

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	21/05/2018 18:09
Date Of Accident	20/05/2018 13:10
Exact Location Of Accident	ALONG WEST COAST HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE3820U
Insured/Policyholder	
Name Of Registered Owner	TOLL LOGISTICS (ASIA) LIMITED
Co Reg No	-
Email Address	JINGYOU.LAI@TOLLGROUP.COM
Mobile Phone No	(LOCAL) +65-94247123
Alternative Phone No	OFFICE-94247123

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	LORRY
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-17089241MFCV/21
Cover Note Number	

Driver

Name of Driver	ZHANG XUXIANG
Passport No/FIN	G5265386Q
Date Of Birth	18/10/1980
Occupation	OUTDOOR
Date Of Driving Pass	22/12/2015
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94247123
Fax Number	
Contact Number	OTHERS-94247123
Email Address	JINGYOU.LAI@TOLLGROUP.COM

Address	1007 LOWER DELTA ROAD #06-04 TERESA VILLE
Postcode	099310
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	RAINING
Road Surface	WET

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?	YES
If Yes, Please state which Police Station	
Police Station Name	TELOK BLANGAH NPP
Police Station Address	ROAD: 51 TELOK BLANGAH DRIVE #01-116 , POSTCODE: 100055 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180520/2068

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XB9351H
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	XUE JIANBO
NRIC/Passport Number	G2422656K
Contact Number	65604516
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

Accident Sketch Plan

SKETCH PLAN

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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:

21/5/2018 1300

Driver's Signature
(If driver is not the policyholder)

Date & Time: 21/5/2018 1300

Reporting Centre Personnel's Signature

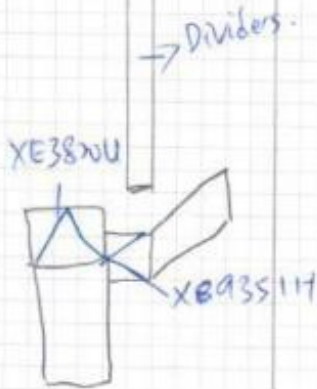
Name:

NRIC/FIN No.

Accident Sketch Plan

SKETCH PLAN

Branch West Coast Highway



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note across the section:

PLS REFER TO POLICE REPORT
7/20180520/2068

DECLARATION

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

Policyholder's Signature

Date & Time: 21/5/2018 1300

4001/2018, 4001/2018, 4001/2018, 4001/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time: 21/5/2018 1300

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180520/2068

1 of 3

Report No. T/20180520/2068

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/05/2018 18:51	Vide Report No.: D/20180520/0103	Station Diary No.: 10
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Informant's Particulars

Name of Informant: ZHANG XUXIANG	Address: APT BLK 101 SPOTTISWOODE PARK ROAD #14-90 SPOTTISWOODE PARK SINGAPORE 080101		
ID Type / ID No.: FIN NO / G5265386Q	Contact No.: Home/Office: Mobile: 94247123		
Nationality: CHINESE	Email:		
Sex: Male	Age: 37	Date of Birth: 18/10/1980	Type of Informant: Driver
Race: Chinese	Language: Chinese		Institution / School Name:
Occupation: Trailer-truck driver	Driving Licence Information: Class: 3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 20/05/2018 13:10	Type of Location: Straight Road
Location: Along Road 1 WEST COAST HIGHWAY up slope towards Brani Terminal				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XB9351H	Lorry				Slightly Damaged	0
XE3820U	Lorry				Slightly Damaged	0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180520/2068

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

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Report No. T/20180520/2068

CONTINUATION OF REPORT

Driver			
Name	ZHANG XUXIANG		ID No. G5265386Q
Related Vehicle	NIL		Contact No. 94247123
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	XUE JIANBO		ID No. G2422656K
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20/05/2018 at about 1310hrs, I was driving ^{my} trailer along West coast Highway. It was an up slope towards Brani Terminal. My trailer is a green Mercedes with register number XE3820U. While driving I could see that there was another trailer which is on the opposite lane and direction which is driving out of control.

I would like to add that it was raining and the road surface was wet. There was dividers in between the roads that the said trailer was hitting against however it got to a small spot of the road where there was no dividers is when the said trailer hit mine on the right side and finally came to a stop.

I went down to make a check and discovered just a small dent of my trailer's fuel tank. The said other trailer however, which is a blue Mitsubishi trailer with register number XB9351H had damaged his front panel badly and also cracked windscreen. No one was hurt and we did have traffic police at the scene.

I was then advised to make a police report regarding the matter.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180520/2068

Police Station Of Origin;
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

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Report No. T/20180520/2068

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.

Signature Of Officer Recording The Report:
D /
Staff Sgt JASFAH BIN AB RAHMAN

Signature Of Informant:

Zhang Xn Xiang

Signature Of Interpreter:
Not applicable

Date/Time:
20/05/2018 18:51

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Classification Of Case:

Authentication Stamp
NP168

SN 045



Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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