

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	14/06/2018 12:40
Date Of Accident	13/06/2018 18:50
Exact Location Of Accident	PIE TOWARDS CHANGI LAMP POST 156
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6750J
Insured/Policyholder	
Name Of Registered Owner	SINGAPORE POST LIMITED
Co Reg No	199201623M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93978117
Alternative Phone No	OFFICE-68412000

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO-7.5 D FM65FM2RDEB (M)
Exact Purpose for which vehicle was being used at time of accident	MAIL DELIVERY
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	M496479
Cover Note Number	

Driver

Name of Driver	ZHAO HUANYOU
Passport No/FIN	G5133261Q
Date Of Birth	11/09/1979
Occupation	OUTDOOR
Date Of Driving Pass	02/02/2015
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93978117
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	-
Postcode	
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	CHAIN 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	
Was any body injured in the Accident?	YES
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

ON 13 JUNE 2018 @ 1850HRS, I WAS DRIVING ALONG PIE TOWARDS CHANGI. FRONT VEHICLE SLOWN DOWN AND STOP, I ALSO SLOW DOWN AND STOP. SUDDENLY, MY LORRY WAS HIT FROM BEHIND. I WENT DOWN TO CHECK AND SAW TOTAL 2 VEHICLES BEHIND MY LORRY, I HEAR ONLY ONE BANG SOUND. VEH B SHC2885B DRIVER WAS INJURED BUT WAS NOT CONVEYED TO HOSPITAL.

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	SHC2885B
Vehicle Make/Model/Colour	HYUNDAI BLUE SONATA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1
NAME: :
GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKR5389X
Vehicle Make/Model/Colour HONDA VEZEL
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN KIAMG SAN
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

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.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13-6-18
1945 hr

Reporting Centre Personnel's Signature
Name: Paul key
NRIC/FIN No.: S68000096

Sketch Plan #2

SKETCH PLAN

A-YN 67503

B-SHC 2885B

C-SKR 5389X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/E toward chngi

on the show date 2 time I was driving along P/E toward chngi. Front Veh slow down & stop. I also slow down & stop - suddenly my Lorry was hit from behind. Went down to check & saw total 2 veh behind my Lorry, I hear only 1 bang sound

Veh B SHC 2885B Driver was injured but did not go to hospital by ambulance

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: 13-6-78
1945hr

Reporting Centre Personnel's Signature
Name: Paul Loy
NRIC/IN No.: 568000098

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

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

Employer
SINGAPORE POST LIMITED (TAPE)

Sector SERVICE

Name
ZHAO HUANYOU

Occupation
DRIVER

Work Permit No.
074416691

Date of Application
17-07-2014

Date of Issue
18-07-2016

Date of Expiry
19-07-2018

Barcode

LT012009

Identification Card

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VISIT PASS
Immigration Regulations

Name
ZHAO HUANYOU



Date of Birth	Sex	Nationality
11-09-1979	M	CHINESE
FIN	Date of Issue	Date of Expiry
G5133261Q	18-07-2016	19-07-2018

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.**



Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **G5133261Q**
Name: **ZHAO HUANYOU**

Birth Date: **11 Sep 1979**
Issue Date: **26 Jul 2016**
Valid Till **26/07/2021**

002592240E



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	27 Jul 2011
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$ Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	02 Feb 2015

NP 428A



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: S665500206 / GST Reg. No.: M400017735

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 : MJPK 18077092 Vehicle Registration No: YN 6750J
Name (as shown in NRIC) : Singapore Post Limited Co Reg No: 199201623M
NRIC/FIN/Passport No : 199201623M
(* ~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : 6841 2000 Mobile No. : *
Email Address : 3ukort@singpost.com
Date of Accident : 13/06/2018 Time of Accident : 18:50
Place of Accident : PIE Towards Changi Lamp Post 156
Insurance Company : India International 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:

Amend to 'Third Party claim' instead of 'Reporting only'



Policyholder / Driver's Signature
Date: 02/08/2018

Yvonne
Reporting Centre Personnel's Signature
Name: Yvonne NMS
NRIC/FIN No.:
Date: 02/08/2018