

## 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 30/07/2020 09:19  
Date Of Accident 29/07/2020 10:05  
Exact Location Of Accident 773 PASIR RIS ST 72 CARPARK SERVICE ROAD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE:

Vehicle Registration Number YN3541R  
**Insured/Policyholder**  
Name Of Registered Owner F&N FOODS PTE LTD  
Co Reg No 1XXXXX390K  
Email Address YANLI@FNNFOODS.COM  
Mobile Phone No  
Alternative Phone No OFFICE-64612425

### Vehicle Particulars

Manufacturer MITSUBISHI  
Model FUSO-3.0 D FM65FM2RDEB (M)  
Exact Purpose for which vehicle was being used at time of accident GOOD DELIVERY  
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 YES  
Policy Number  
Cover Note Number

### Driver

Name of Driver LIU JIANMING  
Passport No/FIN GXXXX540N  
Date Of Birth 01/07/1972  
Occupation OUTDOOR  
Date Of Driving Pass 29/03/2016  
Driving Experience 4 YEARS AND 4 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-96134603  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address

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

HIT BY FALLEN TREE / OTHER OBJECTS

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

1

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)

0

**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 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

Vehicle Make/Model/Colour

Details Of Properties

TREE

Vehicle Category

GOVERNMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



SKETCH PLAN

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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
  - (ii) for complying with requirements under any regulations, laws or court orders.

F & N FOODS PTE LTD  
214 Pandan Loop  
Singapore 128405  
Tel No. 6210 8108

Policyholder's Signature  
Date & Time:

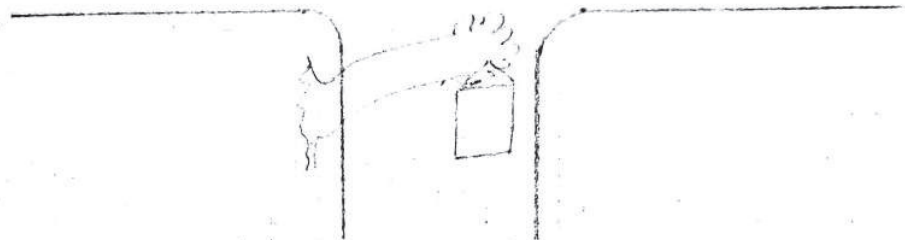
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

COMFORT ENGINEERING PTE LTD  
NATIONAL ROAD SAFETY COUNCIL  
ACCIDENT INVESTIGATION  
REGISTRATION

SKETCH PLAN

for Loading/unloading Bay



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/07/2020 at about 10.05 AM. I was driving my Company  
truck YZ13541R at Carpark service road 773 pasirris street FZ.  
I parked in front of loading/unloading Bay Service road.  
Suddenly on my left side tree fell down hit onto front  
windscreen Causes Crack  
JIAN MING

DECLARATION

I/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: WONG CHEE WEI  
NRIC/FIN No.: 67218099A