

## 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 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. 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             | 26/12/2018 18:59   |
| Date Of Accident           | 26/12/2018 14:20   |
| Exact Location Of Accident | NO: 51 KEPPEL ROAD |
| Country/State of Loss      | SINGAPORE          |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | XD1682U |
|-----------------------------|---------|

#### Insured/Policyholder

|                          |                                        |
|--------------------------|----------------------------------------|
| Name Of Registered Owner | TIONG WOON CRANE & TRANSPORT (PTE) LTD |
| Co Reg No                | -                                      |
| Email Address            | KOCKLIANG_BONG@TIONGWOOM.COM           |
| Mobile Phone No          | (LOCAL) +65-83281029                   |
| Alternative Phone No     | OFFICE-90856928                        |

#### Vehicle Particulars

|                                                                              |                    |
|------------------------------------------------------------------------------|--------------------|
| Manufacturer                                                                 | MAN                |
| 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                                       | REPORTING ONLY     |
| Vehicle Category                                                             | COMMERCIAL VEHICLE |

#### Insurance Company

|                           |                           |
|---------------------------|---------------------------|
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage          | THIRD PARTY               |
| Fleet Policy              | NO                        |
| Policy Number             | SD18V00004/VCH/R03        |
| Cover Note Number         |                           |

#### Driver

|                      |                              |
|----------------------|------------------------------|
| Name of Driver       | CHEN CHAO                    |
| Passport No/FIN      | G8210084P                    |
| Date Of Birth        | 16/08/1977                   |
| Occupation           | OUTDOOR                      |
| Date Of Driving Pass | 05/12/2008                   |
| Driving Experience   | 10 YEARS AND 0 MONTHS        |
| Gender               | MALE                         |
| Mobile Number        | (LOCAL) +65-83281029         |
| Fax Number           |                              |
| Contact Number       | OTHERS-90856928              |
| EEmail Address       | KOCKLIANG_BONG@TIONGWOOM.COM |

|                                                     |                    |
|-----------------------------------------------------|--------------------|
| Address                                             | 15 PANDAN CRESCENT |
| Postcode                                            | 128470             |
| 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   | COLLIDED INTO PARKED VEHICLE |
| Weather Conditions | CLEAR                        |
| Road Surface       | DRY                          |

#### Other Information

|                                                                                             |     |
|---------------------------------------------------------------------------------------------|-----|
| Was any foreign vehicle involved in this accident?                                          | NO  |
| Number of vehicles (including own vehicle) 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?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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         | GBB9519C           |
| Vehicle Make/Model/Colour           | TOYOTA HIACE       |
| Details Of Properties               |                    |
| Vehicle Category                    | COMMERCIAL VEHICLE |
| Name of Driver                      | NARAN SINGH        |
| NRIC/Passport Number                | S1677592D          |
| Contact Number                      |                    |
| Address                             |                    |
| Postcode                            |                    |
| Insurance Company Name              |                    |
| Nature Of Damage                    |                    |
| No. Of Passenger (Including Driver) |                    |

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

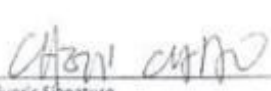
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#### B. Consent under the Personal Data Protection Act (PDPA)

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: 26/Dec/18

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

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

# Accident Sketch Plan

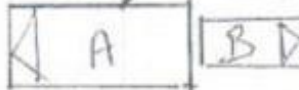
## SKETCH PLAN

No 51 KEPPEL ROAD.

A) XD1682U

B) GBB9519C

REVERSE



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 26/12/2018 AT ABOUT 14:19HRS I WAS AT 51 KEPPEL ROAD TO DELIVER GOODS AFTER THAT I GOT INTO MY LORRY & START TO REVERSE MY LORRY & DID NOT NOTICE A VAN GBB9519C PARKED BEHIND MY LORRY & MY LORRY BANG THE REAR OF THE SAID VAN THAT ALL.

## DECLARATION

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

X

Policyholder's Signature  
Date & Time

26/Dec/18

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

Chen Jiahao

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

26/12/2018

Rest. Workers

ID

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

Employer  
**TIONG WOON CRANE & TRANSPORT (PTE) LTD**

Sector: **SERVICE**

Name  
**CHEN CHAO**  
Occupation  
**TRAILER-TRUCK DRIVER**

Work Permit No.  
**0 72211545**

Date of Application  
**31-01-2008**

Date of Issue  
**06-10-2017**

Date of Expiry  
**25-09-2019**

**L6363338**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

License No. **G8210084P**

**CHEN CHAO**

DOB: **16 Aug 1977**

Issue Date: **31 Mar 2016**

Valid Till: **09-04-2023**

**0027683338**

**VISIT PASS**  
Immigration Regulations

Name  
**CHEN CHAO**

Date of Birth: **16-08-1977** Sex: **M** Nationality: **CHINESE**

FIN: **G8210084P** Date of Issue: **06-10-2017** Date of Expiry: **25-09-2019**

**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.

**NP 425A**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

|         |                                                                                                                                                                      | EFFECTIVE DATE |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Class 3 | Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ | 10 Apr 2008    |
| Class 4 | Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$                                                            | 15 Jul 2008    |
| Class 5 | Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$                                                     | 06 Dec 2008    |
| Class 5 | Motor vehicles not constructed to carry any load and the unladen weight $> 7250\text{kg}$                                                                            |                |

NP 425A

License No: **G8210084P**

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: S66350020G / GST Reg. No.: M400017733

**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 : MNA1816608 Vehicle Registration No: XD 16824  
Name (as shown in NRIC) : CHEN CHAO NRIC/FIN/Passport No : G8210084P  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 90556928  
Email Address : \_\_\_\_\_  
Date of Accident : 26/12/2018 Time of Accident : 14:20  
Place of Accident : NO. 51 KEPPEL ROAD  
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:

Insured Vehicle Number to XD16824

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Keshi Maras  
NRIC/FIN No.:  
Date: 26/12/2018