

## 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	16/07/2021 17:56 (SGT)
Date of Accident	14/07/2021 13:55 (SGT)
Exact Location of Accident	Jurong Port, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6102A
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Huatong Inland Transport Service Pte Ltd
Company Reg No	1XXXXX013K
Email Address	ith@huatong.com
Mobile Phone No	(Phone) +65-88214844
Alternative Phone No	+65-88214844

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

#### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	H 400000643 MKF
Cover Note Number	-

#### DRIVER

Name of Driver	Sun Qiang
Passport No/FIN	GXXXX498R

Date Of Birth	30/05/1977
Occupation	Outdoor
Date Of Driving Pass	03/02/2014
Driving experience	7 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88214844
Alt. Phone Number	-
Email Address	ith@huationg.com
Address	9, Kranji Loop
Address complement	-
Postcode	739544
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	Hit and run / Vandalism / Damaged whilst parked
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 vehicle 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

On 14/07/2021, @ 13:55 hrs, vehicle A and B was stationary inside Jurong Port main gate, waiting to exit, when suddenly, vehicle B reversed and hit into vehicle A, GBE6102A.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Unable to upload.
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD2055Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Leow Bee Hian
NRIC No	SXXXX340F

Contact Number		(Phone) +65-94666913
Address		
Address complement		
Postcode		
Insurance Company Name		
Nature Of Damage		
Details of property damaged in accident		
No. Of Passenger (Including Driver)		

SKETCH PLAN

JURONG PORT MAIN GATE



A- 6BEG102A  
B- XD20552

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/07/21, @ 13:55 hrs, vehicle A and B was stationary inside Jurong Port main gate, waiting to exit, when suddenly, vehicle B reversed and hit into vehicle A, 6BEG102A.

DECLARATION

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

*Signature*

Driver's Signature  
(If driver is not the driver involved)  
Name & Title

*Signature* 14/7/21  
Reporting Officer's Signature  
Name  
Position

