

# 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 ..... 18/06/2021 17:52 (SGT)  
Date of Accident ..... 17/06/2021 10:30 (SGT)  
Exact Location of Accident ..... 15 Woodlands Loop, Singapore 738322  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YN4697T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GLOBAL OCEAN LINK PTE LTD  
Company Reg No ..... 2XXXXX375N  
Email Address ..... kevinlau7569@gmail.com  
Mobile Phone No ..... (Phone) +65-90683636  
Alternative Phone No ..... +65-82613326

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Fuso  
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  
Transmission ..... Manual  
CC ..... 2977

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00007562105  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... WU CHANGLI  
Passport No/FIN ..... GXXXX752L

Date Of Birth .....	10/10/1990
Occupation .....	Outdoor
Date Of Driving Pass .....	18/01/2016
Driving experience .....	5 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82613326
Alt. Phone Number .....	-
Email Address .....	kevinlau7569@gmail.com
Address .....	15 WOODLANDS LOOP #04-39
Address complement .....	-
Postcode .....	738322
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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) .....	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? .....	Yes
Police Station Name .....	Woodlands East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007679999
Police Station Address .....	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT L/20210617/2057 (TYPE OF COLLISION T/P REVERSE AND HIT INSURED)

#### 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 .....	-
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
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 ..... FORK LIFT  
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**.
3. Information provided must be as **truthful and accurate as possible**. Any willful 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. 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 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.



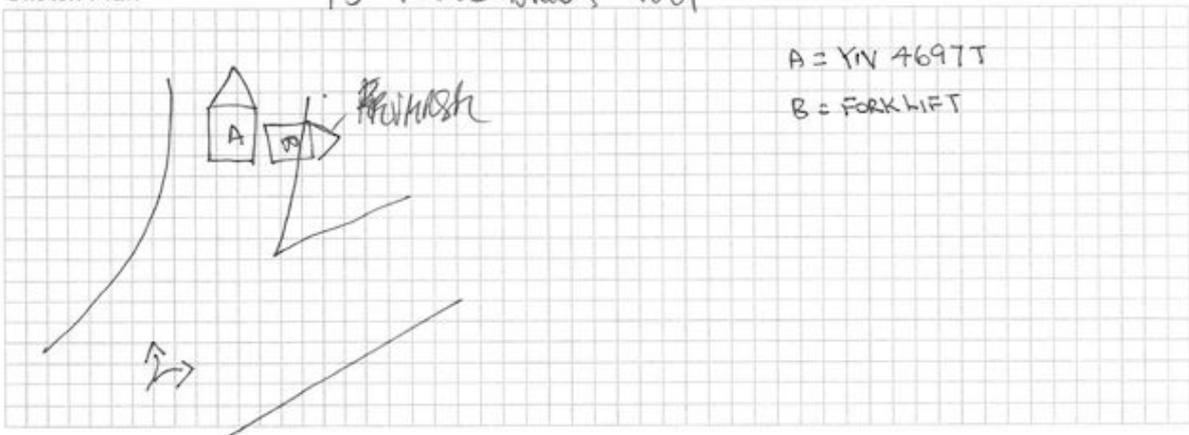
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

15 WOODLANDS LOOP



**Describe Circumstances of the Accident**

Refer to police report. 420210617/20157

**Declaration**

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

  
10/06/2021  
Witnessed by Reporting Centre Personnel






















**SINGAPORE  
POLICE FORCE**


L/20210617/2057

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20210617/2057

Police Station Of Origin  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Date/Time Report Made 17/06/2021 17:24	Vide Report No.	Station Diary No. 72
Name Of Informant WU CHANGLI	Address 15 WOODLANDS LOOP #04-39 SINGAPORE 738322	
ID Type / ID No. FIN NO / G2563752L	Contact No. Home/Office	Mobile 82613326
Nationality CHINESE	Email Address	
Occupation DELIVERY DRIVER	Sex Male	Age 30
Institution/School Name	Date of Birth 10/10/1990	Race Chinese
Date/Time Of Incident 17/06/2021 10:30 - 17/06/2021 11:00	Location Of Incident 15 WOODLANDS LOOP UNNAMED SINGAPORE 738322 1ST FLOOR	

**Brief details.**

I am the above-mentioned person. I have been a delivery driver for the past 2 months.

On 17/6/2021 at around 1030hrs, I was driving my company's lorry (YN4697T) from the 4th floor of 15 woodlands loop S738322, down to the first floor as I was on my way to make a delivery. When I reached the first floor of the building, I observed that there was a forklift parked at the side of the road. I then made a left turn after seeing that the forklift was already parked and no longer moving. However, while I

Signature Of Officer Recording The Report: L / SCSGT(1) LEE ZHENG QUAN <i>z.</i>	Signature Of Informant: <i>吴长</i>
Signature Of Interpreter: Not applicable	Date/Time: 17/06/2021 17:24
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp WONG XIAO HUI Contact No.:	Classification Of Case:





**SINGAPORE  
POLICE FORCE**

POLICE REPORT (NP299)

CONTINUATION OF REPORT



L/20210617/2057

2 of 2

Report No. L/20210617/2057

was making the turn, the forklift suddenly reversed and hit the back right side of my lorry. This resulted in the back door of the lorry cracking and being damaged. There were no injuries as a result of the accident.

Subsequently, I got off my lorry and exchanged particulars with the other driver. The other driver is from the company Ken Hong Seng Pte Ltd, 15 woodlands loop #01-58 S738322.

I am lodging this report for insurance purposes, my company would also like to pursue against the other driver.

I wish to state that my lorry does not have an in car camera.

Signature Of Officer Recording The Report:

L / SCSGT(1) LEE ZHENG QUAN *Z*

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
L / Woodlands Police Divisional Investigation Branch /  
Insp WONG XIAO HUI  
Contact No.:

Signature Of Informant:

*吴姓*

Date/Time:  
17/06/2021 17:24

Classification Of Case:

Authentication Stamp



Signature: *Z*

Singapore Police Force