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 22/05/2023 18:50 (SGT) Reported by **Actual Driver** Date of Accident 19/05/2023 13:00 (SGT) Exact Location of Accident Kaki Bukit PI, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

7545

Vehicle Registration Number YK5522Z

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TREND TECHNOLOGIES SINGAPORE PTE. LTD. Company Reg No 197200046R Email Address KGTAN@TRENTECHNOLOGIES.COM.SG Mobile Phone No (Phone) +65-68625500 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model FK62FMZ1RDEB 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 - Reporting only your vehicle? Vehicle Category Commercial vehicle Transmission Manual

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Policy Number / Cover Note Number D23100817MCVP

DRIVER

CC

Name of Driver TAN YEW PENG NRIC No S1494196G Date Of Birth 04/06/1961 Occupation Outdoor

Date Of Driving Pass 10/02/1989 Driving experience 34 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-96527625 Alt. Phone Number Email Address KGTAN@TRENTECHNOLOGIES.COM.SG Address BLK 839 JURONG WEST ST 81 #05-87 Address complement Postcode 640839 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 Side Swipe 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 PASSENGER 1 Name **UNKNOWN** Gender **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Nanyang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007929999 Alt. Police Station Phone No (Fax) +65-67912972 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20230519/2101 ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Registration Number	SJX3343X
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	KHOA WEI YONG
NRIC No	S8941480F
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

- Please report <u>correctly</u> 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 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.
- 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.
- 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.

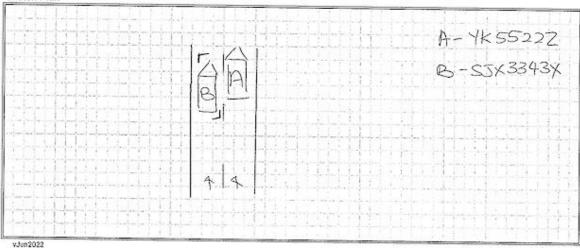
FREND TECHNOLOGIES SINGAPORE PTE. LTD.

36 Joo Koon Circle Singapore 629061

Net: 6362 5500 Fax: 6862-5522 Policyholder's Signature / 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



Zerer to Police Report	
Refer to Police Report	100000000000000000000000000000000000000
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Peclaration We declare the foregoing particulars are true in every respect. ND TECHNOLOGIES SINGAPORE PTE, LTD. 36 Joo Koon Circle Singapore 629061	Policy No. D 23 10 0817 MCV
MAWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FO DLICY, I WILL CHECK MY POLICY FOR MORE DETAILS. Declaration We declare the foregoing particulars are true in every respect. ND TECHNOLOGIES SINGAPORE PTE, LTD. 36 Joo Koon Circle Singapore 629061 Tel: 6862 5500 Fax: 6862 5522	Policy No. D-23 100817 MCV



















Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 1 of 3 Report No. T/20230519/2101

Tel No: 1800-7929999

REPORT	OF	A	TRAFFIC	ACCIDENT
KELOKI	VI.	m	INALLIO	ACCIDEN:

Date/Time Report Made: 19/05/2023 20:39		fade:	Vide Report No.: Station D G/20230519/0074 123				
Informa	nt's Partici	ulars					
	f Informant: W PENG	, A	Address: APT BLK 839 JURONG W SINGAPORE 640839	EST STREET 81 #05-87			
ID Type / ID No.: NRIC NO / \$1494196G Nationality: SINGAPORE CITIZEN Sex: Age: Date of Birth: Male 61 04/06/1961 Race: Chinese Occupation: Lorry driver		96G	Contact No.: Home/Office: Mobile: 96527625				
		EN	Email:				
			Type of Informant: Driver Language:				
		1 - 41 -					
		10.2	Driving Licence Information Class: 2B.2A.3.4.5	n: Date of Expiry:			

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 19/05/2023 13:00	Type of Location
Location: KAKI BUKIT	PLACE		***************************************	5
Weather: Clear		Road Surface: Dry		
	1764	2.33.5	17	raffic Volume:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJX3343X	Car				Slightly Damaged	0
YK5522Z	Lorry				No Damage	1

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





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

2 of 3 Report No. T/20230519/2101

CONTINUATION OF REPORT

Driver		2200				
Name	KHOA WEI YONG			ID No.		S8941480F
Related Vehicle	SJX3343X (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date D			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	of Injury NIL		
Driver						
Name	TAN YEW PENG			ID No		S1494196G
Related Vehicle	YK5522Z (Lorry)			Conta	ct No.	96527625
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL Date D			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of			

Brief Details.

On 19/05/2023 at about 1300hrs, I was driving a lorry (V1: YK5522Z) along Kaki Bukit Place (nearest to Kaki Bukit Avenue 3) with my attendant in the passenger seat. After passing by a stationary car (V2: SJX3343X) in the last parking lot before the junction of Kaki Bukit Road 3, my attendant alerted that V2 sounded its horn and was flashing its high beam towards V1. I stopped V1 by the side and approached V2's driver who was standing outside his car. The driver told me that V1 had brushed against his right side mirror. I saw some scratches on V2's right side mirror but there were no damages on V1's left side, V2's driver claimed to have a video recording of the collision in his in-car camera but did not show it to me.

After exchanging particulars, V2's driver wanted to call the Traffic Police. As I had to rush off for a delivery, I told V2's driver that I need to do a delivery nearby at Kaki Bukit Avenue 3. I left for the delivery and later returned, seeing Traffic Police officers and an ambulance there. The Traffic Police officer later provided me with a case card and I subsequently left.

Both my attendant and I are not injured. V2's driver did not complain of any injury to me.



Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 T/20230519/2101

3 of 3 Report No. T/20230519/2101

CONTINUATION OF REPORT

Signature of Officer Recording The Report: J / STAFF SGT MUSHAWWIR BIN ADRUS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/05/2023 20:39
Officer In Charge Of Case: TP / GIA / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:
NP168	J L