

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	26/10/2020 16:12
Date Of Accident	16/10/2020 21:50
Exact Location Of Accident	PSA PORT (BY PASS LANE TM01/ TM02)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE4490G
Insured/Policyholder	
Name Of Registered Owner	CALL LADE ENTERPRISES PTE LTD
Co Reg No	199204755R
Email Address	CHUA@CALLLADE.COM
Mobile Phone No	
Alternative Phone No	OFFICE-84210655

Vehicle Particulars

Manufacturer	SCANIA
Model	P410LA4X2MSZ
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?	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/VC10/105114
Cover Note Number	

Driver

Name of Driver	HUA CANG SONG
NRIC No	G2524913K
Date Of Birth	16/01/1987
Occupation	OUTDOOR
Date Of Driving Pass	15/01/2015
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84210655
Fax Number	
Contact Number	
EEmail Address	CHUA@CALLLADE.COM

Address	BLK 725, CLEMENTI WEST ST 2 #01-200
Postcode	120725
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 - HEAD TO REAR
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED 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	XE4783L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	VINCENT TAN
NRIC/Passport Number	
Contact Number	86705723
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

Handwritten signature/initials

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.:

Handwritten signature and date 26/10/20

Handwritten signature and date 26/10/20

Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.
() Claim Own Damage () Claim TP (x) Reporting Only () Claim OD/TP at other workshop

Handwritten signature

SKETCH PLAN



A - XE4490G (TRD565T)
B - XE4783L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1) I mounted 40ft container at Tm01 & travel along tm01/tm02 by
pass lane heading to next location.
2) I stop at stop line
3) I notice my PM stop over the line so decide to reverse back
slightly
4) I heard a sound from the rear.
5) Immediately I stop & come down to check.
6) I notice my PM has come in contact with rear PM XE4783L
(Infiniti marine P1)
7) Immediately I inform IGH Control & Foreman
8) That's all I have to say.

26/10/20

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.:



26/10/20

26/10/20



LONPAC INSURANCE BHD
(598FC5635C)

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

MZ301/312

Policy No. **Z/19/VC10/105114** CI No. **19108490**

Excess : **AS STATED IN POLICY SCHEDULE.**

1. Index Mark and Registration **SCANIA PRIME MOVER**
Number of Vehicle / Chassis **XE 4490G / YS2P4X20005509125**
2. Name of Policy Holder **CALL LADE ENTERPRISES PTE LTD**
3. Period of Insurance **05/11/2019 To 04/11/2020 (Midnight)**
4. Persons or Classes of Persons entitled to drive*
ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR 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 and provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

5. Limitations as to use*
USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS
USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS
USE FOR SOCIAL DOMESTIC AND PLEASURE PURPOSES
THE POLICY DOES NOT COVER:-
USE FOR RACING PACEMAKING RELIABILITY TRIAL OR SPEED TESTING
USE WHILST DRAWING A GREATER NUMBER OF TRAILERS IN ALL THAN IS PERMITTED BY LAW
USE FOR THE CARRIAGE OF PASSENGERS FOR HIRE OR REWARD

* 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 provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

HP Co. : UNITED OVERSEAS BANK LIMITED (COVER: COMPREHENSIVE)

LONPAC INSURANCE BHD



Authorised Signatory

PENSLEY ALLIANCE PTE LTD/ALYC
TEL: 65326722

Serial No: **202279**

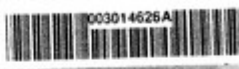
Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G 2524913K**
 Name: **HUA CANGSONG**

Birth Date: **16 Jan 1987**
 Issue Date: **07 Jan 2020**
 Valid Till: **06/01/2025**

003014626A



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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg	12 Nov 2014
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight ≤ 7250kg	15 Jan 2015



NP 429A



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

Employer
CALL LADE ENTERPRISES PTE LTD



Name
HUA CANGSONG
Work Permit No.
0 76372977 Sector
SERVICE



K2024377

VISIT PASS

Immigration Regulations

03-01-2020

Name
HUA CANGSONG



FIN
G2524913K
Date of Birth
16-01-1987 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



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Accident Photo

