SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number
Contact Number

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

atoresaid.			
	ACCIDENT STATEMENT		
Date Of Report	18/05/2018 18:51		
Date Of Accident	28/04/2018 20:00		
Exact Location Of Accident	53 PAYA UBI INDUSTRIAL PARK		
Country/State of Loss	SINGAPORE		
C	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	YM8000H		
Insured/Policyholder			
Name Of Registered Owner	UNI-TAT ICE & MARKETING PTE LTD		
Co Reg No	199406736C		
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	OFFICE-67448484		
Vehicle Particulars			
Manufacturer	HINO		
Model	HINO XZU700R-HKFMS3		
Exact Purpose for which vehicle was being used at time of accident	WORKING		
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	B29061028MKC		
Cover Note Number			
Driver			
Name of Driver	CHEN ZHOU		
Passport No/FIN	G2103119X		
Date Of Birth	03/02/1980		
Occupation	OUTDOOR		
Date Of Driving Pass	24/10/2012		
Driving Experience	5 YEARS AND 6 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-90609591		

OFFICE-90609591

NOEMAIL

Address 51 UBI AVENUE 1

#01-26 PAYA UBI INDUSTRIAL PARK

Postcode 408933

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 NO COLLISION

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 0

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name MACPHERSON NEIGHBOURHOOD POLICE POST

NO

NO

Police Station Address ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY:

SINGAPORE SINGAPORE

Police Station Contact **TEL NO**: 1800-7449999 - **FAX NO**: 65476366

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180518/2049.

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 GBB4051S

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)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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 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:
 - 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:
 - 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.:

Accident Sketch Plan

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0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Driver's Signature	Reporting Centre Personnel's Signature
olicyholder's Signature late & Time:	(If driver is not the policyholder)	Name:
The state of the s	Date & Time:	NRIC/FIN No.:

Date & Time:

GUIDAN Sterchfloofners, v.S.

Police Report





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 1 of 3 Report No. T/20180518/2049

Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/05/2018 12:31		fade:	Vide Report No.:	Station Diary No.: 9	
Informa	nt's Partici	ulars			
Name of Informant: CHIA KOK CHEONG			Address: APT BLK 349 HOUGANG AVENUE 7 #08-617 SINGAPORE 530349		
ID Type / ID No.: NRIC NO / S1311034D		34D	Contact No.: Home/Office:	Mobile: 82221785	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 59	Date of Birth: 09/11/1958	Type of Informant: Vehicle Owner		
Race: Chinese			Language:	Institution / School Name:	
Occupation: MANAGER			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/04/2018 00:00	Type of Location Car Park	
Location: Along Road 1 UBI AVENUE	1 PAYA UBI INDUST	RIAI CARPARK			
Weather:		Road Surface:	F	Road Speed Limit:	
ACCUPATION OF THE PERSON OF TH		Traffic Control:		Traffic Volume:	
raffic Flow:		Traffic Control:	1	raffic Volume:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBB4051S	Van	ТОУОТА	HIACE 3.0DX M	White		0
YM8000H	Lorry	HINO	HINO XZU700R- HKFMS3	White		0



20180518/2049

2 of 3

Report No. T/20180518/2049

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

CONTINUATION OF REPORT

On 05/05/2018, my company, Uni-Tat Ice & Marketing Pte Ltd received a letter from MSIG insurence stating that one of our company vehicles, YM8000H was involved in an accident with GBB4051S at 53 Paya Ubi Industrial Carpark. The date of the accident on the paper was stated as 28/04/2018.

I carried out some investigative works by myself and found out that according to the coffeeshop assistant, there had been an accident at the said location at about 2000hrs. I then retrieved the GPS logger of YM8000H and discovered that at 1953hrs, the said vehicle had just returned from making some ice deliveries. The said vehicle then parked at 2004hrs nearby our unit, #01-26 located at 51 Ubi Ave 1, the building beside where the accident apparently took place.

Subsequently on 16/05/2018, I received an email from our company insurance brokers stating us to make a Police Report and to report to IDAC. As such I am lodging this report. I wish to state again that my company vehicle was not at the incident location at the time that was given to me by the coffeeshop assistant.

The driver on that day was Chen Zhou, G2103119X, HP: 90609591

That is all.

Police Report





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999 3 or 3 Report No. T/20180518/2049

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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.

G / Sgt 3 MOHAMAD AKMAL BIN MOHD RO	
Signature Of Interpreter: Not applicable	Date/Time: 18/05/2018 12:31
Officer in Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING	Classification Of Case:
Contact No.: 65476430	
Authentication Stamp NP168	GNATURE















