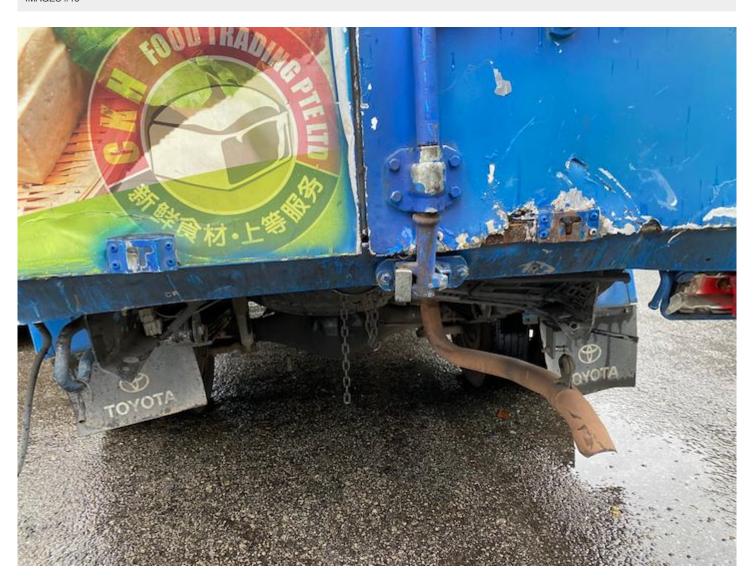
















Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999 1 of 4 Report No. T/20220823/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/08/2022 15:03			Vide Report No.: A/20220822/0154	Station Diary No. 166	
Informa	nt's Particu	ulars			
	Informant: RH KWANG		Address: APT BLK 25 TECK WHYE LANE #05-162 SINGAPORE 680025		
ID Type / ID No.: NRIC NO / S1562632A			Contact No.: Home/Office: Mobile: 98110656		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 59	Date of Birth: 01/11/1962	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: GOODS DRIVER			Driving Licence Information: Class: 3,4	Date of Expiry:	

General Inform	mation of the Accident				
Type of Accident:	Injury Attended by Police	Drink Date/Time of		Type of Location: X-Junction	
Location: SERANGOOI	N ROAD	1020			
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Light	
Type of Collis Hit from the r				Anyone conveyed by ambulance: Yes	

Details of V	ehicle Invo	lved				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF5537E	Lorry	TOYOTA	TOYOTA DYNA 150 MANUAL	Blue	Seriously Damaged	0
SFL731P	Car	ТОУОТА	COROLLA ALTIS 1.6 AUTO	Blue	Seriously Damaged	0
SH2201G	Taxi	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Blue	Seriously Damaged	0





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Report No. T/20220823/2064

Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Perso						
Any Pedestrian I						
No. of Pedestriar	is Injured: NIL		Use of Pe	destria	n Cross	sing: NA
Driver						
Name	BOON KHIN			ID No.		S1109684J
Related Vehicle	NIL			Contact No.		97415288
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
	ted Medical Leave N	IIL	Degree of			
Driver			Logice of	anjury .	TAIL	
Name	LEE SERH KWANG			ID No.		S1562632A
Related Vehicle	NIL			Contact No.		98110656
Hospital/Clinic	NIL .			Class Drivin Licend Expire	g	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Disci	The state of the s		
No. of Days grant	Date:			ree of Injury NIL		
Driver			, 20g.00 0i	rijary	IVIL	
Name	LIM CHYE HOH			ID No.		S1722775J
Related Vehicle	NIL			Contact No.		91089499
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch			
No. of Days grant	ed Medical Leave N	IL	Degree of		NIL	

On 22/08/2022 at around 2340hrs, I was travelling along Lavender Street towards Balestier Road using my company's (C.K.H FOOD TRADING PTE LTD) vehicle, V1: GBF5537E, delivering company's goods. I came to a stopat a traffic light at the cross junction of Lavender Street and Balestier Road. Suddenly, there were two knocks from the rear of V1. I quickly came out of the vehicle to check the situation. There were two other vehicles involved in the incident. The two other parties involved are as follows:

1) V2) LIM CHYE HOH S1722775J





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

Report No. T/20220823/2064

CONTINUATION OF REPORT

Hp: 91089499

Vehicle no.: SH2201G

2) V3) LEE BOON KHIN S1109684J Hp: 97415288 Vehicle no. : SFL731P

I would like to state that none of the vehicles moved. My vehicle, V1 was at the front white line followed by V2 and V3, respectively. After 8 minutes of the incident, Traffic Police, Fire Engine and Ambulance arrived at scene respectively. Ambulance made assessment on everyone and conveyed V3 to the hospital. I sustain a cut on my mouth however not that serious. V2 stated that his left thumb was injured. I would like to state that my lorry have camera however it is not working. The damages on each vehicles are as follows:

- 1)Seriously damage on the rear side of V1
- 2)Seriously damaged on the front and rear side of V2
- 3)Seriously damaged on the front of V3

I would like to state that I am lodging this report for insurance claim purposes and the Traffic police also informed me to lodge a police report.





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

Report No. T/20220823/2064

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 report number as reference.

Signature of Officer Recording The Report: J / SGT 2 MUHAMMAD SHAHHIDAN AZIM BIN YACOB	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/08/2022 15:03
Officer In Charge Of Case: TP / GIT / SI MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206	Classification Of Case:
ND169] [