

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 Submission	03/12/2020 14:43 (SGT)
Date of Accident	30/11/2020 13:55 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS CITY NEAR EXIT 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU857B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHASEN LOGISTICS SERVICES LIMITED
Company Reg No	199001643D
Email Address	ESTHER.LIM@CHASEN-LOGISTICS.COM
Mobile Phone No	(Phone) +65-85088544
Alternative Phone No	(Office) +65-68499506

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	India International
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	D19MCV0000121_01
Cover Note Number	-

DRIVER

Name of Driver	KWA CHENG HOON
NRIC No	S0848498H
Date Of Birth	29/09/1947
Occupation	Outdoor

Date Of Driving Pass	24/08/1976
Driving experience	44 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85088544
Alt. Phone Number	-
Email Address	ESTHER.LIM@CHASEN-LOGISTICS.COM
Address	APT BLK 358 BUKIT BATOK STREET 31 #07-381
Address complement	-
Postcode	365358
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

1 DRIVING MY COMPANY LORRY REGISTRATION NO. GU857B 30 NOVEMBER 2020 AROUND 01.55 PM ALONG AYE TOWARDS CITY AFTER ALEXANDER OVER BRIDGE, ON MY LEFT BEFORE LOWER DELTA ROAD. IN FRONT OF MY LORRY A TOYOTA CAMRY WHITE COLOUR (SLA9800B) WAS DRIVING BY MR. SI LENG WHATT PETER SLOW DOWN, I ALSO SLOW DOWN & KEEP SAFE DISTANCE FROM TOYOTA CAMRY (SLA9800B) I WAS 2ND LORRY, SUDDENLY I HAVE VERY STRONG IMPACT FROM 3RD LORRY (YM7533T) DRIVING BY S PASS HOLDER (MR. SUBHAIYA SENTHI KUMAR, WORK PERMIT NO. 03274875) HIT TO MY LORRY (GU857B) DAMAGE FRONT LEFT MORE. TOYOTA CAMRY (SLA9800B) WAS DAMAGE ON THE REAR RIGHT. MY LORRY (GU857B) REAR HAVE SERIOUS DAMAGE LEFT & CENTRE.

AFTER ACCIDENT I CAME DOWN FROM MY LORRY (GU857B), I NOTICE THAT ONE LORRY (YN9164G) DRIVING BY MR. ZHAO YONGBO WORK PERMIT HOLDER NI. 0 76636672 IS A CHAIN COLLISION, NO ONE INJURY, POLICE NO CAME OF SCENE OF ACCIDENT.

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

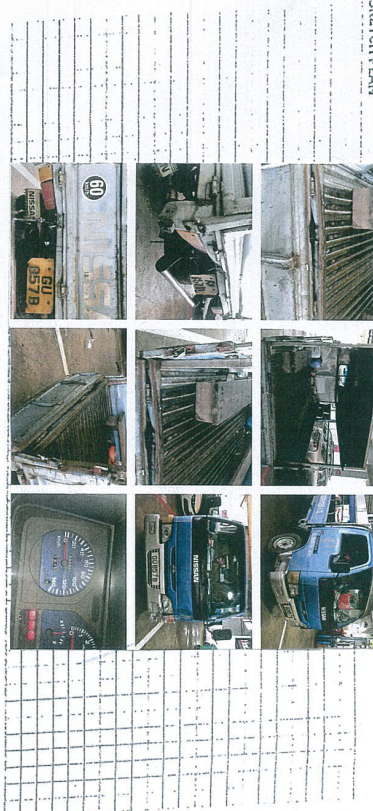
Vehicle Registration Number	SLA9800B
Vehicle Manufacturer	Toyota
Vehicle Model	Camry

Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	SI LENG WHATT PETER
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YM7533T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SUBHAIYA SENTHIL KUMAR
Work Permit No	03274875
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I DRIVING MY COMPANY LORRY REGISTRATION NO GU857B 30 NOVEMBER 2020 AROUND 01.55PM ALONG AYE TOWARDS CITY AFTER ALEXANDRA OVER BRIDGE ON MY LEFT BEFORE LOWER DELTA ROAD. IN FRONT OF MY LORRY A TOYOTA CAMRY WHITE COLOUR (SLA9800B) WAS DRIVING BY MR. SILENG WHATT PETER SLOW DOWN. I ALSO SLOW DOWN & KEEP THE SAFE DISTANCE FROM TOYOTA CAMRY (SLA9800B) I WAS 2ND LORRY. SUDDENLY I HAVE VERY STRONG IMPACT FROM 3RD LORRY (YM75337) DRIVING BY S PASS HOLDER (MR. SUBHAIVA SENTHI KUMAR, WORK PERMIT NO. 03274875) HIT TO MY LORRY (GU857B) DAMAGE FRONT LEFT. ORE. TOYOTA CAMRY (SLA9800B) WAS DAMAGE ON THE REAR RIGHT. MY LORRY (GU857B) REAR HAVE SERIOUS DAMAGE LEFT & CENTRE AFTER ACCIDENT I CAME DOWN FROM MY LORRY (GU857B). I NOTICE THAT ONE LORRY (YNB164G) DRIVING BY MR. ZHAO YONGBO PERMIT HOLDER NO. 0 76636672 IS A CHANGE COLLISION ACCIDENT, NO ONE INJURY, POLICE NO CAME OF SCENE ACCIDENT

DECLARATION

I/We hereby declare the foregoing particulars are true in every respect.

Policyholder's Signature:  Date & Time: 
Driver's Signature:  Date & Time: 
(If driver is not the policyholder)
Reporting Centre Personnel's Signature:  Name: 
NRIC/ID No.: 



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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 any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

[Signature]

ICWA

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

[Signature]

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









LETTER OF AUTHORITY

DATE : 01/12/2020

TO :

C L AUTO PTE LTD

48 TOH GUAN ROAD EAST

#02 - 125 , ENTERPRISE HUB

SINGAPORE - 608586

RE : ACCIDENT INVOLVING INSURED NAME CHASEN LOGISTICS SERVICES LIMITEDVEHICLE NUMBER : GU857B MAKE : NISSAN MODEL : CABSTARDATE ON 30/11/2020 @ HRS 1355 HOURS☒ / We CHASEN LOGISTICS SERVICES LIMITED of 18 JALAN BESUT SINGAPORE 619571

_____ here by authorized C L AUTO PTE LTD to carry out repairs of

The damage to ~~My~~ / Our Vehicle, GU857B involved in the above accident.~~XX~~ We also further confirm and agree that all sums of money to be recovered by C L AUTO PTE LTD on ~~My~~ /

Our behalf shall be paid to C L AUTO PTE LTD.

~~XX~~ We also authorize the third - party insurer to release such sums of money recovered on ~~My~~ / Our behalf.NOTE : I CHASEN LOGISTICS SERVICES LIMITED VEHICLE OWNER GU857B ~~NRIC~~ NO. UEN 199001643DAGREED TO SIGN ANY DOCUMENTS FROM THIRD PARTY - OWN
DAMAGE INSURANCE OR LAWYER. I WILL NOT DISPUTE TO SIGN ANY DOCUMENTS. I
WILL FULLY CO-OPERATE WITH C L AUTO PTE LTD UNTIL C L AUTO PTE LTD RECEIVE
THE FULL COSTS OF REPAIRS AND OTHERS.Signature of Owner _____
Name :

NRIC No :

Address :

H/P Number :

Email :

Owner Signature _____

NRIC NO : _____

Signature of Driver KWA
Name :

NRIC No :

Address :

H/P Number :

Email :






INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X
 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711
 Office (65) 63476100 Email insure@iii.com.sg
 Fax (65) 62244174 Website www.iii.com.sg

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D19MCV0000121_01		COVER: Third Party Fire & Theft
1. Index Mark and Registration Number of Vehicle	: GU857B	
Chassis No	: JN1SF4F23Z0842693	
2. Name of Policyholder	: CHASEN LOGISTICS SERVICES LIMITED	
3. Effective date of Insurance	: 11 Jan 2020	
4. Expiry date of Insurance	: 10 Jan 2021	
5. Persons or Classes of Persons entitled to drive*	<p>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.</p>	
6. Limitations as to use*	<p>a) Use in connection with the Policyholder's business. b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. c) Use for social, domestic and pleasure purposes.</p> <p>The Policy does not cover</p> <p>a) Use for hire or reward or for racing, pace-making, reliability trail, or speed-testing. b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>*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.</p>	
<p>Hire Purchase Company : TAN CHONG CREDIT PTE LTD</p> <p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500/- ON ALL CLAIMS WILL BE APPLICABLE.</p>		
<p>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).</p>		
<p>Agent/Broker : B000021/ACCLAIM INSURANCE BROKERS PTE LTD Date of Issue : 23/12/2019 15:15:23 M.Z. 300C - GOODS CARRYING(ORGANIZATION)</p>		<p>For India International Insurance Pte Ltd</p> <p></p> <p>Authorised Signatory</p>