

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	14/01/2019 18:40
Date Of Accident	08/01/2019 17:00
Exact Location Of Accident	2304 BEDOK RESERVOIR ROAD DOU YEE BULIDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6263M
Insured/Policyholder	
Name Of Registered Owner	DOU YEE ENTERPRISES S PTE LTD
Co Reg No	198202960E
Email Address	OZEYANNA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98111403
Alternative Phone No	OFFICE-98111403

Vehicle Particulars

Manufacturer	HINO
Model	FD7JPMA-HAS-6.4 D (M)
Exact Purpose for which vehicle was being used at time of accident	
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	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2018-V0100932-VCV-R001
Cover Note Number	

Driver

Name of Driver	MD FAUZI BIN MD RAZALI
NRIC No	S8170852E
Date Of Birth	25/07/1981
Occupation	INDOOR
Date Of Driving Pass	21/12/2007
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98111403
Fax Number	
Contact Number	
EEmail Address	OZEYANNA@GMAIL.COM

Address	BLK 470A FERNVALE LINK #03-406
Postcode	791470
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	1
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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

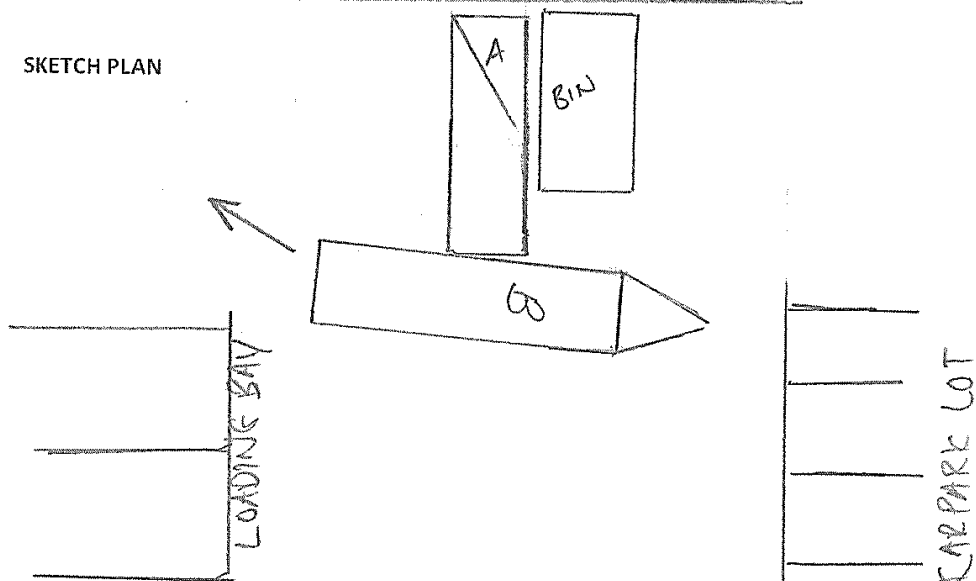
Vehicle Registration Number	XD4140Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	QIAO SHOU LONG
NRIC/Passport Number	G2522080W
Contact Number	94224088
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MD FAUZI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	YP6263M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

FENCING

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

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:

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

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:

[Signature]

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

[Signature]

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



**SINGAPORE
POLICE FORCE**



G/20190110/2068

1 of 2

POLICE REPORT (NP299)

Report No. G/20190110/2068

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

Date/Time Report Made 10/01/2019 14:12	Vide Report No.	Station Diary No. 10
Name Of Informant MD FAUZI BIN MD RAZALI	Address APT BLK 470A FERNVALE LINK #03-406 SINGAPORE 791470	
ID Type / ID No. NRIC NO / S8170852E	Contact No. Home/Office	Mobile 981111403
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Driver	Sex Male	Age 37
	Date of Birth 25/07/1981	Race Malay
Institution/School Name	Language	
Date/Time Of Incident 08/01/2019 17:00	Location Of Incident 2304 BEDOK RESERVOIR ROAD DOU YEE BUILDING SINGAPORE 479223 Carpark for lorry	

Brief details.

On 08/01/2019 at about 1700hrs, I parked my company lorry (YP6263M) at the carpark for lorry. I was writing down some paperwork inside the lorry and all of a sudden there were 2 impact from the rear of my vehicle causing my vehicle's front tires to go up the kerb. I immediately alight to check on what had happened. I saw this trailer (TRV9238Z, container. XD4140Y, head) had collide onto the rear of my vehicle causing my tailgate at the rear of my lorry to be damaged. We proceed to exchange particulars

Signature Of Officer Recording The Report: G / Sgt 2 SAM YEO WEN MING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/01/2019 14:12
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sgt 2 ALFIN NG KOK CHIN Contact No.: 62447200	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20190110/2068

2 of 2


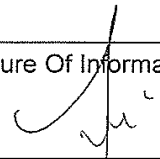
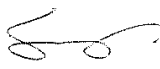
POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190110/2068

and the driver (Qiao Shoulong, G2522080W, 94224088) had admitted to cause the accident.

I have reported the incident to my management and was advised to lodge a report for insurance claim purpose. I suffered rear neck to backspine pain and went to Phoenix Medical Group Pte Ltd for medical treatment. I received a 3 days of MC and a further appointment for x-ray for my back injuries.

Signature Of Officer Recording The Report: G / Sgt 2 SAM YEO WEN MING 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/01/2019 14:12
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sgt 2 ALFIN NG KOK CHIN Contact No.: 62447200	Classification Of Case:
Authentication Stamp 	

For Customer Service please visit
 1 Pickering Street
 #01-01 Great Eastern Centre
 Tel: +65 6248 2888 Fax: +65 6327 3080



Certificate of Insurance

ORIGINAL

Road Transport Act 1987 (Federation of Malaysia)
 The Motor Vehicles (Third-Party Risks) Rules, 1959 (Federation of Malaysia)
 The Motor Vehicles (Third-Party Risks and Compensation) Act. (Cap.189 of the Revised Edition) (Republic of Singapore)
 The Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960. (Republic of Singapore)

FORM M2300

Policy No. : 2018-V0100932-VCV-R001 Risk# : 0001
 Policy Type : Commercial Vehicle Cover : Comprehensive

DESCRIPTION OF VEHICLES:

Vehicle Registration : YP6263M
 Vehicle Make & Model : HINO FD7JLMA-HAS VAN

Name of Insured : DOU YEE ENTERPRISES (S) PTE LTD

Period of Insurance : 03-05-2018 (0000HRS) to 02-05-2019

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE *

Any person who is driving on the Policyholder's order or with their permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

LIMITATIONS AS TO USE

- (1) Use in Connection with the Policyholder's business.
 - (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 - (3) Use for social, domestic and pleasure purposes.
- The policy does not cover :-
- (1) Use for racing, pace-making, reliability trial or speed-testing.
 - (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
 - (3) Use for the carriage of passengers for hire or reward.

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)


Signed for and on behalf of the Company

Authorized Signature

GPSPHKS

13-04-2018

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8170852E





Name
MD FAUZI BIN MD RAZALI
محمد فوزي بن محمد غزالي

Race
MALAY

Date of birth
25-07-1981

Sex
M

Country/Place of birth
MALAYSIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8170852E


Name
MD FAUZI BIN MD RAZALI

Birth Date 25 Jul 1981

Issue Date 25 Aug 2012

5384227



NRIC No. S8170852E



Date of issue
05-11-2014

APT BLK 470A FERNVALE LINK #03-406
SINGAPORE 791470

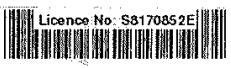
NRIC No: S8170852E Date: 23/08/2015

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

		EFFECTIVE DATE
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	16 Feb 2004
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	08 Mar 2016
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	21 Dec 2007
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	25 Aug 2012

S / No. 9000245709

NRIC No. S8170852E



NP 428A



PHOENIX MEDICAL GROUP PTE LTD
1 SELETAR ROAD, #02-11 GREENWICH V, SINGAPORE 807011
TEL: 65553512 Fax: 64842240

Medical Certificate

Date : 09 Jan 2019
MC No. : 0000050179

This is to certify that :

Name : MD FAUZI BIN MD RAZALI
NRIC : S8170852E

is UNFIT FOR DUTY/WORK/SCHOOL for 3 days
from 09/01/2019 to 11/01/2019 inclusive.

Dr. Lee Kai Lun
MBBS (Singapore), GDFM (Singapore)
11212G

DR LEE KAI LUN
MBBS (SINGAPORE), GDFM (SINGAPORE)

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

☒ 1 Seletar Road, #02-11, Greenwich V, S807011 Tel: 65553512 Fax: 64842240
☐ 4 Hillview Rise, #02-20, HillV2, S667979 Tel: 67107157 Fax: 67107167
☐ 60 Paya Lebar Road, #02-09, Paya Lebar Square, S409051 Tel: 67022940 Fax: 67022941
Email: enquiries@phoenixmedical.sg

Accident Photo



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