

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	02/07/2020 16:28
Date Of Accident	01/07/2020 14:00
Exact Location Of Accident	ANG MO KIO AVE 1 TOWARDS BISHAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE943D
Insured/Policyholder	
Name Of Registered Owner	FIRST OCEAN FOODS PTE LTD
Co Reg No	201408766M
Email Address	SALES@FIRSTOCEAN.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62828884

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 D-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/19/VC00/104411
Cover Note Number	

Driver

Name of Driver	LI XIANG HUA
Passport No/FIN	G3921941M
Date Of Birth	23/12/1982
Occupation	OUTDOOR
Date Of Driving Pass	22/09/2017
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83719286
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	171 KAMPUNG AMPAT #01-03
Postcode	368330
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?	YES
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	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ATTACHED POLICE REPORT NO: T/20200702/2093.

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	FBQ8395U
Vehicle Make/Model/Colour	
Details Of Properties	MOTORCYCLE
Vehicle Category	MOTORCYCLE
Name of Driver	SCULLY DYLAN JAMES
NRIC/Passport Number	
Contact Number	87799394
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBQ8395U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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.



[Handwritten Signature]

Policyholder's Signature
Date & Time:

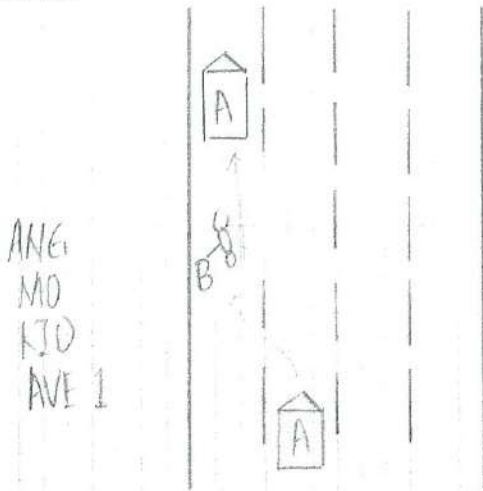
[Handwritten Signature]

Driver's Signature *2/7/20*
(If driver is not the policyholder)
Date & Time: *5:10*



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


SKETCH PLAN

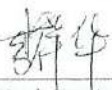


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached Police Report No: T/20200702/2073

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


Policyholder's Signature
Date & Time:

 2/7/20
Driver's Signature
(If driver is not the policyholder)
Date & Time: 5:10


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



SINGAPORE
POLICE FORCE



T/20200702/2093

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

1 of 3

Report No. T/20200702/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/07/2020 20:41	Video Report No.: E/20200701/0100	Station Diary No.: 95
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informant's Particulars

Name of Informant: LI XIANGHUA		Address: 59 LASIA AVENUE SINGAPORE 277866	
ID Type / ID No.: FIN NO / G3921941M		Contact No.: Home/Office: Mobile: 83719286	
Nationality: CHINESE		Email:	
Sex: Male	Age: 37	Date of Birth: 23/12/1982	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/07/2020 14:00	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: NO COLLISION				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ8395U	Motorcycle				Slightly Damaged	0
GBE943D	Lorry				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBE943D	LONPAC INSURANCE BHD.			



**SINGAPORE
POLICE FORCE**



T/20200702/2093

2 of 3

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20200702/2093

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LI XIANGHUA	ID No.	G3921941M
Related Vehicle	NIL	Contact No.	83719286
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 1/67/2020 AT ABOUT 1400HRS, I WAS TRAVELLING STRAIGHT ON THE 3RD OUT OF 4 LANES FROM THE RIGHT ALONG ANG MO KIO AVE 1. SUBSEQUENTLY, I MADE A LANE CHANGE FROM 3RD OUT OF 4 LANES TO 4TH OUT OF 4 LANES FROM THE RIGHT AS I WANTED TO MAKE A RIGHT TURN AT THE CORSS-JUNCTION AHEAD. I THEN SIGNALLED TO LEFT, CHECKED MY BLINDSPOT. I THEN MAKE THE LANE CHANGE AFTER I DEEMED THAT IT IS SAFE FOR ME TO MAKE THE LANE CHANGE.

AFTER I COMPLETELY MADE MY LANE CHANGE, I THEN LOOK AT MY SIDE MIRROR AND I SAW A BIKE(FBQ8395U) FALL OFF ONTO THE ROAD. I THEN STOPPED MY VEHICLE AND DECIDED TO HELP. SUDDENLY THE RIDER ACCUSED ME THAT IT IS MY FAULT THAT I HAVE CAUSED HIM THE FALL. HOWEVER THERE IS NO COLLISION BETWEEN MY VEHICLE AND THE SAID BIKE. TRAFFIC POLICE WAS THERE TO ASSIST WITH THE ACCIDENT. THE RIDER SUFFERED ABRASIONS HOWEVER DID NOT CONVEYED BY AMBULANCE. WE THEN MADE AN AGREEMENT FOR INSURANCE CLAIMS. HOWEVER, MY INSURANCE COMPANY ASKED ME TO MAKE A REPORT FOR RECORD PURPOSES.



SINGAPORE
POLICE FORCE



T/20200702/2093

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
376054
Tel No: 1800-7449999

3 of 3

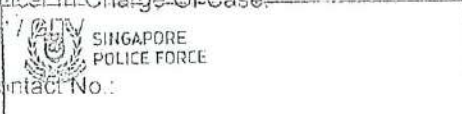
Report No. T/20200702/2093

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 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 2 MUHAMMAD ABDURRAHMAN SUBARAK BIN ASMAWI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/07/2020 20:41
Officer In Charge Of Case:  Contact No.:	Classification Of Case:
Authentication Stamp NP138	

CERTIFICATE OF INSURANCE Pg. 1



LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia)
 Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.
 Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg
 GST Reg No.: F0-0005635-C

THE SCHEDULE

Bank's Copy

Class of Policy : COMMERCIAL VEHICLE Insured : FIRST OCEAN FOODS PTE. LTD. Address : 171 KAMPONG AMPAT 01-03 KA FOODLINK LOADING BAY A SINGAPORE 368330 Business or Profession : WHOLESALE OF LIVESTOCK, MEAT, POULTRY, EGGS AND SEAFOOD	Policy No. : Z/19/VC00/104411 Type of Cover : COMPREHENSIVE Replacing CN/Policy No. : Z/18/VC05/000428 Account No : Z10582 L/A
Period Of Insurance (a) From 01/09/2019 To 31/08/2020 (both dates inclusive) (b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.	
H.P. Owner : UNITED OVERSEAS BANK LIMITED	
Description of Vehicle Vehicle/Trailer Regn. No. : GBE 943D Make & Model of Vehicle : TOYOTA DYNA 150 MANUAL Type of Body : REFRIGERATED TRUCK Engine No. : 1KD2497229 Chassis No. : JTFAT35Y80K204617 Year of Registration : 2015 c.c./Tonnage : 1.36 Seating Capacity : 2 Sum Insured : MARKET VALUE	The Policy's Premium Premium : S\$ 1,737.88 NCD 20.00 % : S\$ (347.58) <u>Extra Benefits</u> PERSONAL ACCIDENT (3 PAX) : S\$ 30.00 Gross Premium : S\$ 1,420.30 Goods & Services Tax 7 % : S\$ 99.42 <hr/> Total Premium : S\$ 1,519.72
Excess : S\$1500.00 (SECTION 1) S\$2500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS S\$100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON 2ND AND SUBSEQUENT CLAIMS)	
Condition : ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS	

19/Jun v-3.9.0 Z10582 - B#1

Translation and Publishers

BUSINESS REG NO.: 261503/00J
Blk 231 Bain Street #02-17
Bras Basah Complex
Singapore 180231
Tel: 6339 9393
Email: enquiry@sgtnp.net

TRANSLATION

THE PEOPLE'S REPUBLIC OF CHINA

DRIVING LICENCE

LICENCE NO. 370911198212234019

Name Li Xianghua Gender Male Nationality Chinese National

Address No.854 Liangnan Village Liangzhuang Town Daiyue District Tai'an City Shandong Province

TRAFFIC MANAGEMENT BUREAU	Date of Birth <u>23 December 1982</u>
PUBLIC SECURITY BUREAU OF	Date When Licence First Obtained <u>13 October 2011</u>
TAI'AN CITY	Licensed to Drive Vehicles in Code(s) <u>C1</u>
SHANDONG PROVINCE	Valid from <u>13 October 2017 to 13 October 2027</u>
	[Photograph Affixed]

Translation & Publishers
231 Bain Street #02-17
Bras Basah Complex Singapore 180231

This is a translation by 04 DEC 2019
Angela Fang
Angela

SUPPLEMENTARY PAGE OF DRIVING LICENCE OF THE PEOPLE'S REPUBLIC OF CHINA

LICENCE No. 370911198212234019

Name Li Xianghua File No. 370904002034

Record: It will be valid from 22 September 2017 to the valid start date.....

SP Translation & Publishers
251 Beach Street #02-17
Beach Street Complex, Singapore 189675

This is a translation by
Angela Fang

Angela Fang

DRIVING LICENCE CLASS CODES

A1	Large Buses and A3, B1, B2	C4	Tri-wheel Vehicles
A2	Towing Vehicles and B1, B2	C5	Small Automatic Cars for Handicaps Only
A3	Urban Public Transport and C1	D	Ordinary 3-wheel motorcycles and E
B1	Medium Buses and C1, M	E	Ordinary 2-wheel motorcycles and F
B2	Large Trucks and C1, M	F	Light Motorcycles
C1	Small Cars and C2, C3	M	Self-propelled Wheeled Machinery
C2	Small Automatic Cars	N	Trolleybuses
C3	Low-speed Goods Vehicles and C4	P	Tramcars

[Barcode] *3750045254713*

No other unit or person except the public security traffic control authority shall retain this licence.


Translation & Publishers
 251, Bain Street #05-17
 Eric's Beach Complex Singapore (16025)

This is a translation by
 Angela Fong

2

04 DEC 2019
 7
 Angela Fong

DRIVER WORK PERMIT Pg. 1

 **S PASS**
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
FIRST OCEAN FOODS PTE. LTD.



Name:
LI XIANGHUA
S Pass No:
9 78427027
Sector:
SERVICE



K2043263

VISIT PASS
Immigration Regulations

19.03.2020

Name:
LI XIANGHUA



File:
G3921941M
Date of Birth: 23-12-1982 Sex: M
Nationality: CHINESE
MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass
App to check status



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

