

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	10/02/2020 11:25
Date Of Accident	09/02/2020 10:00
Exact Location Of Accident	ALONG CLEMENTI RD TOWARDS EAST COAST RD (LP-15)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE1354L
Insured/Policyholder	
Name Of Registered Owner	LIKOK LOGISTICS PTE. LTD.
Co Reg No	2XXXXX504R
Email Address	ZHANGQINGMIN0418@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62665959

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FP51SDR3VDEA
Exact Purpose for which vehicle was being used at time of accident	WORKING USE
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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	BVFCBSB0013471900
Cover Note Number	

Driver

Name of Driver	LI MINGZHEN
Work Permit No	GXXXX201R
Date Of Birth	09/01/1987
Occupation	OUTDOOR
Date Of Driving Pass	04/08/2015
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96689812
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 660A JURONG WEST STREET 64 #03-388
Postcode	641660
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	CHAIN 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	3
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?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY LEONG KEAT - GBE CLAIMS H/P 9739 7127 PLEASE REFER TO POLICE REPORT NO: T/20200209/2035.

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	YM7578P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

YN7828M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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 regulations, laws or court orders.



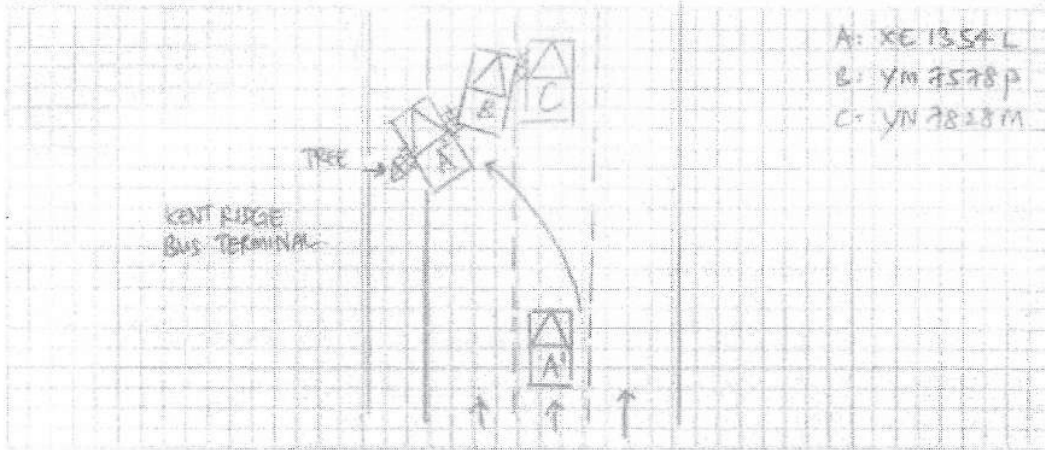
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no: T/20200207/2035.

DECLARATION

(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: Junior
NAIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200209/2035

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No: T/20200209/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/02/2020 13:18		Vide Report No.: D/20200209/0066		Station Diary No.: 62	
Informant's Particulars					
Name of Informant: LI MINGZHEN			Address: APT BLK 660A JURONG WEST STREET 64 #03-388 THE CENTRIS SINGAPORE 641860		
ID Type / ID No.: FIN NO / G2495201R			Contact No.: Home/Office: Mobile: 96688812		
Nationality: CHINESE			Email:		
Sex: Male	Age: 33	Date of Birth: 09/01/1987	Type of Informant: Driver		
Race: Chinese			Language: Mandarin		Institution / School Name:
Occupation: CONTAINER DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 09/02/2020 10:00	Type of Location: Straight Road
Location: Along Road 1 CLEMENTI ROAD CLEMENTI ROAD TOWARDS WEST COAST ROAD NEAR LAMP POST NUMBER 15				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passengers
XE1354L	CONTAINER				Seriously Damaged	0
YM7578P	Lorry				Slightly Damaged	0
YN7628M	Lorry				Slightly Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200209/2035

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3
Report No: T/20200209/2035

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LI MINGZHEN	ID No.	G2495201R
Related Vehicle	XE1354L (CONTAINER)	Contact No.	96689812
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above said mentioned date, time and location, while I was driving the company container (XE1354L), I have accidentally hit onto two trees and after that, I have collided onto another two lorries (YN7828M) and (YM7578P). After the accident, there is no people injured and there is Police officers came to the scene. There is no in-car camera installed inside the company container. I do not have the particulars and contact numbers of the two lorry drivers. I was provided with one case card and I was advised to lodge a police report vide D/20200209/0066 under TPIO Joe Ong (Tel: 65476437).

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200209/2035

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649618
Tel No: 1800-2689999

3 of 3

Report No. T/20200209/2035

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474865 stating the report number as reference.

Signature Of Officer Recording The Report:

J/

Sr Staff Sgt ONG BOON TIONG

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

09/02/2020 13:18

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Authentication Stamp

NP168

Singapore Police Force

Classification Of Case: