

C1P9 - LKLC
Adrian

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	30/01/2020 12:45
Date Of Accident	30/01/2020 11:15
Exact Location Of Accident	JUNCTION OF YISHUN AVE 8 & YISHUN ST.44
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1605Y
Insured/Policyholder	
Name Of Registered Owner	TUNGSAN FOOD INDUSTRIES PTE LTD
Co Reg No	1XXXXX472E
Email Address	SALES@TUNGSAN.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62576897

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEA01BR2SDEK (CBU)
Exact Purpose for which vehicle was being used at time of accident	DELIVERY
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107056785-01
Cover Note Number	21/01/20 - 20/01/21

Driver

Name of Driver	WANG SHUNCHUAN
NRIC No	SXXXX321J
Date Of Birth	18/07/1985
Occupation	OUTDOOR
Date Of Driving Pass	11/12/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94242860
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 231A SOMANITY LANE #17-265
Postcode	821231
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	COLLISION - CHANGE/CROSS LANE
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

REFER TO ATTACH.

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	YL8517P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WANG ZHIHAI
NRIC/Passport Number	GXXXX535T
Contact Number	86609185
Address	MGR - PATRICK (97968480)
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

VEHICLE NO: GBJ16054
INSURER: NTUC
DATE & TIME: 30/1/20 @ 11:15am

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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

TUNGSAN FOOD INDUSTRIES PTE LTD

唐山食品工业私人有限公司

56 Senoko Drive

Singapore 758235

Tel: 6257 6897 (10 lines) Fax: 6257 8634

www.tungsanfood.com

Policyholder's Signature

Date & Time: 30/01/2020

3:46pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

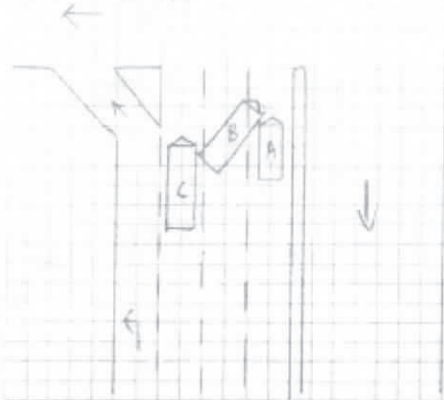


30/1/20

Sketch Plan #2

SKETCH PLAN

Nishun St. 44



A: GBJ1605Y

B: YL 8517P

Wang Zhi Hai

G526 2535T

HP-86609185

Mgr- Patrick

97968480

C- unknown
crane lorry

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Nishun Ave 8
Upon reaching the above junction, traffic turned amber in our direction and I was slowing down prepared to stop. Suddenly, vehicle B who was towing vehicle C next to me at the left veered into my lane and hit onto the front left of my vehicle. The said driver claimed that he was trying to brake that he lost control of his vehicle which resulted the accident.
Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

TUNGSA FOOD INDUSTRIES PTE LTD

唐山食品工业有限公司

56 Senoko Road

Singapore 758225

Tel: 6257 6897 (10 lines) Fax: 6257 8634
www.tungsafood.com

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

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop

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



[Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Company

Owner ID: 472E

Vehicle Details

Vehicle No.: GBJ1605Y

Vehicle to be Exported: No

Intended Deregistration Date: 31 Jan 2020

Vehicle Make: MITSUBISHI

Vehicle Model: CANTER FEA01BR2SDEK
(CBU)

Primary Colour: White

Manufacturing Year: 2018

Engine No.: 4P10D61982

Chassis No.: FEA01BA30030

Maximum Power Output: -

Open Market Value: \$28,564.00

Original Registration Date: 21 Jan 2019

First Registration Date: 21 Jan 2019

Transfer Count: 0

Actual ARF Paid: \$1,429.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 20 Jan 2029

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

QP Paid: \$27,001.00

COE Rebate Amount: \$24,221.00

Total Rebate Amount: \$24,221.00

The information contained herein is correct as at 31 Jan 2020

OK