

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 Authorised 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 ability.
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 Report | 24/03/2018 13:32 |
| Date Of Accident | 23/03/2018 10:00 |
| Exact Location Of Accident | TUAS CRESCENT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | XE299U |
| Insured/Policyholder | |
| Name Of Registered Owner | MASINDO LOGISTIC PTE. LTD. |
| Co Reg No | 200301939M |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-81260992 |
| Alternative Phone No | OFFICE-81260992 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | MERCEDES-BENZ |
| Model | - |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5072550287-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | CONG XIAOXIAO |
| Passport No/FIN | G2138350W |
| Date Of Birth | 28/02/1987 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 23/11/2012 |
| Driving Experience | 5 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81260992 |
| Fax Number | |
| Contact Number | OTHERS-81260992 |
| EEmail Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 987A JURONG WEST STREET 93 #16-551 |
| Postcode | 641987 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

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 this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | NANYANG N.P.C |
| Police Station Address | ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7929999 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180323/2072

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | GU6357M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

| DETAILS OF INJURED PERSON 1 | |
|---|---------------|
| Name | CONG XIAOXIAO |
| Approximate Age | |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | XE299U |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | |
| Address | |
| Postcode | |

Sketch Plan

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

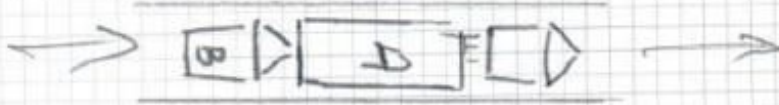
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

24/3/2018

Sketch Plan #2

SKETCH PLAN

Tuas crescent



A-XE299U
B-GU6357M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refer to The Police Report
T/20180323/2072

DECLARATION

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



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

24/3/2018

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20180323/2072

1 of 3

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

Report No. T/20180323/2072

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|--|------------------------------|----------------------------|
| Date/Time Report Made: 23/03/2018 12:33 | | Vide Report No.: J/20180323/0092 | | Station Diary No.: 55 |
| Informant's Particulars | | | | |
| Name of Informant: CONG XIAOXIAO | | Address: APT BLK 987A JURONG WEST STREET 93 #16-551 SINGAPORE 641987 | | |
| ID Type / ID No.: FIN NO / G2138350W | | Contact No.: Home/Office: | | Mobile: 81260992 |
| Nationality: CHINESE | | Email: | | |
| Sex: Male | Age: 31 | Date of Birth: 28/02/1987 | Type of Informant: Driver | |
| Race: Chinese | | Language: | | Institution / School Name: |
| Occupation: TRUCK DRIVER | | Driving Licence Information: Class: | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|----------------------------------|------------------------------------|--|---------------------------|
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 23/03/2018 10:00 | Type of Location: Bend |
| Location: Along Road 1 TUAS CRESCENT | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: Yes | |

Brief Details.

On 23/03/2018 at around 1000hrs, while moving through Tuas crescent with my lorry bearing registration number, XE299U, a lorry in front of my suddenly engaged his e-brakes. I then immediately also engaged my e-brakes. My lorry did not hit the lorry in front. However, a small lorry bearing registration number GU6357M, behind me did not engage his e-brakes in time and hit into the back of my lorry. The left rear part of my lorry was damaged. I did not suffer any injuries. Ambulance and TP officer were at scene. 01 passenger from the said small lorry was conveyed to the hospital.

I wished to state that I did not know which hospital was the said passenger conveyed to and the injuries he suffered. I also wish to state that I only engaged my e-brakes because the lorry in front of me engaged his e-brakes suddenly.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



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T/20180323/2072

1 of 3

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Police Report



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T/20180323/2072

2 of 3

Report No. T/20180323/2072

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20180323/2072

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

3 of 3

Report No. T/20180323/2072

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

[Handwritten signature]

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:

J /

Sgt 2 CHONG JIA WEI

[Handwritten signature]

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

SN 127

Authentication Stamp

NP168

Signature: *[Handwritten signature]*

Singapore Police Force

Signature Of Informant:

[Handwritten signature]

Date/Time:

23/03/2018 12:33

Classification Of Case: