

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 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 12/12/2022 19:22 (SGT)
Reported by Driver
Date of Accident 06/10/2022 14:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information ADMIRALTY STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF4304S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner A-ONE F&B GROUP PTE LTD
Company Reg No 200813285Z
Email Address a1porridge@gmail.com
Mobile Phone No (Phone) +65-96946667
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model TOYOTA HIACE VAN TURBO 5 DR MANUAL
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number D22MTPCVE002565

DRIVER

Name of Driver LIM KIAN YONG
NRIC No S1467226E
Date Of Birth 06/11/1961
Occupation Outdoor

Date Of Driving Pass	25/11/1982
Driving experience	39 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96999407
Alt. Phone Number	-
Email Address	a1porridge@gmail.com
Address	BLK 339A SEMBAWANG CLOSE #07-19
Address complement	-
Postcode	751339
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	Collided into Parked Vehicle
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	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER 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	SKN3313Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
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)	-

SKETCH PLAN

VEH NO: GBF4304S

INSURER: Sompo

DATE OF ACC: 6/10/22 14:30

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 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 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)

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 / Date & Time

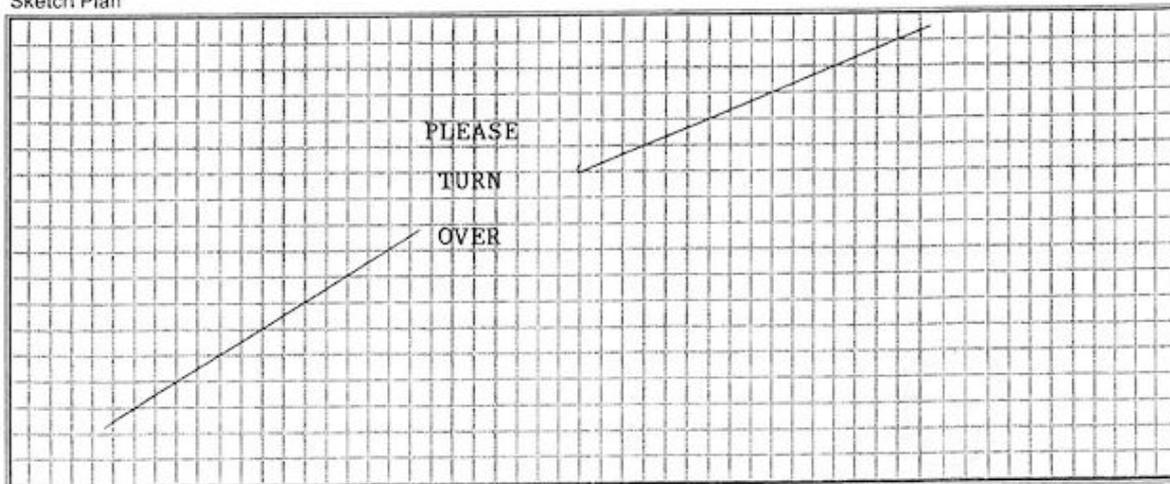
[Handwritten Signature]

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

(YS) 009 12/12/22

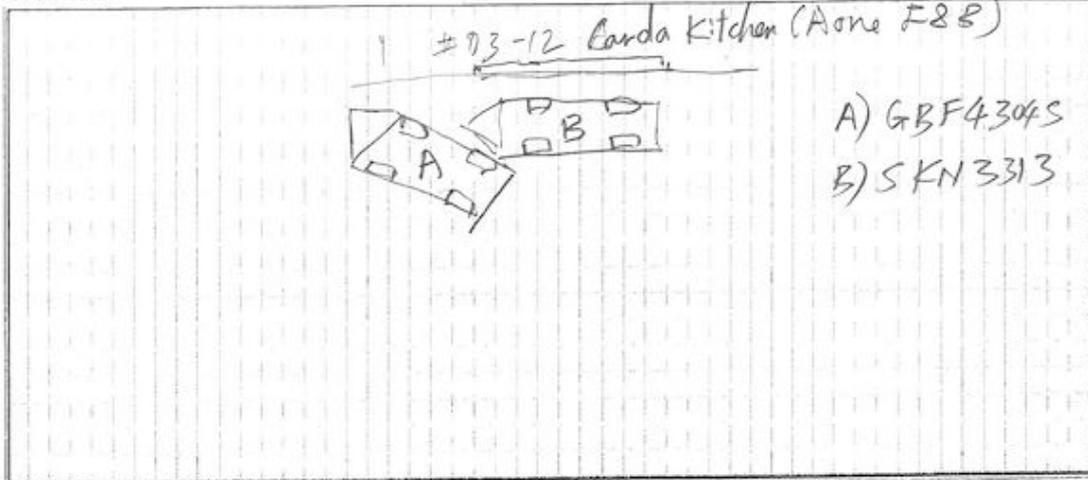
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident
** NOTE - PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE
Claim under your Own Comprehensive policy. Pls check your policy for more information.
() Claim Own Policy () Claim Third party (/) Reporting Only
() Claim OD/ TP at other workshop (_____)

Sketch Plan



DoA: 6/10/22 14:30

Refer Police Report

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

(73) 09 12/12/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)















**SINGAPORE
POLICE FORCE**

Our Ref : TP/IP/27230/2022
Date : 07 OCTOBER 2022

Traffic Police
10 Ubi Avenue 3
Singapore 408665
Tel +65 6547 6902
www.police.gov.sg

**A-ONE F&B GROUP PTE. LTD.
BLK 421 TAGORE INDUSTRIAL AVE, TAGORE 8
#01-19
SINGAPORE 787805**

Dear Sir / Madam

ALLEGED HIT-AND-RUN ACCIDENT INVOLVING GBF4304S & SKN3313Z ALONG ADMIRALTY STREET ON 06 OCTOBER 2022 AT 1430 HRS

Our investigations showed that you are the registered owner / driver of motorcar, GBF4304S, allegedly involved in the said accident.

2 You are required to provide the particulars of the driver on the above date and time within 14 days of receipt of this letter. Under the provisions of the Road Traffic Act, it is an offence not to provide the driver's particulars, and the owner can be liable to a fine of up to \$1,000/- or 6 months' imprisonment.

3 In addition, please inform the driver to lodge an online **Traffic Accident Report** using Singpass via <http://www.eservices.police.gov.sg> . Alternatively, the report may be lodged at any Police Post or Neighbourhood Police Centre. Do note that failure to lodge a report may have an adverse effect against the involved party.

4 The information given by the driver in the report will be carefully considered. The driver may not be called upon an interview if the information provided is sufficient for our investigation. If you have video evidence, you can send it to the Investigation Officer (IO) via email Rashidah_Azman@spf.gov.sg. If the file size is too big, please make arrangements with the IO contactable at DID: 6547 6902 for a convenient method of retrieval. Alternatively, you may forward the video to IO RASHIDAH AZMAN through Whatsapp Messenger at 94577835.

Yours faithfully,

**LIM KIAN HENG SAM, SUPT
CHIEF INVESTIGATION OFFICER / TRAFFIC POLICE**

This is a computer-generated letter. No signature is required.

Particulars of the driver of GBF4304S on 06 OCTOBER 2022 AT 1430 HRS:-

Name: Lim Kian Yong	NRIC / FIN / PP No.	Address :
Contact No: 96999407	S1467226E	Blk 339A Sembawang close #07-19 Singapore 751339

I affirm that the information I gave above is true and correct.

Lim Choon Ping
96946667

Name / Contact No of Registered owner

Signature of Registered vehicle owner

12.10.2022
Date

*Please mail or email a soft copy of the completed form, addressed to the Investigation Officer.



**SINGAPORE
POLICE FORCE**



T/20221014/2049

1 of 3

Report No. T/20221014/2049

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/10/2022 14:40	Vide Report No.:	Station Diary No.: 35
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LIM KIAN YONG		Address: APT BLK 339A SEMBAWANG CLOSE #07-19 SINGAPORE 751339	
ID Type / ID No.: NRIC NO / S1467226E		Contact No.: Home/Office: Mobile: 96999407	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 06/11/1961	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Van driver		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/10/2022 14:30	Type of Location: Inside Factory
Location: ADMIRALTY STREET			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF4304S	Van				Slightly Damaged	0
SKN3313Z	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20221014/2049

2 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20221014/2049

CONTINUATION OF REPORT

Driver			
Name	LIM KIAN YONG	ID No.	S1467226E
Related Vehicle	GBF4304S (Van)	Contact No.	96999407
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/10/2022 at 1430hrs, I was driving my vehicle bearing the registration number of GBF4304S at 8a Admiralty Street Food XChange near to the unit #03-12.

During the period of time, I saw one vehicle bearing the registration number of SKN3313Z parked in front of my shop. As I need to unload my delivery, I overtake the said car and I try to parked my vehicle in front of his vehicle. During the period of time, I did notice that my rear right side of my vehicle had hit onto the front left side of the parked vehicle. Upon parking my vehicle, I unloaded my delivery and just parked my vehicle near my shop. I did not leave any letter or notice on the car to inform the driver of the said car that I had accidentally hit the car.

I made a check on the damages to my vehicle and discovered that minor scratches on the rear right side of my vehicle.

On 14/10/2022. my supervisor handed over to me a letter from Traffic Police stating that my vehicle had hit onto the said car which was parked at the said location. I was then advised to lodge a Police report in regards to the matter.



**SINGAPORE
POLICE FORCE**



T/20221014/2049

3 of 3

Report No. T/20221014/2049

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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:

L /
STAFF SGT MUHAMMAD ZAMRI
BIN ABDULLAH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/10/2022 14:40

Officer In Charge Of Case:
TP / HRT /
SR STAFF SGT RASHIDAH BINTE AZMAN
Contact No.: 65476902

Classification Of Case:

NP168



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #03-03
Singapore Land Tower, Singapore 048623
Tel: 6461 6555 | www.sompo.com.sg
Co. Reg No.: 198905490E | GST Reg. No.: M200903196

Our ref : CMTD2204392/AGNESC

Date : 01-DEC-2022

A-ONE F&B GROUP PTE. LTD.
421 TAGORE INDUSTRIAL AVENUE
#01-19 TAGORE 8
SINGAPORE 787805

For Your Urgent Attention

Dear Sirs

REGISTERED

Accident on : 06-OCT-2022

at / along : ADMIRALTY STREET FOOD EXCHANGE SINGAPORE

Involving : GBF4304S/SKN3313Z

We have received a claim in connection with the above accident and your vehicle GBF4304S was alleged to be involved.

Our records show that you have not reported this accident to us. If your vehicle was involved, please advise us the reason for not reporting to us immediately after the accident as this would constitute a breach of General Condition (4) of our policy which entitles us to repudiate all liabilities arising out of this accident.

Notwithstanding this breach, please proceed to any of our ExcelDrive Workshops or Accident Reporting Centres to file an accident report immediately. You may refer to your Policy or our website at www.sompo.com.sg for the list of workshops and reporting centres.

If you are not the driver at the material time of the accident, please request the driver to bring along this letter, police report (if any), driving licence and NRIC to report.

Please note that this letter does not amount to an admission of liability on the part of the Company. If we still do not hear from you within 14 days from the date of this letter, the matter will be referred to the Traffic Police for their necessary action.

If you have already made a report to us, kindly ignore our present request.

Please quote our claim reference when writing to us.

Thank you.

Yours truly

CHAN SHU HUI AGNES
Claims Executive
DID : 63295327
Fax : 62213147

cc NG BENG SAN - Please assist
BLOCK 406 PASIR RIS DRIVE 6
#06-471
SINGAPORE 510406

REMNR