

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	27/05/2019 10:50
Date Of Accident	26/05/2019 08:15
Exact Location Of Accident	TANAH MERAH COAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD6901E
Insured/Policyholder	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96155910

Vehicle Particulars

Manufacturer	VOLVO
Model	-
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1806171901
Cover Note Number	-

Driver

Name of Driver	YU MING
NRIC No	G2823978K
Date Of Birth	15/12/1984
Occupation	OUTDOOR
Date Of Driving Pass	16/11/2016
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	+65-98917507
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	27 PANDAN CRES
Postcode	128476
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	NO COLLISION
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?	
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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF6104U
Vehicle Make/Model/Colour	
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)	

Accident Sketch Plan

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 reassess 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.



Policyholder's Signature

Date & Time:

27-5-2019
0800hrs

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

Unable
to
Provide
Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26th May 2019 at 0817hrs, when I was driving XD6901E making an U-turn at Tanah Merah Coast Road (turning right to Changi Naval Base), a car by the number of SJF6104U stopped me, so I stopped my lorry aside. The driver of SJF6104U said my lorry (XD6901E) and hit the right side of SJF6104U.

DECLARATION

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

Policyholder's Signature
Date & Time: 27-5-2019
0800hrs

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

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

5556

FEPOLNTFC011 - Notification Letter - Issue (Reporting) (via EPOL)



YU MING
C/O KOK TONG CONSTRUCTION PTE LTD
27 PANDAN CRESCENT
SINGAPORE 128476



077074279050319

For Immigration Use (To clear by FIN)



G2823978K

21 May 2019

You need to make an appointment for Card Registration

Dear YU MING

We have received a request to issue your work pass on 21 May 2019. Now you need to come to the MOM Services Centre - Hall C by **28 May 2019** for card registration.

Please go to <https://services.mom.gov.sg/appointment> to make an appointment for work pass card registration. At registration, we will check your documents (listed on page 2), register your fingerprints and take your photograph. We can only deliver your work pass card to the authorised recipient(s) 4 working days after you have successfully registered. An SMS / email with the delivery details will be sent to your authorised recipient(s) at least 1 working day before the delivery.

This Notification Letter allows you to work and stay in Singapore until you get your card. It is valid from 21 May 2019 till 20 Jun 2019.

Yours sincerely

Mdm Chow Choon Yen
for Controller of Work Passes

YOUR NAME
YU MINGFIN
G2823978KDATE OF APPLICATION
05 MAR 2019DATE OF ISSUE
21 May 2019PASS EXPIRY DATE
21 MAY 2021DATE OF BIRTH
15 DEC 1984SEX
MALENATIONALITY
CHINESETRAVEL DOCUMENT NO
E04958382TRAVEL DOCUMENT EXPIRY DATE
10 OCT 2022YOUR EMPLOYER'S NAME
KOK TONG CONSTRUCTION PTE LTDEMPLOYER'S CSN
198803179W-00-000SECTOR
CONSTRUCTIONOCCUPATION
TRUCK DRIVERFINGERPRINT REQUIREMENT
MANDATORYMULTIPLE JOURNEY VISA
ISSUEDISSUANCE REQUEST SUBMITTED BY
LOH CHOI WAN

IMPORTANT

- If you fail to report to the MOM Services Centre - Hall C for card registration, your pass may be cancelled.
- You must keep this Notification Letter with you until you get your card. If you need to leave / enter Singapore, you will have to show this letter at the Immigration Checkpoints.

DRIVING DOC



PRIVATE Settlement Form:

My Copy

Details of Accident:

Date/Time: 26-5-2019 0817hrs

Location: Tanah Merah Coast Road
turning right to Changi Naval Base

Agreed terms:

1. Neither party will make a police report as there are no personal injuries or death involved.
2. This matter is settled amicably as follows:

Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.

Without any admission of liability, Party A has paid a sum of \$700 which Party B hereby acknowledges receipt in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

Party A:

Vehicle No.: XD6901E

Driver/Owner's Name: YU MING

NRIC No.: G2823978K Tel: 96155910

Signature:



Party B:

Vehicle No.: SJF6104U

Driver/Owner's Name: ONG CHEE LEONG

NRIC No.: S7428409D Tel: 88559333

Signature:

(Reg. No. 2186190UV)

Blk 5, 395-E & F Woodlands Road, Yew Tee Industrial Estate, Singapore 677987

 $M(\underline{c})$

SJF 6104 u

No. 31250

Date 2-5-11

[illegible]

TOTAL : 700 -

收貨人 Received By

Issued By

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





GENERAL
INSURANCE
ASSOCIATION
TELECOM MANAGEMENT CENTER

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #13-03 Singapore 048580
Tel [65] 6724 0010 Fax [65] 6724 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
1849, 564500100 / 6757 Reg. No. M40001775

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : **MNA119068143** Vehicle Registration No: **XD6901E**
Name(as shown in NRIC) : **YU MING** NRIC/FIN/Passport No : **G2823978K**
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : **27 Pandan Crescent** Singapore| 125476
Contact (Tel) : * Mobile No. :
Email Address : **kinhoe.ng@ktcgroup.com.sg**
Date of Accident : **26-5-2019** Time of Accident : **0815hrs**
Place of Accident : **Tanah Merah Coast Road**
Insurance Company: **CHINA TAIPING INSURANCE (SINGAPORE) 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:

- 2) Add in receipt from "TENG MOTOR TOWING SERVICE"



Policyholder / Driver's Signature
Date: 27-5-2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:
Date: 29/5/19