SK0N23760005 / KAN FOOK SING MOTOR WORKSHOP [533758] ENTRY DATE & TIME: 06/07/2023 13:25 (SGT) SUBMITTED BY: DARRELL LEK VERSION: 1 (06/07/2023 13:25 (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.

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 06/07/2023 13:25 (SGT)
Reported by Actual Driver
Date of Accident 02/04/2023 08:55 (SGT)
Exact Location of Accident Near 71 Anchorvale Cres, Singapore 566440
Additional Location Information ANG MO KIO STREET 22
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC1506L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GIN CHIA CO PTE LTD
Company Reg No 198900622E
Email Address KAILING@GINCHIA.COM.SG
Mobile Phone No (Phone) +65-62838339
Alternative Phone No -

VEHICLE PARTICULARS

Model K2900 2.9L M/T 2WD 2DR TURBO
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 Goods vehicle
Transmission Manual
CC 2902

Manufacturer

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z22VC05011681

DRIVER

 Name of Driver
 TEE CHEE HOO

 NRIC No
 \$2659750A

 Date Of Birth
 10/12/1956

 Occupation
 Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	06/05/1994 28 YEARS AND 11 MONTHS Male (Phone) +65-89082178 - KAILING@GINCHIA.COM.SG 556 ANG MO KIO AVE 10 #06-1916 S560556 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collided into Parked Vehicle Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Ang Mo Kio South Neighbourhood Police Centre (Phone) +65-18004519999 (Fax) +65-65535679 81 Ang Mo Kio Ave 3 Singapore 569929 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHED REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SMP2568C - -

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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

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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
- (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.

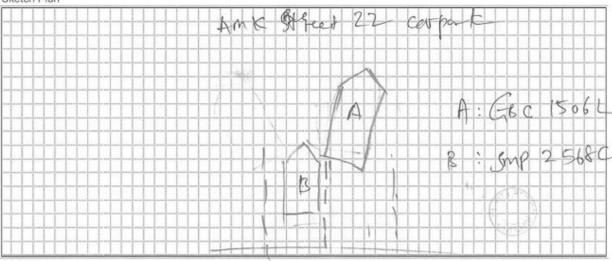


Policyholder's Signature / Date & Time

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

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

Sketch Plan



1

Refer to Police reput	
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7	
	34.7
se note that your insurer may have 14days time frame for you to s	

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



Policyholder's Signature / Date & Time

11.N am

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

2







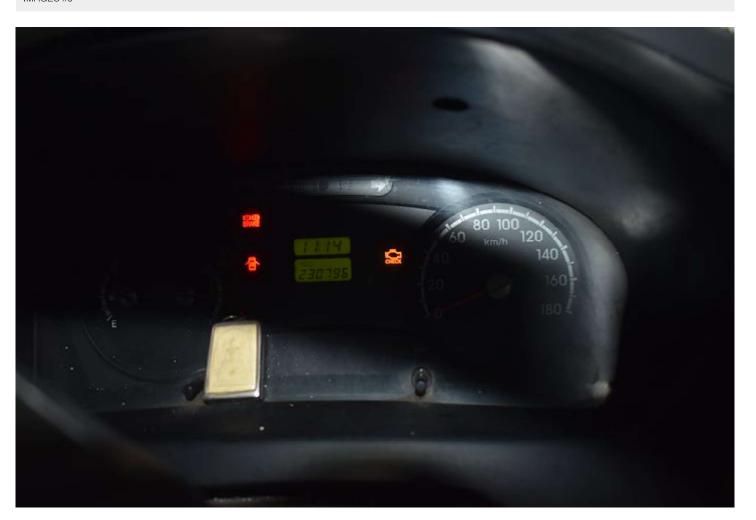


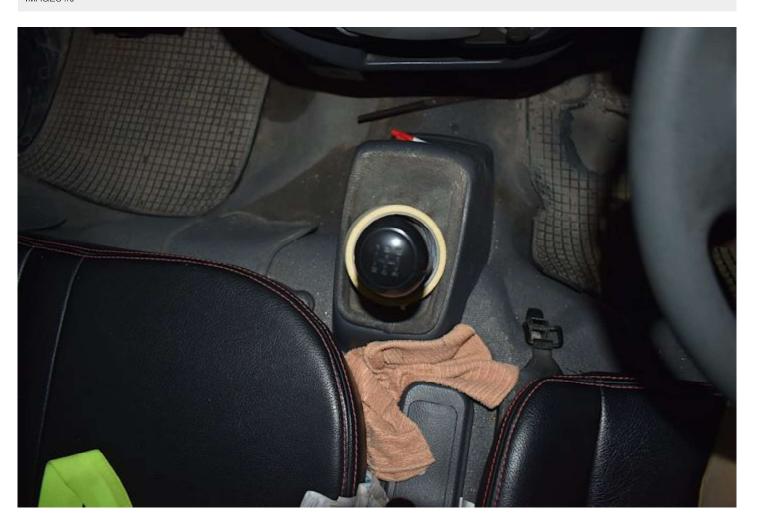






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Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

1 of 3 Report No. T/20230509/2062

Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

09/05/2023/16:37			Vide Report No.:	Station Diary No.: 91	
Informa	nt's Partic	ulars			
Name of Informant: TEE CHEE HOO			Address: APT BLK 556 ANG MO KIO AVENUE 10 #06-1916 SINGAPORE 560556		
ID Type / ID No.: NRIC NO / S2659750A		50A	Contact No.: Home/Office:	Mobile: 89082178	
Nationality: Email:		Email:			
Sex: Male	Age: 66	Date of Birth: 10/12/1956	Type of Informant:		
Race: Chinese			Language:		
Occupation: CONSTRUCTION SUPERVISOR		SUPERVISOR	Driving Licence Information: Class: 2B,3,4	Date of Expiry:	

General Infor	mation of the Accide	ent		
Type of Accident:	e of Non-Injury		Date/Time of Accident: 02/04/2023 08:55	Type of Location: Car Park
Location: ANG MO KIO Weather: Clear	STREET 22	Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Fraffic Volume:
Type of Collis Moving Vehic	ion: le Against - Parked Ve	ehicle		Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved				
Vehicle No.		Make	Model	Color	Condition	No of Passenger
GBC1506L					No Damage	0
SMP2568C	Car				No Damage	0



Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999



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Report No. T/20230509/2062

CONTINUATION OF REPORT

Brief Details.

I wish to state that I do not have any recollection of any accident in which I was involved in on 02/04/2023 at 0855hrs. However, I received a letter from TP stating reference (TP/IP/12025/2023) I was involved in a hit-and-run accident involving another vehicle (SMP2568C)

I could only remember that on that day I went to have my breakfast at blk 226H Kebun Baru Coffeeshop and I parked my lorry at the open space carpark beside it. I might have accidentally hit onto another vehicle while reversing or while moving out without any knowledge. I am willing to compensate for this accident to the other party. The investigation officer in charge of this case is IO Neo Zhi Yuan. That is all.

Daga 10 of 1



Folice Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999



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Report No. T/20230509/2062

CONTINUATION OF REPORT

Signature of Officer Recording The Report: F / SGT 2 SHANJEEEV S/O KANNAN GOVE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/05/2023 16:37
Officer In Charge Of Case: TP / HRT / SR STAFF SGT NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:
NP168	