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 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.

ACCIDENT STATEMENT	
Date Of Report	25/06/2018 18:20
Date Of Accident	25/06/2018 10:35
Exact Location Of Accident	TAKASHIMAYA LOADING BAY (ORCHARD LINK)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC9981U
Insured/Policyholder	
Name Of Registered Owner	CARAMEL FOOD PRODUCTS PTE LTD
Co Reg No	201003158W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97761936
Alternative Phone No	OFFICE-62238628
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3.0 5 M/T
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V02392/VCV/R01
Cover Note Number	
Driver	
Name of Driver	LIN YULONG
Passport No/FIN	G5038486T
Date Of Birth	05/06/1979
Occupation	OUTDOOR
Date Of Driving Pass	21/12/2010
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97761936
Fax Number	
Contact Number	OFFICE-62238628
EMail Address	NOEMAIL

Address	BLK 104 BUKIT PURMEI ROAD #11-114
Postcode	090104
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	
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	BEDOK NEIGHBOURHOOD POLICE POST
Police Station Address	**ROAD**: BLK 15 BEDOK SOUTH ROAD #01-117 , **POSTCODE:** 460015 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-2419999 - **FAX NO**: 64431687
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180726/2102

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	GBC7333D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZHANG ZHI
NRIC/Passport Number	G8152549N
Contact Number	82450088
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Veh A: GBC 9981 U
Veh B: GBC 7333 D

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 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 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. 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.
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.

PRODUCTS PTE. LTD.

Policyholder's Signature
Date & Time: 25/6/18, 3pm

Driver's Signature
(If driver is not the policyholder)
Date & Time: 25/6/2018

25/06/2018

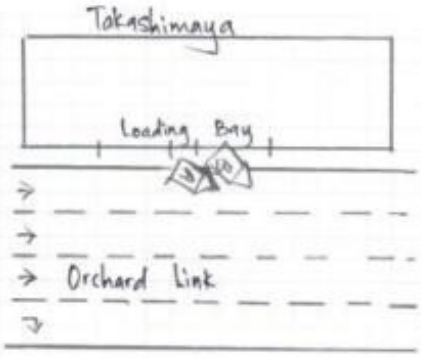
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

Sketch Plan #2

SKETCH PLAN

Veh A: GBC 9981 U

Veh B: GBC 7333 D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I turning out my vehicle from Loading Bay Takashimaya, I could not notice Veh B and has colided with him.

DECLARATION

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

CARAMEL FOOD PRODUCTS PTE. LTD.

Policyholder's Signature

Date & Time: 25/6/18

Driver's Signature

(If driver is not the policyholder)

Date & Time: 25/6/2018

25/06/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT

SINGAPORE POLICE FORCE

T/20180726/2102

Report No. T/20180726/2102

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
26/07/2018 15:30		51

Informant's Particulars

Name of Informant: LIN YULONG			Address: APT BLK 35 TELOK BLANGAH RISE #01-635 SINGAPORE 090035	
ID Type / ID No.: FIN NO / G5038486T			Contact No.: Home/Office: Mobile: 97761936	
Nationality: CHINESE			Email:	
Sex: Male	Age: 39	Date of Birth: 05/06/1979	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: Delivery			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 25/06/2018 10:30	Type of Location: Straight Road
Location: Along Road 1 ORCHARD LINK Along Orchard Link				
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 - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC7333D	Lorry					0
GBC9981U	Lorry				Slightly Damaged	0

Details of Person Involved

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

SINGAPORE POLICE FORCE

T/20180726/2102

Report No. T/20180726/2102

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

CONTINUATION OF REPORT

Driver			
Name	LIN YULONG	ID No.	G5038486T
Related Vehicle	NIL	Contact No.	97761936
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am currently working as delivery for Caramel Food Products Pte Ltd located at C/O Blk 2 Duxton Hill #01 -01.

On 25/6/2018 at about 1030hrs, I was driving my white in color Nissan lorry with bearing plate number GBC9981U inside the building of Takashimaya located at 391A Orchard Road.

After I finish sending the delivery at Takashimaya and was at the loading bay waiting for the traffic to be clear to merge to the main road at Orchard link. When the traffic at Orchard link was cleared. I then accelerated and move off

Suddenly, a white in color Nissan lorry with bearing plate number GBC7333D at the loading bay beside me (left hand side) suddenly drove out recklessly without checking for the traffic.

I was shocked when I saw him drove out from the said loading bay. Due to his act of driving, I was unable to brake my lorry on time thus collided on to the said lorry.

After the accident occurred, no one was injured. I also managed to exchange particulars with the said lorry driver. The said lorry driver is one Zhang Zhi, G8152549N, c/n: 82450088. My vehicle damages were front left portion of lorry dent and scratch

After we exchange particulars with one another, we then left separately as we were both rushing to send delivery. Traffic police and Ambulance were not at scene when the accident occurred. I had a built-in cctv inside the lorry however the data had been erased due to the 7 days reset period. I am not sure any cctv at the said location.

SINGAPORE POLICE FORCE

T/20180726/2102

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE 460015
Tel No: 1800-2419999

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: G / Sr Staff Sgt GOH QI FAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/07/2018 15:30
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:

Authentication Stamp
VP168

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017739

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNAI18081970 Vehicle Registration No: GBC9981U

Name(as shown in NRIC) : Liu Yulong NRIC/FIN/Passport No : G5038486T

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : 62238628 Mobile No. : 97761936

Email Address : _____

Date of Accident : 25/06/2018 Time of Accident : 10.35

Place of Accident : TUAS SOUTH AVE 3 LOADING BAY (OPPOSITE BLK 5)

Insurance Company : LIBERTY

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. INSURED CERTIFICATE NUMBER IS SI18V02392/VEV/R01
2. DRIVER I/D NUMBER G5038486T

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 06/07/2018

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6227 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M80001773S

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA II 8081970 Vehicle Registration No: GBC 9981U

Name(as shown in NRIC) : Lin Yulong NRIC/FIN/Passport No : G5384887T

(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : 62238628 Mobile No. : 97761936

Email Address :

Date of Accident : 25.6.2018 Time of Accident : 1055 HRS

Place of Accident : Takashimaya Loading Bay (Orchard Link)

Insurance Company : Liberty Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add Police Report.

Lin Yulong

Policyholder / Driver's Signature
Date: 25/6/2018

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