# **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 07/06/2021 15:14 (SGT) Date of Accident 04/06/2021 10:20 (SGT) Exact Location of Accident Singapore Additional Location Information **BALESTIER ROAD** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number XF725G

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner GIM SEN TRANSPORTATION SERVICES Company Reg No 3XXXX400E Email Address gimsentp@gmail.com Mobile Phone No (Phone) +65-94396075 Alternative Phone No +65-94396075

#### VEHICLE PARTICULARS

Manufacturer Model P 440CB 6X4MHZ 5100 CP19N Variant 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 Vehicle Category Commercial vehicle Transmission Manual CC 12742

#### **INSURANCE COMPANY**

Name of Insurance Company Lonpac Insurance Bhd Type of Coverage Comprehensive Fleet Policy Policy Number Z21VC05006850 Cover Note Number 02/02/2021 TO 01/02/2022

## DRIVER

Name of Driver LIU JIRUI Work Permit No GXXXX705N Date Of Birth 19/04/1984 Occupation Outdoor Date Of Driving Pass 26/01/2015 Driving experience 6 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-94396075 Alt. Phone Number Email Address gimsentp@gmail.com APT BLK 190 WOODLANDS INDUSTRIAL PARK E7 #01-01 Address BALAM GARDENS (S) 757178 Address complement Postcode 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 Collided into Property Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Nο Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Hougang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004890999 Alt. Police Station Phone No (Fax) +65-63128989 Police Station Address 60 Hougang Ave 9 Singapore 538775 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER WITH ATTACHED. 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 **OVERHEAD BRIDGE** Vehicle Manufacturer

Vehicle Variant
Vehicle Colour

Vehicle Model

Vehicle Category	NA / Unknown
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 Formmust 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
- 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

- (a) My insurer, my w orkshop 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' law yers/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")

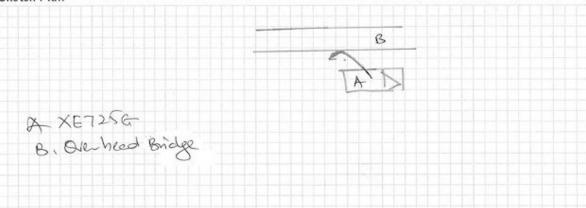
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

05/06/21 Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

## Sketch Plan



ircumstances of the Accident		
	10 10 10 10 10 10 10 10 10 10 10 10 10 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	0	2
	The state of the s	
		THE PERSON NAMED IN THE PERSON NAMED IN
	The second secon	the manage of their states
		Manager of the Control of the Contro
		The same and the same of the s
	Spirite Secretary with the second	
ALC: NO STATE		
		THE STATE OF THE

## Declaration

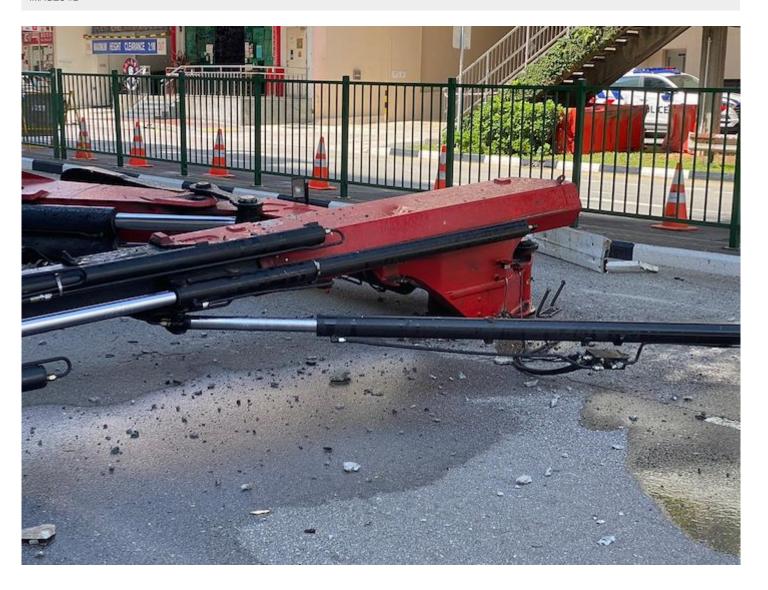
IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

















Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

1 of 3 Report No. T/20210605/2039

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2021 13:46		Vide Report No.:	Station Diary No.: 54		
Informa	nt's Partic	ulars			
Name of Informant: LIU JIRUI		Address: APT BLK 190 WOODLANDS INDUSTRIAL PARK E7 #01-01 BALAM GARDENS SINGAPORE 757178			
ID Type / ID No.: FIN NO / G2457705N		Contact No.: Home/Office:	Mobile: 94396075		
Nationality: CHINESE		Email:			
Sex: Male	Age:	Date of Birth: 19/04/1984	Type of Informant: Driver		
Race: Others		Language:	Institution / School Name:		
Occupation: Crane operator (port)		Driving Licence Information: Class: 3,4,5  Date of Expiry:			

Type of Accident:	Non-Injury Government Prope	rty Drink Drive: No	Date/Time of Accident: 04/06/2021 10:20		Type of Location Straight Road
Location: BALESTIER	ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo	Traffic Volume: Light		
Two Way				Anyo	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
XE725G	Lorry					0





2 of 3

Report No. T/20210605/2039

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

#### Brief Details.

I am the mentioned person and is currently working as crane operator for Gim Sen Transportation services.

On 04/06/2021 about 1010hrs, I was driving my lorry with an attached crane at the rear bearing registration number XE725G along Balestier Road towards Moulmein Road on the middle lane and nothing was amiss.

On the same day at about 1020hrs while I was travelling along Balestier Road I felt a loud impact from the rear and immediately make a stop to check. It was then I discovered that I had just drove past an overhead bridge. In addition, I had forgotten to tie down the crane attached at the rear portion of my lorry causing the crane to collide onto the overhead bridge.

There were no one injured. Not long after, Traffic police and ambulance arrived at scene. I was not injured. Subsequently I was then arrested by the Traffic Police to Traffic Police HQ.

I wish to state that due to the accident, the crane were detached from my lorry. There is no CCTV installed in my lorry. I am not sure if there is any CCTV at the said location. In addition, no other passer by or vehicles were affected. I also wish to state that my lorry was towed away.

Thus I was advised by the Traffic police to lodge a traffic accident report.





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 3 of 3 Report No. T/20210605/2039

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 Informant:
Date/Time: 05/06/2021 13:46
Classification Of Case:



MZ300

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE. MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE). ROAD TRANSPORT ACT 1987 (MALAYSIA).

THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z21VC05006850

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

SCANIA P 440CB 6X4MHZ 5100 CP19N

- XE7250

2. Name of Policy Holder

GIM SEN TRANSPORTATION SERVICES

Effective Date of the Commencement of Insurance

02/02/2021

for the purpose of the Act

4. Date of Expiry of the Insurance

01/02/2022

5. Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/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

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 HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIALOR SPEED TESTING.

USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess

: S\$ 1,500.00 (SECTION 1)

S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)

Condition

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

\* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

ance.

CHIEF EXECUTIVE (Singapore Branch)

User ID: ELAINELEE Date Issued: 02/02/2021

Certificate of Insurance - Page 1 of 1