

## 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	14/06/2019 16:19
Date Of Accident	13/06/2019 19:00
Exact Location Of Accident	ALONG CHARTWELL DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD1685L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TIONG WOON CRANE & TRANSPORT (PTE) LTD
Co Reg No	-
Email Address	KOCKLIANG_BONG@TIONGWOON.COM
Mobile Phone No	(LOCAL) +65-86970123
Alternative Phone No	OFFICE-67769379

### Vehicle Particulars

Manufacturer	HINO
Model	TRAILER
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	SD19V00274/VCH/R02
Cover Note Number	

### Driver

Name of Driver	ZHANG LIJUN
NRIC No	G6771401L
Date Of Birth	07/11/1973
Occupation	OUTDOOR
Date Of Driving Pass	26/10/2015
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86970123
Fax Number	
Contact Number	OFFICE-67769379
Email Address	KOCKLIANG_BONG@TIONGWOON.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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

#### 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	SFY1968Z
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	81187875
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan


### SKETCH PLAN

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7. By the lodging 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 to insurers.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that

- (a) My insurer, my work/insurer and the General Insurance Association of Singapore (GIA) may be 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 inquiries by me;
  - (iv) administering my claims including the making of correspondence, statements, inquiries, 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 a claim 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 also be 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 based outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to complete claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (a) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud;
  - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (iii) for complying with requirements under any regulations, laws or court orders.

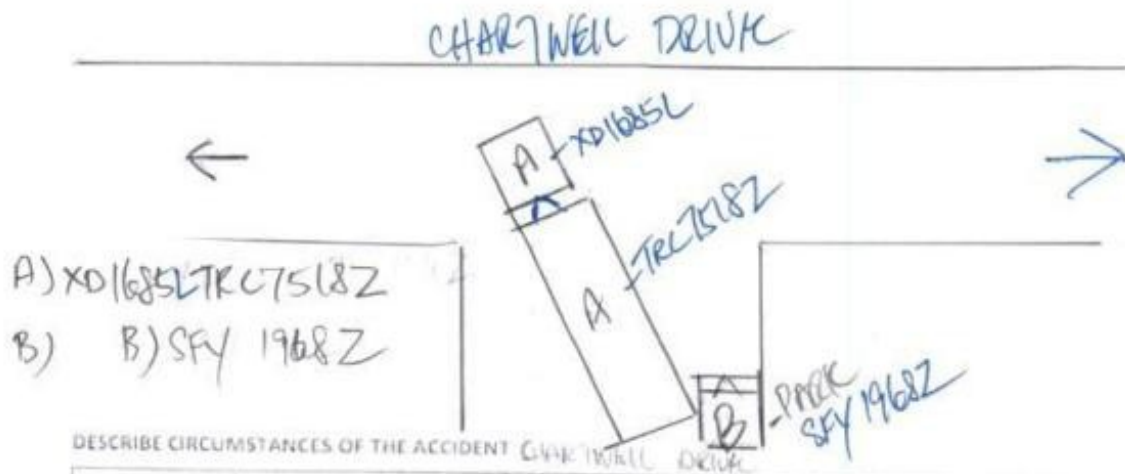
  
Policyholder  
Date: 14-Jun-19.  
1300hrs.

  
Authorised Driver  
Date: 14-Jun-19.

  
14/06/2019  
Insurer  
Date: 14-Jun-19.

# Sketch Plan #2

## SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT CHARTWELL DRIVE

事故发生于13/06/19 晚上 19:00左右, 当时我驾车头  
号XD1685L, 车牌TRC7518Z, 从 Serangoon North Ave  
做完工回公司 (15 Pandan Crescent) 由于下大雨用谷歌  
地图导航并错小路 Chartwell Dr. 然后左转时  
的一边碰撞到1辆停在路边的小汽车 (车牌SFY 1968Z)

## DECLARATION

I/We declare that the particulars stated in every respect



Date & Time  
14-June-19  
BCH/RS

Date & Time  
14/06/19  
Driver's signature  
Witness's signature  
Date & Time

14/06/2019  
Resd. W. H. H. H.

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



Accident Photo



Accident Photo





Accident Photo



## Identification Card

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

Agency:  
**DEANG WOO CHUAN & TRANSPORT PTE LTD.**

Name:  
**ZHANG LIJUN**

Work Permit No.:  
**014097966**

Category:  
**SERVICE**

**K2684870**

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

License Number: **G6771401L**

Name:  
**ZHANG LIJUN**

Issued Date: **07 Nov 2013**  
Valid Until: **20 Oct 2015**  
Valid Till: **29/11/2020**

**K2684870**

**VISIT PASS**  
Immigration Regulations

Name:  
**ZHANG LIJUN**

Pass No.:  
**G6771401L**

Date of Issue: **07-11-2013** Issued By: **SA**

Remarks:  
**SM-AC-02**

**MULTIPLE JOURNEY VISA (MAJED)**

THIS PASS TO REMAIN VALID ONLY UNTIL IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CLASS IS ISSUED TO YOU

**MP 425A**

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

CLASS	VEHICLE CLASS	EFFECTIVE DATE
Class 2A	Motorcycles < 250 cc	20 Nov 2013
Class 3	Motor Cars < 3500kg with not passengers, exclusive of the driver, and other motor vehicles < 2500kg	20 Nov 2013
Class 4	Motor vehicles which are constructed for heavy load or passengers and the unladen weight > 3500kg	20 Jun 2014
Class 5	Motor vehicles not constructed for heavy load and the unladen weight > 3500kg	20 Oct 2015

