

## 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	15/09/2018 09:27
Date Of Accident	14/09/2018 11:30
Exact Location Of Accident	BISHAN JUNCTION 8 LOADING BAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL8143J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YONG LEE CLOTH MERCHANT PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68469222

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER
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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	AVC1SB0059201809
Cover Note Number	-

### Driver

Name of Driver	REN XUEHE
Passport No/FIN	G2872139R
Date Of Birth	25/12/1994
Occupation	OUTDOOR
Date Of Driving Pass	08/08/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92244429
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	3 UBI CRESCENT YONH LEE BUILDING
Postcode	408558
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?	
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

#### 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

MY LORRY WAS INSIDE THE JUNCTION 8 LOADING BAY, WHILE REVERSING, MY VEH LEFT REAR ACCIDENTALLY TOUCH ONTO THE VEH B (BEARING NO GY7941Z) REAR 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	GY7941Z
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

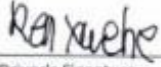
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#### 8. Consent under the Personal Data Protection Act (PDPA)

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.

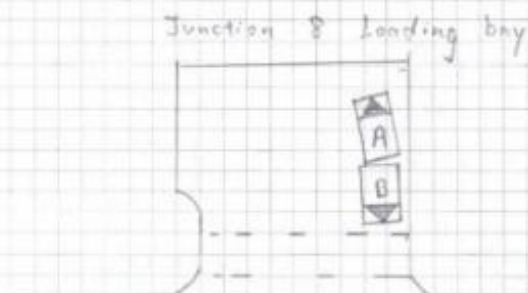
榮利市莊私人有限公司  
新加坡烏美市3號榮利大廈  
YONG LEE CLINT & CO. CHANT PTE LTD  
3 Ubi Crescent, Singapore 408558  
Singapore Tel: 6846 9222 Fax: 6846 8555  
BUSINESS REG NO: 197700970W

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

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

## Accident Sketch Plan

### SKETCH PLAN



A: YL 8143J

$G = GY 79412$

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement 7

## DECLARATION

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

YONG LEE CLOTHING & ACCESSORIES PTE LTD  
3 Ubi Crescent, Singapore 408558  
Tel: 6846 9222 Fax: 6846 8555  
BUSINESS REG NO: 197700979M

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

Reporting Centre Personnel's Signature

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



G/20180914/2148

1 of 2

**POLICE REPORT (NP322)**

Report No. G/20180914/2148

Police Station Of Origin  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Date/Time Report Made 14/09/2018 18:30		Vide Report No.		Station Diary No. 90	
Name Of Informant REN XUEHE		Address			
ID Type / ID No. FIN NO / G2872139R		Contact No. Home/Office		Mobile 92244429	
Nationality CHINESE		Email Address			
Occupation DRIVER		Sex Male	Age 23	Date of Birth 25/12/1994	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 13/09/2018 22:00 - 13/09/2018 23:00		Location Of Incident 9 BISHAN PLACE JUNCTION 8 SHOPPING CENTRE SINGAPORE 579837 LOADING BAY			

**Brief details.**

On the above mentioned date, time and place. I discovered the below mentioned items missing. I made a search but to no avail.

**Property Information**

Signature Of Officer Recording The Report:  
G / Sgt 3 NOORUL NADIAH BINTE HAIRON  
HANWAR

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
Sgt 3 NG HONG SIM, JASON  
Contact No.: 62447200

Signature Of Informant:

*Ren Xuehe*

Date/Time:  
14/09/2018 18:30

Classification Of Case:

FUPO hotline number: 68429645

**Authentication Stamp**



SINGAPORE  
POLICE FORCE

SIGNATURE:



POLICE REPORT



**SINGAPORE  
POLICE FORCE**



G/20180914/2148

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20180914/2148

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	General property	Lost				1		One blue wallet
2	Licence	Lost	LICENCE			1		One singapore driving licence
3	Credit Card / Debit Card/ ATM Card	Lost	UNITED OVERSEAS BANK LTD			1		One UOB debit card
4	Credit Card / Debit Card/ ATM Card	Lost	CHINA BANK			1		One China bank card
5	Cash	Lost				1	Singapore Dollars 10.00	Cash amounting to SGD\$10/-

Signature Of Officer Recording The Report:

G / Sgt 3 NOORUL NADIAH BINTE HAIRON HANWAR

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
Sgt 3 NG HONG SIM, JASON  
Contact No.: 62447200

Authentication Stamp



SINGAPORE  
POLICE FORCE

SIGNATURE

Signature Of Informant:

*Rennuehe*

Date/Time:  
14/09/2018 18:30

Classification Of Case:

FUPO hotline number: 68429645

SCENE PHOTO



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

