SF0F23670001 / FALCON-AIR AUTO SERVICES PTE LTD [575721] ENTRY DATE & TIME: 08/06/2023 14:59 (SGT) SUBMITTED BY: Florence Loh VERSION: 1 (08/06/2023 14:59 (SGT))

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 08/06/2023 14:59 (SGT) Reported by **Actual Driver** Date of Accident 27/05/2023 00:40 (SGT) Exact Location of Accident Singapore Additional Location Information MARYMOUNT ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mitsubishi

Vehicle Registration Number **GBH6480C**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner KING FISHES Company Reg No 53384310C Email Address sgmunchmunch@gmail.com Mobile Phone No (Phone) +65-98483987 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Canter Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 2998

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd. Policy Number / Cover Note Number DMCG22010000

DRIVER

Name of Driver **GOH TENG HENG** NRIC No S1392440F Date Of Birth 17/08/1959 Occupation Outdoor

Date Of Driving Pass 16/12/1981 Driving experience 41 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-84077508 Alt. Phone Number Email Address sgmunchmunch@gmail.com Address BLK 645 ANG MO KIO AVE 6 #04-4989 Address complement Postcode 560645 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 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? 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 Teck Ghee Neighbourhood Police Post Police Station Address Blk 321 Ang Mo Kio Street 31 Singapore 560321 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT. NOTE: VEHICLE HAS BEEN REPAIR AT OWNER W/SHOP. 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 **SLB1381R** Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOW TECK MING
Contact Number	(Phone) +65-96183274
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. Please report correctly the details of the accident to speed up the claims process.
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- 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. The 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.
- 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)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers law yers/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 w ith 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policycolder's Sal Gitare Coate &

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre

Personnel

Sketch Plan

SLB 1381R-B GBH GUBOC-A Road

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Declaration

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

Policyhol er's Signature / Date &

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

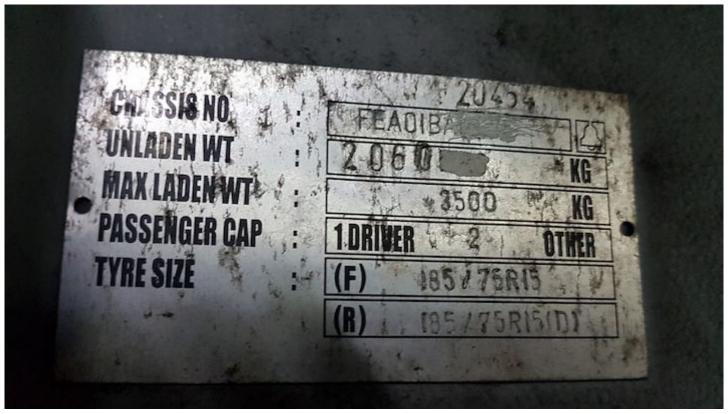
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Witnessed by Reporting Centre Personnel

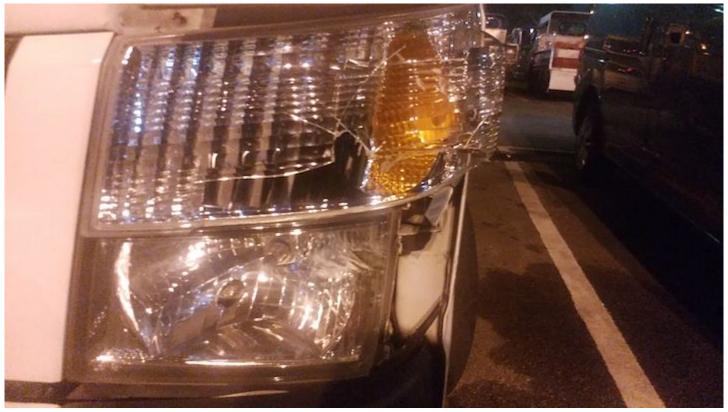


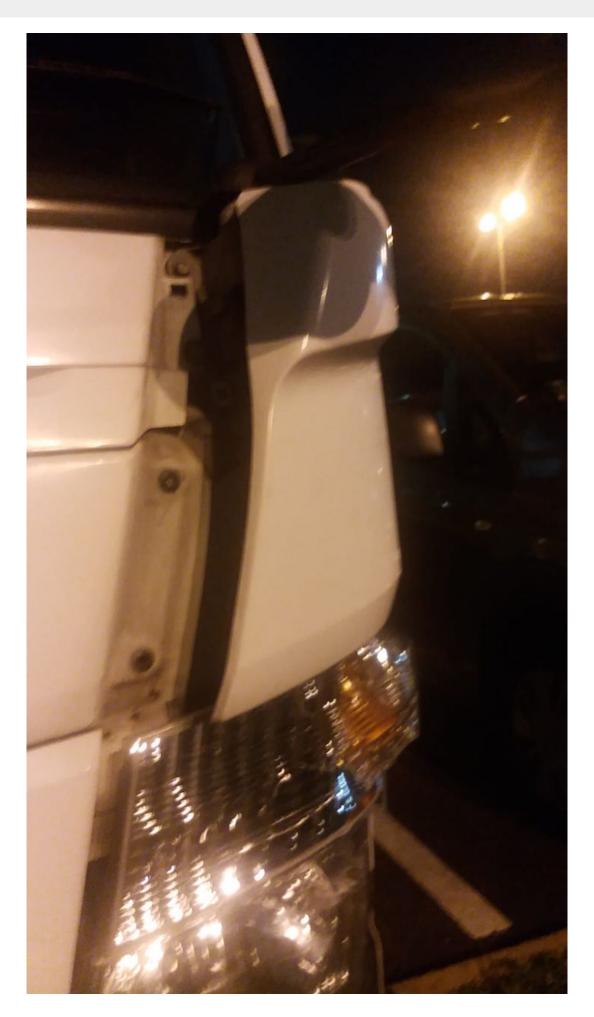


















Police Station Of Origin: Teck Ghee NPP

321 Ang Mo Kio Street 31 SINGAPORE 560321

Tel No: 1800-4599999

1 of 3 Report No. T/20230527/2050

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No.: Date/Time Report Made: 18 27/05/2023 15:07

Informa	nt's Particu	ılars			
Name of Informant: GOH TENG HENG			Address: APT BLK 645 ANG MO KIO AVENUE 6 #04-4989 SINGAPORE 560645		
ID Type / ID No.; NRIC NO / S1392440F			Contact No.: Home/Office:	Mobile: 84077508	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 63	Date of Birth: 17/08/1959	Type of Informant: Driver		
Race: Chinese		- 31	Language:		
Occupation: FISHMONGER			Driving Licence Information: Class: 3,4	Date of Expiry:	

Type of Accident:	Linny & Linve		Date/Time of Accident: 27/05/2023 00:40	Type of Location Straight Road
Location: MARYMOUN	T ROAD			
Weather: Clear		Road Surface: Dry		
Traine From:		Traffic Control:		Traffic Volume:
Traffic Flow: One Way		Not Controlled		Light Anyone conveyed by

Details of V	emcie mvo	CONTRACT CON	1	0.1.	Candition	No of Dacconger
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH6480C		MITSUBISHI	CANTER	White	Slightly Damaged	0
SLB1381R		TOYOTA	TOYOTA COROLLA ALTIS 1.6L CVT	Silver	Slightly Damaged	0





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Report No. T/20230527/2050

Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321

Tel No: 1800-4599999

CONTINUATION OF REPORT

Details of Perso	n Involved	State of the last		THE STATE OF		
Any Pedestrian I	nvolved: No		- A			
No. of Pedestrian	Use of Pedestrian Crossing: NA			sing: NA		
Driver			REIGHT BOOK		11-10	
Name	GOH TENG HENG			ID No.		S1392440F
Related Vehicle	GBH6480C			Conta	ct No.	84077508
Hospital/Clinic	NIL			Class Drivin Licens Expire	g	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL Date			harge	NIL	
No. of Days gran	ted Medical Leave	Degree of	Injury	NIL		
Driver			1900			
Name	LOW TECK MING			ID No		NIL
Related Vehicle	SLB1381R			Conta	ct No.	96183274
Hospital/Clinic	NIL .			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 27/05/2023 at 0040hrs, I was driving my lorry bearing registration number GBH6480C along Marymount Rd towards Bishan. I was travelling behind a car bearing registration number SLB1381R. We are on the third lane of a 3-lane road. I noticed the car was swerving left and right. After which, the car collided onto the stone barrier on the left. As a result, I could not brake in time and collided onto the rear of the car. Both the driver and I alighted from our vehicles. We do not have any passenger in our vehicle. None of us were injured. I could smell that the driver had strong reek of alcohol smell and his face is red. Hence, I suspected that he had been drink driving. I informed that I wanted to call for police however he informed me not to. He then provided me his name card with his contact number, Mr Low Teck Ming, HP; 96183274. He told me that he will settle privately with me and will pay for my lorry damages. On 27/05/2023 at about 0900hrs, I called him, and he told me that he will report this accident to the insurance. I was furious as I am afraid that he will claim from me instead when it was his mistake from the beginning. I am since informed my boss about this accident as this lorry is a company vehicle. I have an inbuilt camera in my lorry, but I have yet to view as I do not know how to. I wish to state that no police or ambulance came down to scene.



Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321 Tel No: 1800-4599999



3 of 3

Report No. T/20230527/2050

CONTINUATION OF REPORT

Signature of Officer Recording The Report: F /	Signature Of Informant:
SGT 3 KIAM JIN HUAT	l.
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2023 15:07
Officer In Charge Of Case: TP / DDGVT / SI NOR FAIZAL BIN YAHYA Contact No.: 65476198	Classification Of Case:
NP168	