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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aloresalu.				
	ACCIDENT STATEMENT			
Date Of Report	19/08/2019 12:23			
Date Of Accident	17/08/2019 18:40			
Exact Location Of Accident	EXIT 1(TPE) SLIP RD & UPP CHANGI RD N JUNCTION			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	XD3121J			
Insured/Policyholder				
Name Of Registered Owner	HOCK TRADING & TRANSPORTATION PTE LTD			

Co Reg No 201317545E

Email Address HOCKTRADING@GMAIL.COM

Mobile Phone No (LOCAL) +65-97715993
Alternative Phone No OFFICE-NOPHONE

Vehicle Particulars

Manufacturer MITSUBISHI

Model FV51JJD4RDEA-12.9 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?

YES

If No, Please state action to be taken

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

Cover Note Number

Driver

Name of Driver WONG KIM LEONG

Passport No/FIN G7443399K
Date Of Birth 20/11/1984
Occupation OUTDOOR
Date Of Driving Pass 19/11/2010

Driving Experience 8 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94287067

Fax Number

Contact Number

EMail Address NOEMAIL

Address N/A

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 FIRE, EXPLOSION OR LIGHTNING

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? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

NO Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name WOODLANDS WEST NPC

ROAD: 9 MARSILING LANE, POSTCODE: 739146, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

AS PER POLICE REPORT NO: L/20190818/2004

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

Sketch Plan Pg. 1

SKETCH PLAN

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- 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.

Transportation of the part of

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 .:

I AM AWARED THAT MY IN SURER MAY HAVE A 14 DAY'S TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Sketch Plan Pg. 2

SKETCH PLAN		
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DESCRIBE CIRCUMSTANCES		
	112012011 255	a C
As per police repa	4 No: 400Aof(1/200	· .
		Staim own policy
		Claim third party Claim OD / TP at other works hop
		Policy No. DOMCV CN1902381900
DECLARATION I/We declare the foregoing partic	ulars are true in every respect.	Insurer China. Veh.No. YOS. 27]
(2)	Salary are true in every respect	
noile)	///.	— .
20 15 16 16 16 16 16 16 16 16 16 16 16 16 16	Drivaria Cianatura	Reporting Centre Personnel's Signature
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

CI,IC,DL Pg. 1



中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

M2300/CN SN AN0420A Cov.Type: F

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSN1905381900

Engine No :6M70424651

Chassis No:FV51JJA00369

1. Index Mark and Registration Number of Vehicle

XD3121J

2. Name of Policy Holder

M/S HOCK TRADING & TRANSPORTATION PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment (11:53 HOURS)

30 JANUARY 2019

4. Date of Expiry of Insurance

29 JANHARY 2020

5. 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.

- 6. 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.

 - POLICIHOLDER'S BUSINESS.

 (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.

 THE POLICY DOES NOT COVER.

 (1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.

 (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO. : SWEE SENG CREDIT PTE LTD AS HP OWNER

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 (Malaysie), are not to be included under these headings.

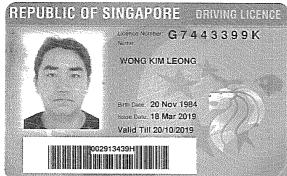
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia). Please see reverse

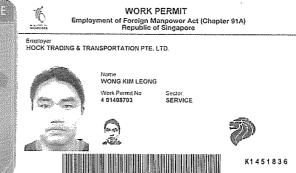
Countersigned By:

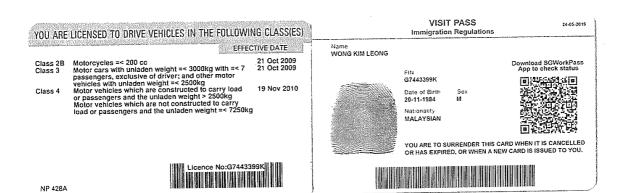
Authorised Officer

Authorised Signatory

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.







POLICE REPORT Pg. 1





Report No. L/20190818/2004

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

Date/Time Report Made	Vide Report No.		Station Diary No.	
18/08/2019 01:00	19			28
Name Of Informant	Address)		
WONG KIM LEONG				
ID Type / ID No.	Contact	No.		
FIN NO / G7443399K	Home/C	ffice	Mobile	
			94287067	
Nationality	Email Address			
MALAYSIAN				
Occupation	Sex	Age	Date of Birth	Race
DRIVER	Male	34	20/11/1984	Chinese
Institution/School Name	Language			
Date/Time Of Incident	Location Of Incident			
17/08/2019 18:40	TAMPINES EXPRESSWAY SINGAPORE			
	Exit of TPE towards Simei.			

Brief details.

On 17/08/2019 at about 1030hrs, I started work as per normal driving my company vehicle (XD3121J) to transport sand to various location around Singapore.

On the same day at about 1840hrs, while I was along the exit of TPE towards simei, I was driving on the 3rd lane of a five lane road. While I was waiting for traffic junction, a vehicle had horned me alerting me that my vehicle right side caught fire. I immediately alighted and took the fire extinguisher to distinguish the said fire on my vehicle. Prior to fire fighter arrival, the fire had already been distinguished. No other

the said file off my verticle. I not to the lighter arrival, the	ine had already been distinguished. No other	
Signature Of Officer Recording The Report:	Signature Of Informant:	
L / Sgt 3 LEE JIAN HAO	M/h	
Signature Of Interpreter: Not applicable	Date/Time: 18/08/2019 01:00	
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp SUNIZA JUWAIRIA BINTE SULAIMAN Contact No.: 6466 0000	Classification Of Case:	
Authentication Stamp	MANUAL TO THE PARTY OF THE PART	
Signature: Singapore Police Force		

POLICE REPORT Pg. 2





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20190818/2004

vehicles were involved and no government property was involved as well. Nobody was injured due to the incident.

My vehicle front tyre on the left was suspected to be the main source of fire. The vehicle was subsequently being towed to the workshop and I was advised by my company to lodge a report for insurance claiming purpose.

Signature Of Officer Recording The Report	Signature Of Informant:
L / Sgt 3 LEE JIAN HAO	for the second s
Signature Of Interpreter: Not applicable	Date/Time: 18/08/2019 01:00
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp SUNIZA JUWAIRIA BINTE SULAIMAN Contact No.: 6466 0000	Classification Of Case:
Authentication Stamp	
Singapore Police Force	





