SW0B21610002 / Woon Meng Motor Pte Ltd [659578] ENTRY DATE & TIME: 01/06/2021 16:05 (SGT) SUBMITTED BY: Heng Sew Sow VERSION: 1 (01/06/2021 16:05 (SGT))

# **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 witholding 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	01/06/2021 16:05 (SGT)
Date of Accident	11/05/2021 13:10 (SGT)
Exact Location of Accident	426 Jurong West Ave 1, Block 426, Singapore 640426
Additional Location Information	Carpark
Country/State of Loss	Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number	YN9983J	
INSURED/POLICYHOLDER		

Is company?	Yes
Name Of Registered Owner	Trust-Link Logistics Pte Ltd
Company Reg No	201201583N
Email Address	kelly_koh@trustlink-sg.com
Mobile Phone No	(Phone) +65-90264056
Alternative Phone No	+65-90264056

# VEHICLE PARTICULARS

Manufacturer Model Variant	Isuzu NPR85UH5A -
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2999

### **INSURANCE COMPANY**

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D18MFL0002083_02
Cover Note Number	-

### DRIVER

Name of Driver	Dandy Tan Swee Leng
NRIC No	S8170299C

Date Of Birth	27/01/1981
Occupation	Outdoor
Date Of Driving Pass	22/10/2002
Driving experience	18 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90264056
Alt. Phone Number	-
Email Address Address	kelly_koh@trustlink-sg.com
Address complement	Blk 212A Compassvale Drive #13-133
Postcode	- 541212
Is the driver the policyholder?	No 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	
Tune of Assidant	0 11: 1
Type of Accident Weather Conditions	Collision - Opening Door of Vehicle
Road Surface	Clear Dry
Toda Guildoo	ыу
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	Danier
Gender	Benny
delidei	Male
PASSENGER 2	
Name	Magat
Gender	Male
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	
	Blk 426 carpark. I parked in the parking lot as there were no cars on
	ob, we rested beside YN9983J our truck, SMG2433E park beside the
	er was waiting beside YN9983J and suddenly knock on our left side Then we checked the scratch was an old marking and the height was
	was old marking and not tally with the height but he insisted we open
the door and scratch on it. He demanded us pay and we call have	to call the police to the scene. No case number was issued as there
was no injury and the police advise us not to exchange particular a	as this is not a genuine case. My assistant can't be witness of the said
incident.	
ATT A QUIMENT (Q)	
0 1 1 0 ( '1 1 M 1   N 1 1 ( C )	

Yes No

CAccident report SW0B21610002

Are accident photos available for attachment? Was there any video captured by Car Camera?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Will Borry W. H. J.	
Vehicle Registration Number	SMG2433E
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	-
Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

### SKETCH PLAN

# 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.
- 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.
- 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.
- 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.
- 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.
- 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 :
    - 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:
    - 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.

TO THE

Policyholder's Signature

Date & Time:

1/ 1/61

If driver is not the policyholder! Date 3. Time: Reporting Centre Personnel's Signature

Name:

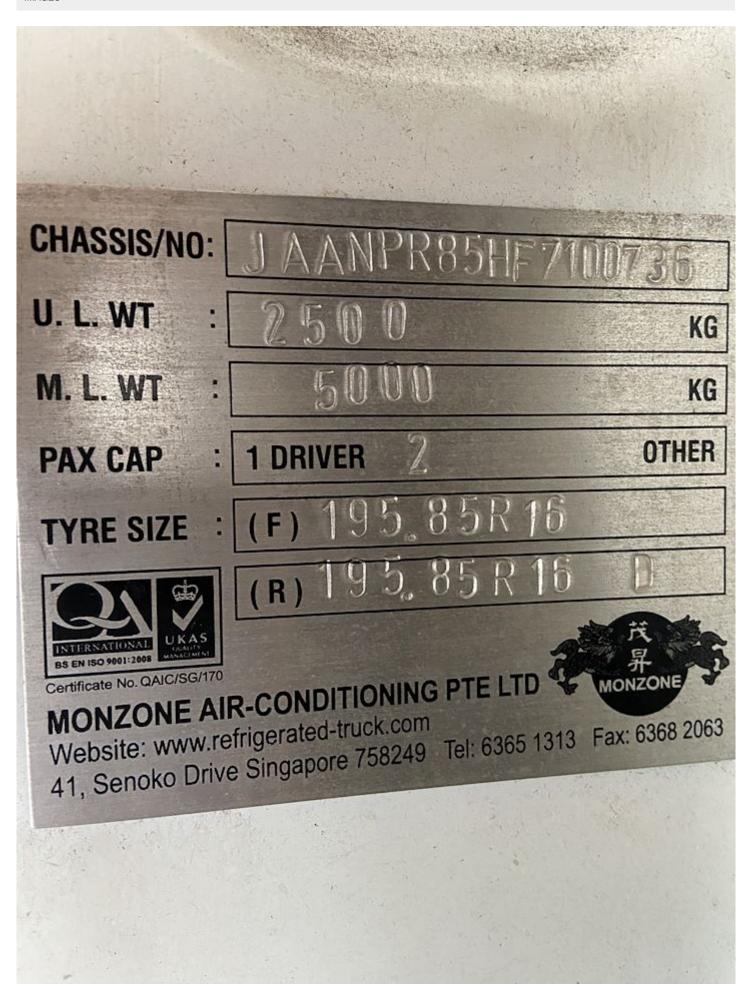
NR C/FIN No

Please note that you might be able to submit an Own Damage Claim under your own policy within 14 days

Claim Own Damage ( ) Claim Third Party ( ) Reporting Only

# SKETCH PLAN

Blk 426
B A Handrap
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On that day 11 May 20210+ 1310pm location Jurong Westface 1 BIK 426 Carparle I parked in the parling lot as there were no cars
on beside.
rested beside YM9983J our truck, SMG 2433E park beside the empty
waiting beside VN99835 and suddenly knock on our left side whole claming that we swatch his vehicle near feel tank side.
We we checked, the south was an old marking and the height was not tally also, we tried showing south 2433 E Driver that
the scienter was old making and not tally with the height but he insisted we open the door and screeter on it.
He chemanded as pay and we call have to call the police to the
scene. No case number was issue as there was no injury and the pulice advise us not to exclunge particular as this is not
a genuine case.
My assistant can't be withness of the said meident
DECLARATION
I/We declare the foregoing particulars are true in every respect.
Sensymptons Sentral Se





















#### INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0070806-X 64 | Cecil Street | #01 | #05 | #06-02 | IOB Building | Singapore 049711 Office (65) 63476100 Email insure@iii.com.sg Fax (65) 62234174 Website www.iii.com.sg

COVER: Comprehensive

### 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, 1989 (MALAYSIA)

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

CERTIFICATE NO.: D18MFL0002083\_02 1. Index Mark and Registration Number of Vehicle

YN9983J

Chassis No

: JAANPR85HF7100736

2. Name of Policyholder

: TRUST-LINK LOGISTICS PTE, LTD.

3 Effective date of Insurance 4. Expiry date of Insurance

: 01 Oct 2020 : 30 Sep 2021

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 and pleasure purposes.

### The Policy does not cover

- (1) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\*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.

2,500.00 Excess Section I SGD

Hire Purchase Company UNITED OVERSEAS BANK LIMITED

FOR DRIVERS BELOW 21 YEARS OR ABOVE 63 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.

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).

Agent/Broker : B000018/COMFORTDELGRO INSURANCE BROKERS PTE LTD

Date of Issue : 01/10/2020 14:19:19 M.Z. 300C - GOODS CARRYING(Company's use)

For India International Insurance Pte Ltd

Authorised Signatory

hucywen/01/10/2020 14:19:19 01/10/2020 14:20:33