

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	15/06/2023 13:59 (SGT)
Reported by	Actual Driver
Date of Accident	12/06/2023 15:20 (SGT)
Exact Location of Accident	Tampines, Singapore
Additional Location Information	TAMPINES NORTH DRIVE 2, GIANT WAREHOUSE LOADING BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4736U
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YEN INVESTMENTS PTE LTD
Company Reg No	1XXXXX327C
Email Address	ADMIN@JL-CAR-TRUCK.COM.SG
Mobile Phone No	(Phone) +65-94504003
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MK000607-R03

DRIVER

Name of Driver	LEONG MAN SOW
NRIC No	SXXXX533Z
Date Of Birth	09/12/1962

Occupation	Outdoor
Date Of Driving Pass	22/01/1981
Driving experience	42 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84373118
Alt. Phone Number	-
Email Address	ADMIN@JL-CAR-TRUCK.COM.SG
Address	BLK 11 MARSILING DRIVE
Address complement	#15-04
Postcode	730011
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	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	WONG WEN SHENG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang North Neighbourhood Police Post
Police Station Address	Blk 27 Marsiling Drive Singapore 730027
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	YP3066K
-----------------------------------	---------

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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEONG MAN SOW
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBC4736U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	WONG WEN SHENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBC4736U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

Describe Circumstance of the Accident

REFER TO POLICE REPORT

Declaration

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



Policyholder's Signature / Date & Time

[Handwritten Signature]

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

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.



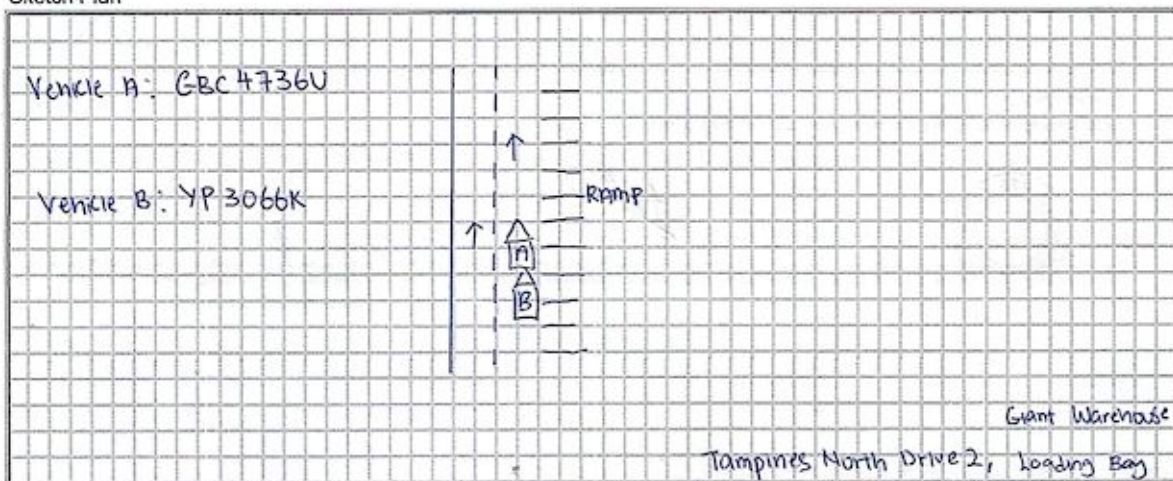
Policyholder's Signature / Date & Time

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



vJun2022







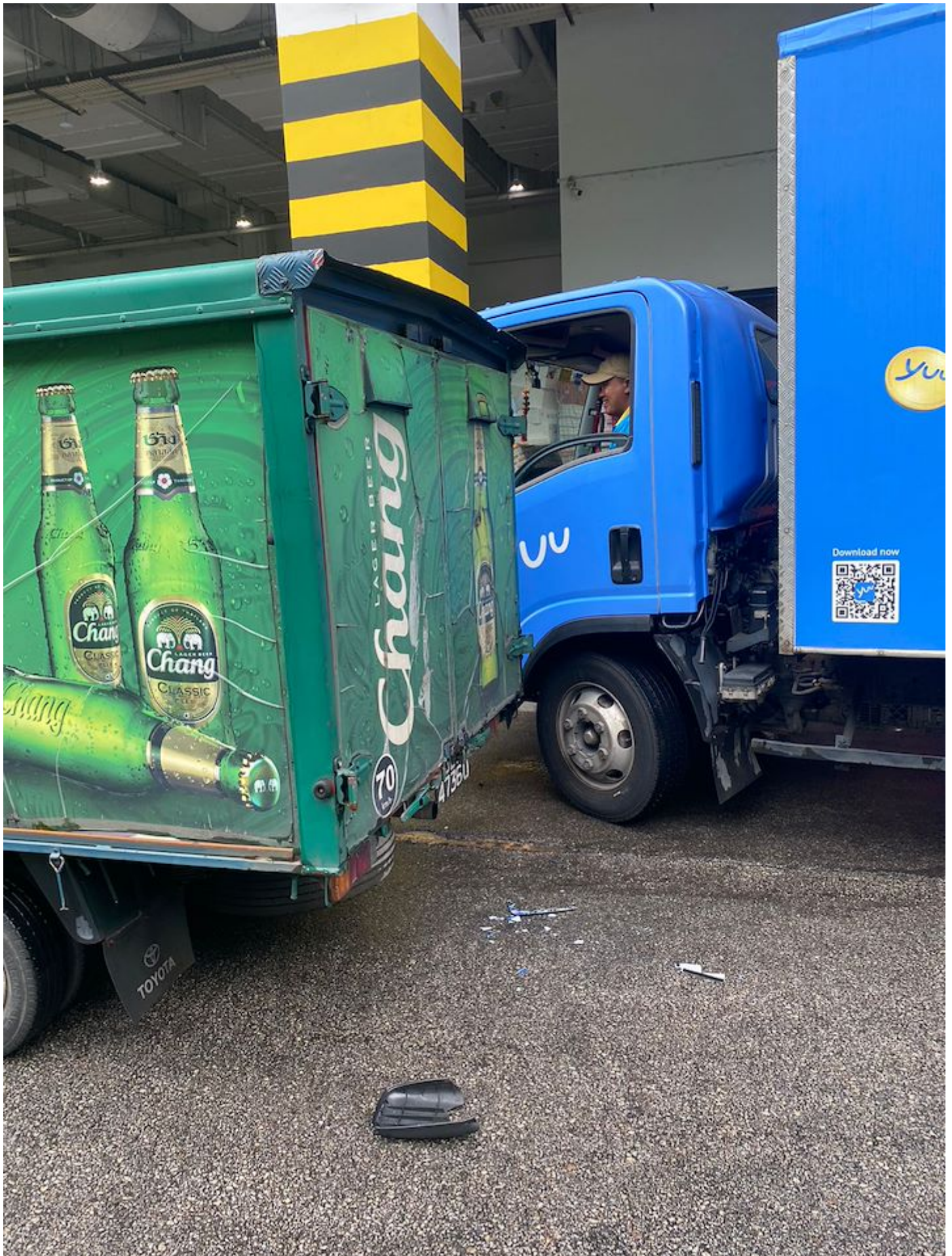






















**SINGAPORE
POLICE FORCE**



T/20230614/2069

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

3 of 3

Report No. T/20230614/2069

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
L /
SGT 3 NAGARCHUNAN PILLAI
S/O MOGAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI TAN JEOK LENG LESLIE
Contact No.: 65476151

Signature Of Informant:

Date/Time:
14/06/2023 17:25

Classification Of Case:

NP168


**SINGAPORE
POLICE FORCE**


T/20230614/2069

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

1 of 3

Report No. T/20230614/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2023 17:25		Vide Report No.:		Station Diary No.: 28
Informant's Particulars				
Name of Informant: LEONG MAN SOW		Address: APT BLK 11 MARSILING DRIVE #15-04 SINGAPORE 730011		
ID Type / ID No.: NRIC NO / S2606533Z		Contact No.: Home/Office: Mobile: 84373118		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 60	Date of Birth: 09/12/1962	Type of Informant: Driver	
Race: Chinese		Language:		
Occupation: Lorry driver		Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/06/2023 15:20	Type of Location: Giant warehouse loading bay
Location: TAMPINES NORTH DRIVE 2				
Weather: Clear		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
GBC4736U	Lorry				Slightly Damaged	1
YP3066K	Lorry				Slightly Damaged	2

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



**SINGAPORE
POLICE FORCE**



T/20230614/2069

2 of 3

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

Report No. T/20230614/2069

CONTINUATION OF REPORT

Driver			
Name	LEONG MAN SOW	ID No.	S2606533Z
Related Vehicle	GBC4736U (Lorry)	Contact No.	84373118
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	12/06/2023	Date Discharge	14/06/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	WONG WENSHENG	ID No.	S8121840D
Related Vehicle	GBC4736U (Lorry)	Contact No.	87693721
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/06/2023	Date Discharge	14/06/2023
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 12/06/2023 at about 1520hrs, I together with my partner, Wong Wensheng were in our company lorry (GBC4736U). We were at Tampines Giant outlet, loading/unloading bay, waiting for a lot to perform our unloading duties. My vehicle handbrake was on while waiting. Out of sudden, a lorry, (YP3066K), rear ended my lorry resulting in slight damage to both vehicles. As my partner and I were secured with the seatbelts, we did not suffer serious injuries. We alighted and spoke to the other lorry driver. No particulars were exchanged, however, we completed our task before heading to get ourselves checked. I was referred to Khoo Teck Puat Hospital and was warded on 13/06/2023 to 14/06/2023, and was given medical leave from 12/06/2023 to 16/06/2023. I suffered slight neck and shoulder injuries.

I am lodging this report for insurance claim purpose. That's all.

198702327C

NAME OF INSURED : YEN INVESTMENTS PTE LTD
 SCHEDULE ATTACHING TO AND FORMING PART OF POLICY : 22-MK000607-R03
 Period of Insurance : From 01/07/2022 To 30/06/2023
 Contract Type : COMMERCIAL VEHICLE (FLEET)

Risk Item No.	The Insured Financial Interest Named Driver	Registration Make/Model Body Type	Mfg / Reg Yr Tenage/Seating Capacity Chassis No. Engine No.	Sum Insured Type of Coverage Additional Benefits	Basic Premium NCD/FLEET Additional Premium
0001 1	YEN INVESTMENTS PTE LTD	GBC4736U TOYOTA Standard Lorry	2012 / 2012 1.81 / 2 JTFAT35Y10K202014 1KD2202477	Third Party Cover Only	1,192.96 20%
0004 2	YEN INVESTMENTS PTE LTD	YMS995L MITSUBISHI + P/TAILORED Lorry with accessories	2008 / 2008 9.69 / 2 PM65FMB000691 6MS0127930	Total Premium before GST Third Party Cover Only	906.65 2,884.61 20%
0005 3	YEN INVESTMENTS PTE LTD	GBC2616X TOYOTA Box Van	2011 / 2011 1.81 / 2 JTFAT35YX0K201721 1KD2118736	Total Premium before GST Third Party Cover Only	2,192.30 1,032.37 20%
0006 4	YEN INVESTMENTS PTE LTD	GBC2612G TOYOTA Box Van	2011 / 2011 1.81 / 2 JTFAT35Y80K201720 1KD2118731	Total Premium before GST Third Party Cover Only	784.60 985.45 20%
0007 5	YEN INVESTMENTS PTE LTD	GBD4052D TOYOTA Box Van	2014 / 2014 1.79 / 2 JTFAT35Y20K203530 1KD2447486	Total Premium before GST Third Party Cover Only	748.94 997.17 20%
	Any Authorised Employee of the Company			Total Premium before GST	814.69

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmls@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine GroupUOB 075512
15/06/22TOKIO MARINE
INSURANCE GROUP

ORIGINAL

TAX INVOICE

DEBIT NOTE M2375987

INSURED / ADDRESS
YEN INVESTMENTS PTE LTD

22 SENOKO SOUTH ROAD
YEN I INDUSTRIAL BUILDING
SINGAPORE 758086

POLICY NO : 22-MK000607-R03
POLICY TYPE : COMMERCIAL VEHICLE (FLEET)
POLICY PERIOD : 01/07/2022 TO 30/06/2023
EFFECTIVE DATE : 01/07/2022
DATE OF ISSUE : 10/06/2022

ACCOUNT : 2188DDA

PARTICULARS

PREMIUM (SGD)

VEHICLE REGISTRATION NO. VARIOUS

Gross Premium
Add GST 7.00 %
Total Payable

11,349.66
794.48

12,144.14
=====

IMPORTANT NOTICE

1. Please pay in Billing Currency
2. Cheques are to be crossed and made payable to "Tokio Marine Insurance Singapore Ltd."
No receipt will be issued for cheque payments.
3. 60 Days Premium Payment Warranty
It is a condition that the premium due must be paid in full within 60 days from the date of inception of the risk. If this condition is not complied with, then this policy is automatically terminated from the expiry of the premium warranty period and Tokio Marine will be entitled to a pro-rata premium for the period they have been on risk subject to a minimum of SGD25.

This is a computer generated document and it requires no signature.

Vehicle Details

<i>Vehicle No.</i>	<i>Make / Model</i>
GBC4736U	TOYOTA / DYNA 150 MANUAL 3SEATER
Vehicle Type :	Vehicle Attachment 1 :
A50 - Goods (Closed) Van/Van Panel (Delivery)	No Attachment
Vehicle Scheme :	Chassis No. :
Normal	JTFAT35Y10K202014
Propellant :	Engine No. :
Diesel	1KD2202477
Motor No. :	Engine Capacity :
-	2982 cc
Power Rating :	Maximum Power Output :
-	-
Maximum Laden Weight :	Unladen Weight :
3500 kg	1660 kg
Year Of Manufacture :	Original Registration Date :
2012	09 Jul 2012
Lifespan Expiry Date :	COE Category :
08 Jul 2032	C - Goods Vehicle & Bus
PQP Paid :	COE Expiry Date :
\$25,808.00	30 Jun 2027
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
08 Jul 2023	-
Inspection Due Date :	Intended Transfer Date :
08 Jul 2023	15 Jun 2023