SK0U22CD0009 / KAN FOOK SING MOTOR WORKSHOP [533758]
ENTRY DATE & TIME: 13/12/2022 11:11 (SGT)
SUBMITTED BY: Jerry Goh
VERSION: 1 (13/12/2022 11:11 (SGT))

Your NCD will be affected due to late reporting

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.
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	13/12/2022 11:11 (SGT)
Reported by	Driver
Date of Accident	09/12/2022 19:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	VICTORIA STREET/ARAB STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD784B

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TEENI ENTERPRISE PTE LTD
Company Reg No	199303608W
Email Address	LKSEAH@TEENI.COM.SG
Mobile Phone No	(Phone) +65-68416370
Alternative Phone No	-

VEHICLE PARTICULARS

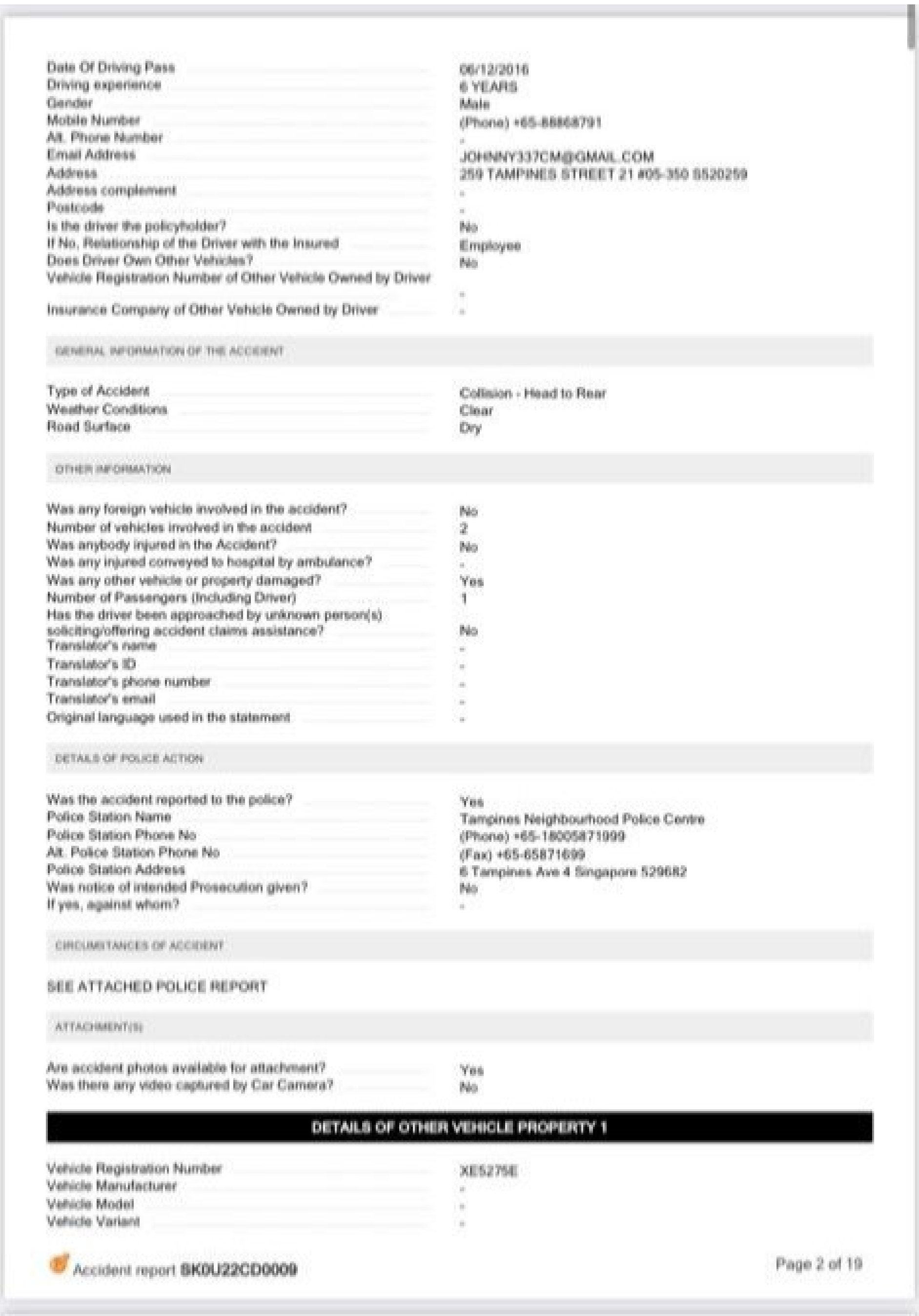
Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPCVE001406

DRIVER

Name of Driver	LEE CHUAN MENG
NRIC No	S6820008C
Date Of Birth	08/05/1968
Occupation	Outdoor



Date Of Driving Pass	06/12/2016
Driving experience	6 YEARS
Gender	Male
Mobile Number	(Phone) +65-88868791
Alt. Phone Number	-
Email Address	JOHNNY337CM@GMAIL.COM
Address	259 TAMPINES STREET 21 #05-350 S520259
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
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?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED POLICE REPORT

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	XE5275E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAJENDRAN THIRUSUNAN
Passport No/FIN	G8428111K
Contact Number	(Phone) +65-91419849
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

Describe Circumstance of the Accident

Please refer attached Police Report

Declaration:

ENTERPRISE PTE LTD

Date & Time

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

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

SKETCH PLAN #2

SKETCH PLAN

IMPORTANT NOTICE

5. Any false reporting may be referred to the Traffic Police Department for investigation.

TEEN ENTERPRISE PTE LTD

Sketch Plan