

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	24/08/2020 17:51
Date Of Accident	22/08/2020 11:00
Exact Location Of Accident	ALONG PIE TWDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1051X
Insured/Policyholder	
Name Of Registered Owner	GOLDEN SANDS CONSTRUCTION & ENGINEERING PTE LTD
Co Reg No	201128701G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67487106

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA-3.0 D TURBO M/T 2WD (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	YES
Policy Number	DMCVSN1655931903
Cover Note Number	

Driver

Name of Driver	WU ZIXIANG
Passport No/FIN	G7726358L
Date Of Birth	18/11/1970
Occupation	OUTDOOR
Date Of Driving Pass	30/11/2019
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97718218
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	115 BEDOK RESERVIOR RD #10-112
Postcode	460115
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	4
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200824/2016 I WISH TO STATE THAT 4 VEHICLE WERE INVOLVED IN THE ACCIDENT. AND 2 OTHER VEHICLE ACCIDENT ON LANE ONE.

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	YL9292E
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 YP194T
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 3

Vehicle Registration Number XD4850G
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)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.



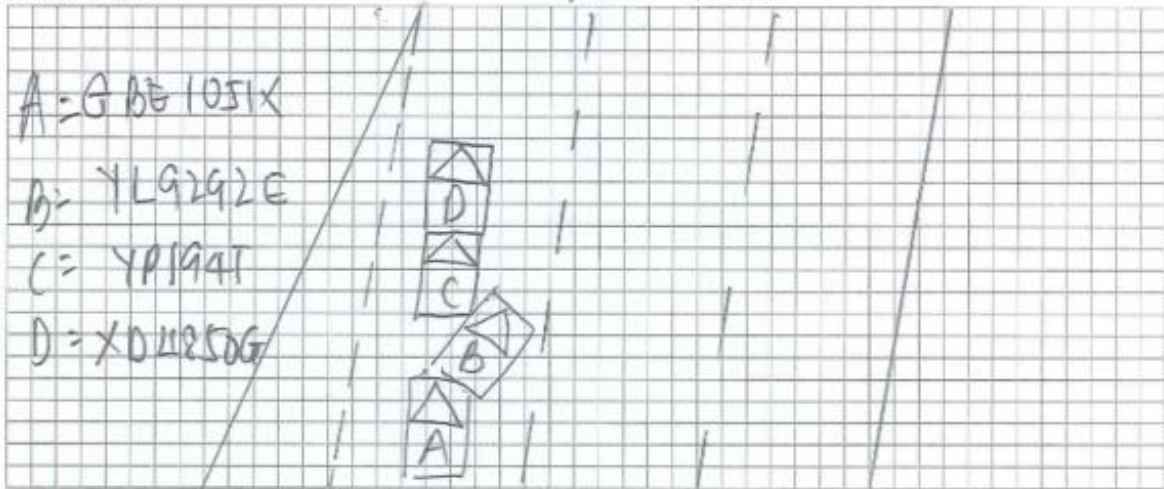
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To police report . T/20200824/2016.

I wish To state that 4 vehicle were involved in the Accident . AND 2 other vehicle accident on lane one .

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:
NRIC/FIN No.:



Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200824/2016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20200824/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2020 10:15		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WU ZIXIANG			Address: 627A ALJUNIED ROAD #09-03 BIZTECH CENTRE SINGAPORE 389842		
ID Type / ID No.: FIN NO / G7726358L			Contact No.: Home/Office: Mobile: 97718218		
Nationality: CHINESE			Email:		
Sex: Male	Age: 49	Date of Birth: 18/11/1970	Type of Informant: Driver		
Race:			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/08/2020 11:00	Type of Location:
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE1051X	Lorry					1
SGQ8167C	Car					0
SMM6236A	Car					0
YL9292E	Lorry					0
YP194T	Lorry					0

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200824/2016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200824/2016

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	SAHABUDDIN SAHABUDDIN	ID No.	G8681081L
Related Vehicle	GBE1051X (Lorry)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	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
Driver			
Name	WU ZIXIANG	ID No.	G7726358L
Related Vehicle	GBE1051X (Lorry)	Contact No.	97718218
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SUN CHANGFANG	ID No.	G6567326L
Related Vehicle	YL9292E (Lorry)	Contact No.	81677999
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 THE ABOVE MENTIONED DATE AND TIME,

I WAS INVOLVED IN AN ACCIDENT AT AROUND THE 31.5KM MARK OF PIE TOWARDS TUAS, I WAS DRIVING ON THE THRID LANE, I HEARD A LOUD SOUND AND IMMEDIATLY APPLIED MY BRAKES BUT WAS ALREADY TOO LATE ND ENDED UP COLLIDING INTO THE VEHICLE THAT WAS IN FRONT OF ME. I DID NOT NOTICE THAT THE VEHICLE HAD SWITCHED ON ITS EMERGENCY BRAKE LIGHTS, I ALSO HEARD SEVERAL OTHER LOUD SOUNDS, THE FOREIGN WORKER WHO WAS IN THE BACK OF MY LORRY WAS INJURED DUE TO THE ACCIDENT AND

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



T/20200824/2016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200824/2016

CONTINUATION OF REPORT

WAS LATER CONVEYED TO THE HOSPITAL. I TOOK PHOTOS OF THE ACCIDENT SCENE AFTER THE ACCIDENT BUT ONLY MANAGED TO EXCHANGE PARTICULARS WITH THE DRIVER OF THE VEHICLE AHEAD OF MINE. THE DRIVER OF XD4850G SAID THAT THE ACCIDENT WAS DUE TO HIM STOPPING TO ALLOW OTHER VEHICLES TO PASS BY. THE DRIVER OF YL9292E WAS UNABLE TO REACT IN TIME AND ENDED UP GOING INTO PART OF THE NEXT LANE, CAUSING SMM6236A TO SWERVE RIGHT AND SGQ8167 TO COLLIDE INTO THE REAR OF SMM6236A.

IO IN CHARGE IS IO FARHAN EXT 65476224

THAT IS ALL

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



T/20200824/2016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200824/2016

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:
TP /
LEE CHEN EN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI VILTON HIA WEE SIANG
Contact No.: 65476178

Authentication Stamp
NP168


Signature Of Informant:

Date/Time:
24/08/2020 10:15


Classification Of Case: SINGAPORE
POLICE FORCE



Signature:


Accident Sketch Plan Pg. 1

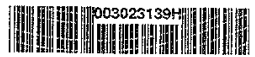
 **Employment of Foreign Manpower Act (Chapter 91A)**
Republic of Singapore

Employer
SEN LIN CONSTRUCTION PTE LTD


Name
WU ZIXIANG
FIN
G7726358L



K1121124


Passport Number
G7726358L
Name
WU ZIXIANG
Birth Date: **18 Nov 1970**
Issue Date: **03 Feb 2020**
Valid Till: **07/07/2025**


003023139H

Immigration Regulations

Name
WU ZIXIANG

FIN
G7726358L

Date of Birth
18-11-1970

Sex
M

Nationality
CHINESE


MULTIPLE JOURNEY VISA ISSUED


Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

30 Nov 2019

NP 428A


Licence No: **G7726358L**

Driving License Pg. 1



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

MZ300/C
R SN
AN0600A
Cov.Type: C

MOTOR COMMERCIAL VEHICLE

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)

ORIGINAL

CERTIFICATE No.	DMCVSN1655931903	Engine No :1KD2449502 ChaNo:KDY2318017414
1. Index Mark and Registration Number of Vehicle	GBE1051X	AUTOSAFE
2. Name of Policy Holder	GOLDEN SANDS CONSTRUCTION & ENGINEERING PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	02 September 2019	Excess Sect I \$5500.00 EX ON WINDSCREEN \$5100.00
4. Date of Expiry of Insurance	01 September 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. (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. : ABWIN 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 (Malaysia), 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:CS INSURANCE AGENCY PTE LTD.
Authorised Officer

.....
Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.ontaping.com

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

