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.

- 4. The issue and acceptance of this is form by instrained 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 15/02/2023 15:03 (SGT) Reported by Date of Accident 14/02/2023 12:30 (SGT) Exact Location of Accident Singapore Additional Location Information KILLINEY ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBK2544C**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner PREMIUM FOODSTUFF PTE LTD Company Reg No 2XXXXX849K Email Address jmartauto@gmail.com Mobile Phone No (Phone) +65-89458681 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna 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

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2982

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SD22V12904/VCV/R05

DRIVER

Name of Driver **CHENG WEI** Passport No/FIN GXXXX672U Date Of Birth 25/03/1978 Occupation Outdoor

Date Of Driving Pass 23/09/2016 Driving experience 6 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-89458681 Alt. Phone Number Email Address jmartauto@gmail.com Address 787C WOODLANDS CRESCENT Address complement # 07-58 Postcode 733787 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο 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 Commonwealth Neighbourhood Police Post Police Station Phone No (Phone) +65-18004749999 Alt. Police Station Phone No (Fax) +65-64715297 Police Station Address Blk 111 Commonwealth Crescent (Annex) #01-288A Singapore 140111 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230214/2037 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

YP9125J

Accident report SN09232F0007

Vehicle Registration Number

Vehicle Manufacturer
Vehicle Model

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

IMPORTANT NOTICE

1

- 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
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regurdate 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.
- This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapora (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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 aforeseld.
- 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 Tawyers/Taw 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")

PREMI

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyersflaw 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 towyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policy wolder's Signature / Oute & Time	Driver's Signature (il driver is not the poli		5 2 2023
Sketch Plan	Killiney Road	(Name as a NRIGAD car	
	B	Killiney ed	
		DOA: 14	2 23
	A	A: GB1	< 2544C
A Control of the Australia	1110	B: YP	91257
Literary Little			

Describe Circums	tance of the Accident	Report 14/2037-			
NAC		11/2021-			
-	11202302	14 / 803-1-			
			_		
	- 11				-
		1400			
Declarat	Cha Cha				
t/We dech	are the foregoing particular	rs are true in every respect.			
PRE	Marie I	5 N		a0	15 02
(a)	IS ZwiX	Sign	not the policyholder) * Date	Wasessed by Reporting Centr	





Police Station Of Origin: Commonwealth NPP 111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111 Tel No: 1800-4749999

2 of 3 Report No. T/20230214/2037

CONTINUATION OF REPORT

Driver		1000		N. C. S.
Name	CHENG WEI		ID No.	G2857672U
Related Vehicle	NIL		Contact No.	89458681
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class N.L. Date of Expry: NIL
Date Treatment	NIL	Date Disch	arge NIL	
No. of Days gran	ted Medical Leave NIL		Injury NIL	

On 14/02/2023, at about 1230hrs, after unloading my goods at the said location, I went back to my company lorry, vehicle no. GBK2544C, I saw a dent the front of my lorry and the left side mirror of the lorry broke. After that, I went to the security post to inform and requested to view CCTV, CCTV capturedthat the other lorry, vehicle no.: YP91255, while trying to reverse hit onto my car. However, the driver drove off. I requested CCTV footage from the security: however, the security inform that they are unable to provide the footage to the public. I informed my supervisor, and he informed me to contact the insurance company. The staff of the insurance company informed me to lodge a police report. There is no one injured or conveyed to the hospital.





























Police Station Of Origin: Commonwealth NPP 111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111 Tel No: 1800-4749999

Report No. T/20230214/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/02/2023 14:18		Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		LIB TOTAL TRANSPORT
	f informant:		Address: 7870 WOODLANDS CRESO 733787	CENT #07-58 SINGAPORE
	/ ID No.: / G2857672	2U	Contact No.: Home Office:	Mobile: 89458681
National CHINES			Email	
Sex: Male	Age:	Date of Birth: 25/03/1978	Type of Informant:	
Race: Chinese			Language: Institution / School N Chinese	
Occupation: DELIVERY MAN		1	Driving Licence Information: Class	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/02/2023 12:30	Type of Location Car Park
_ccation:				
KILLINEY RO	DAD			
Weather: Sunny		Road Surface Dry	R	oad Speed Limit:
		The state of the s		
Traffic Flow: One Way		Traffic Control: Not Controlled	The state of the s	affic Volume:

Details of V	phicle Involved					
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBK2544C	Lorry				Slighty Damaged	-
YP9125U	Lorry		-	+		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing N-4





T/20230214/2037

Police Station Of Origin: Commonwealth NPP 111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111 Tel No: 1800-4749999 2 of 3 Report No. T/20230214/2037

CONTINUATION OF REPORT

Driver	以后等了。 1000年1月1日 - 1000年1月1日 - 1000年1月 - 1000	7,005	7 - 185
Name	CHENG WEI	ID No.	G2857672U
Related Vehicle	NIL	Contact N	ic. 89458681
Hospital/Clinic	NIL	Class of Driving Licence & Exply Da	
Date Treatment	NIL	Date Discharge NI	
No. of Days gran	ted Medical Leave NIL	Degree of Injury NI	

Brief Details.

On 14/02/2023, at about 1230hrs, after unloading my goods at the said location, I went back to my company lorry, vehicle no. GBK2544C, I saw a dent the front of my lorry and the left side mirror of the lorry broke. After that, I went to the security post to inform and requested to view CCTV, CCTV captured that the other lorry, vehicle no.: YP91255, while trying to reverse hit onto my car. However, the driver drove off. I requested CCTV footage from the security; however, the security inform that they are unable to provide the footage to the public. I informed my supervisor, and he informed me to contact the insurance company. The staff of the insurance company informed me to lodge a police report. There is no one named or conveyed to the hospital.





Police Station Of Origin: Commonwealth NPP 111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111 Tel No: 1800-4749999

3 of 3 Report No. T/20230214/2037

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:

SGT 2 URIEL NG TZI TNG

*

Signature Of Interpreter: URIEL NG / S9822743A



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

NP168