

## 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	03/05/2018 15:50
Date Of Accident	02/05/2018 13:05
Exact Location Of Accident	JOO CHIAT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5828B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HOUSE OF SEAFOOD (S) PTE LTD
Co Reg No	201230871C
Email Address	INFO@HOUSEOFSEAFOOD.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67459000

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSN3098711701
Cover Note Number	

### Driver

Name of Driver	DUAN CHONGJIAN
Passport No/FIN	G8622768T
Date Of Birth	25/04/1982
Occupation	OUTDOOR
Date Of Driving Pass	23/09/2014
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83070819
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	#12-31 PAYA LEBAR SQUARE
Postcode	409051
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

WHILE DRIVING ALONG JOO CHIAT ROAD. I TRIED TO OVERTAKE VEHICLE B, SHB304T AND ACCIDENTALLY SCRATCHED VEHICLE B REAR RH PORTION.

#### 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	SHB304T
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE YONG KIANG
NRIC/Passport Number	S0180505C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

# Accident 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.

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Policyholder's Signature  
Date & Time:



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

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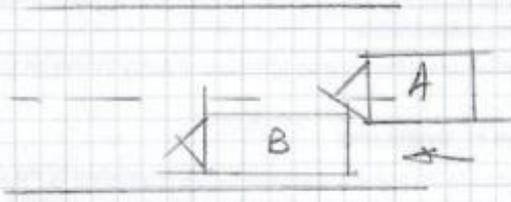


Reporting Centre Personnel's Signature  
Name: Cassandra  
NRIC/FIN No.: G3229391W

Accident Sketch Plan

SKETCH PLAN

DOA: 2-5-2018  
A: GBP5828B  
B: SHB304T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

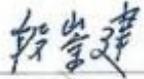
WHILE DRIVING ALONG JOO CHIN ROAD.

I TRIED TO OVERTAKE VEHICLE B AND ACCIDENTALLY

SCRATCHED VEHICLE B REAR RH PORTION.

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: Cassandra  
 NRIC/FIN No.: 6329391W

Authorization Letter



# House of Seafood (S) Pte Ltd

Website: [www.houseofseafood.sg](http://www.houseofseafood.sg)  
Email: [info@houseofseafood.com.sg](mailto:info@houseofseafood.com.sg)  
#12-31 Paya Lebar Square, S'409051  
Tel: 6746 9000 Fax: 6385 7765

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To: Person in charge

I hereby authorized Duan Chong Jian Fin: G8622768T to drive the Van GBD5828B to pick up Crabs.

Thank you,

Yours Sincerely

---

Esther Chin  
Account Executive

---

Main: 60 Paya Lebar Road #12-31, Paya Lebar Square Singapore 409051 Tel: 67469000 Fax: 63857765  
Branch: 756 Upper Serangoon Road #03-33, Singapore (534626) Tel: 6285 9711 Fax: 6285 9722  
Branch: 3 Punggol Point Road #01-01 & #01-02 The Punggol Settlement Singapore (828694) (at Punggol Jetty) Tel: 64669000 Fax: 64679000

Identification Card

 **WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

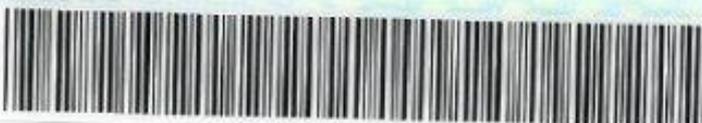
Employer  
**HOUSE OF CRAB (HOLDING) PTE. LTD.**

 Name  
**DUAN CHONGJIAN**

Work Permit No.  
**0 7797726**

Sector:  
**MANUFACTURING**

 **K0223637**

Identification Card

**VISIT PASS**  
Immigration Regulations

29-03-2018

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Name  
**DUAN CHONGJIAN**

FIN  
**G8622768T**

Date of Birth      Sex  
**25-04-1982      M**

Nationality  
**CHINESE**

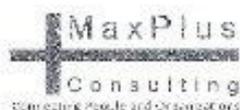
**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**

Download SGWorkPass  
App to check status



# Driving License



TRANSLATION

## DRIVING LICENCE OF THE PEOPLE'S REPUBLIC OF CHINA

LICENCE No. 371202198204252918

Name DUAN CHONGJIAN Sex Male Nationality Chinese National  
Address No. 128, Main Street East, Xiaobeizhi Hamlet, Gaozhuang Sub-District, Laicheng District, Laisu City, Shandong Province

TRAFFIC POLICE DETACHMENT,  
PUBLIC SECURITY BUREAU OF  
LAISU CITY,  
SHANDONG PROVINCE

Date of Birth 25 April 1982

Date When Licence First Obtained 23 September 2011

Licensed To Drive Vehicles in Code C1

Valid from 23 September 2014 to 23 September 2020

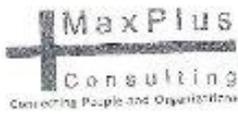
[Photograph Affixed]

Translated by:

*[Signature]*  
LUKE TEO  
Certified Translator  
Maxplus Consulting Pte Ltd  
www.maxplus.com.sg  
Co. No. K-2000130498  
NP: 20022049

14 SEP 2015

Driving License



TRANSLATION

DRIVING LICENCE OF THE PEOPLE'S REPUBLIC OF CHINA

SUPPLEMENTARY PAGE

LICENCE No. 371202198204252918

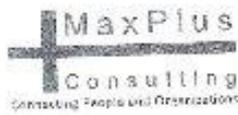
Name	DUAN CHONGJIAN	File Reference No.	371236182220
Record	<i>Probationary period ends on 27 September 2015.</i>		

Witnessed by:

  
LUKE YEO  
Certified Translator  
MaxPlus Consulting Pte Ltd  
www.maxplus.com.sg  
Co. Reg. No: 20052027E  
NP: 96523343

11 MAR 2015

# Driving License



## TRANSLATION

### CODE OF VEHICLES LICENSED TO DRIVE

A1	Large Coaches and A3, B1, B2	C4	Tri-wheel Vehicles
A2	Towing Vehicles and B1, B2	C5	Small-sized Automatic Transmission Cars Designed for Disabled People
A3	Urban Public Transport and C1	D	Ordinary 3-wheel motorcycles and E
B1	Medium Bus and C1, M	E	Ordinary 2-wheel motorcycles and F
B2	Large Trucks and C1, M	F	Light Motorcycles
C1	Small Cars and C2, C3	M	Wheeled Automated Mechanical Vehicle
C2	Small Automatic Cars	N	Trolleybuses
C3	Low-speed Goods Vehicles and C4	P	Tramcars

Translated by:

*LUKE YEO*

**LUKE YEO**  
 Certified Translator  
 MaxPlus Consulting Pte Ltd  
[www.maxplus.com.sg](http://www.maxplus.com.sg)  
 Co. Reg. No: 200871037E  
 201509000001

S.S. 1158 7391

EXCEPT FOR THE PUBLIC SECURITY TRAFFIC CONTROL AUTHORITY, NO OTHER UNIT OR PERSON IS ALLOWED TO RETAIN THIS LICENCE.



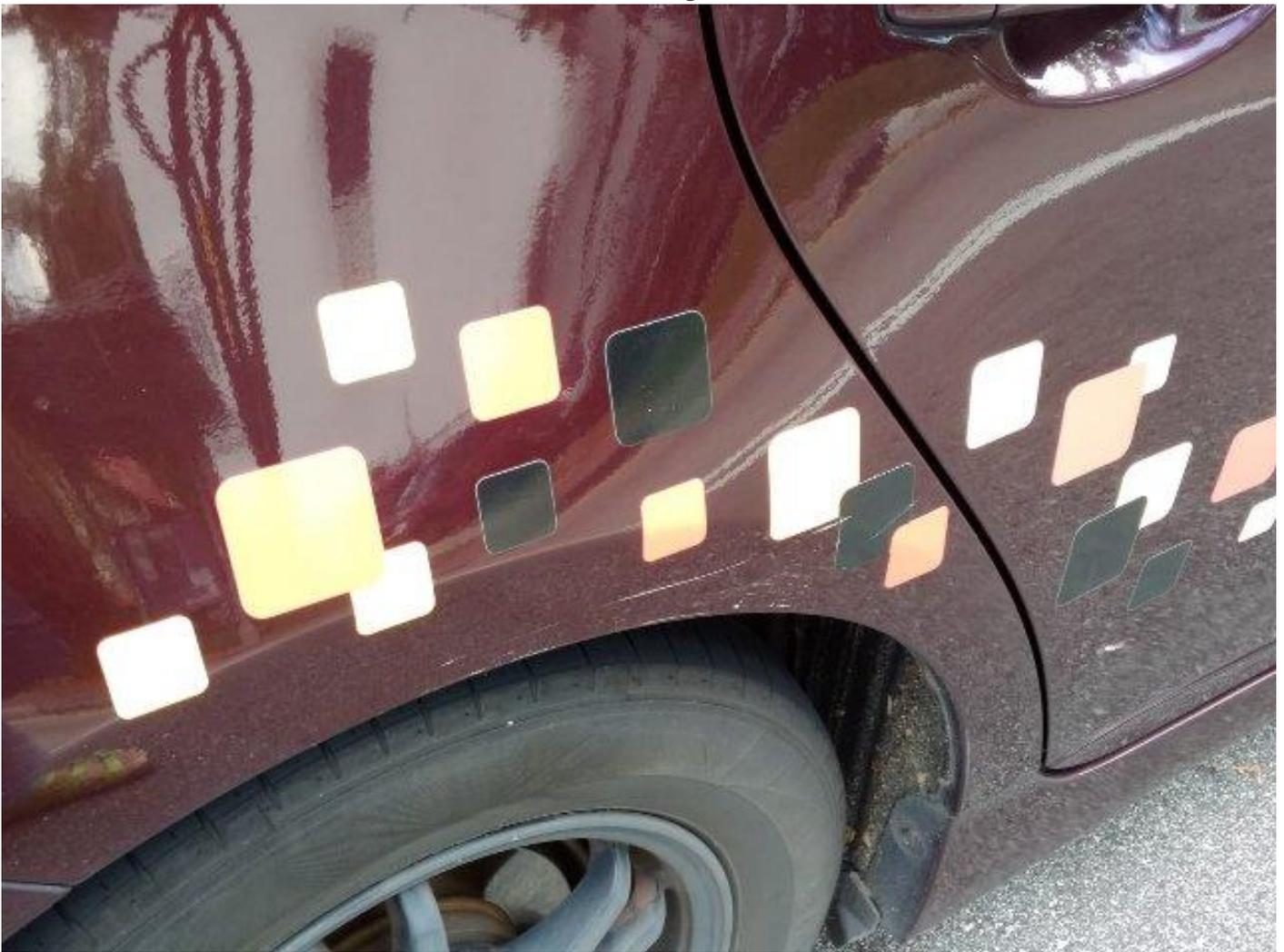
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TP Vehicle Damaged Part



TP Vehicle Damaged Part



TP Vehicle Damaged Part



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

