

## 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 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. 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 Report	01/10/2019 23:27
Date Of Accident	01/10/2019 11:40
Exact Location Of Accident	24 JURONG PORT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7148G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RICHLAND LOGISTICS SERVICES PTE LTD
Co Reg No	199500443D
Email Address	SHUNMUGHAM.ARUMUGHAM@RICHLANDLOGISTICS.COM
Mobile Phone No	(LOCAL) +65-94554985
Alternative Phone No	OFFICE-NOPHONE
<b>Vehicle Particulars</b>	
Manufacturer	ISUZU
Model	JALFRR907H7000129
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5070270535-03
Cover Note Number	
<b>Driver</b>	
Name of Driver	HAO GUO
Passport No/FIN	G2045719N
Date Of Birth	21/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	13/10/2015
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94554985
Fax Number	
Contact Number	
Email Address	SHUNMUGHAM.ARUMUGHAM@RICHLANDLOGISTICS.COM



Address 60 TEBAN GARDENS ROAD  
#08-460  
Postcode 600060  
Was driver an employee of the Insured's Company YES  
If No, Relationship of the Driver with the Insured  
Vehicle Registration Number of Driver's Own Vehicle -  
Insurance Company of Driver's Own Vehicle -

#### 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 this accident? YES  
Foreign Vehicle Registration Number JKA5086 (COMMERCIAL VEHICLE)  
Number of vehicles (including own vehicle) involved in the accident 2  
Was any body injured in the Accident? NO  
Was any injured conveyed to hospital by ambulance? NO  
Was any other material or property damaged? YES  
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
POLICE STATION NAME [OTHER] NANYANG NPC  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER TO SKETCH PLAN AND POLICE REPORT

#### 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 JKA5086  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver IZAMI BIN YAHAYA  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)



## Sketch Plan

## SKETCH PLAN

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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:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 01/10/2019

203011

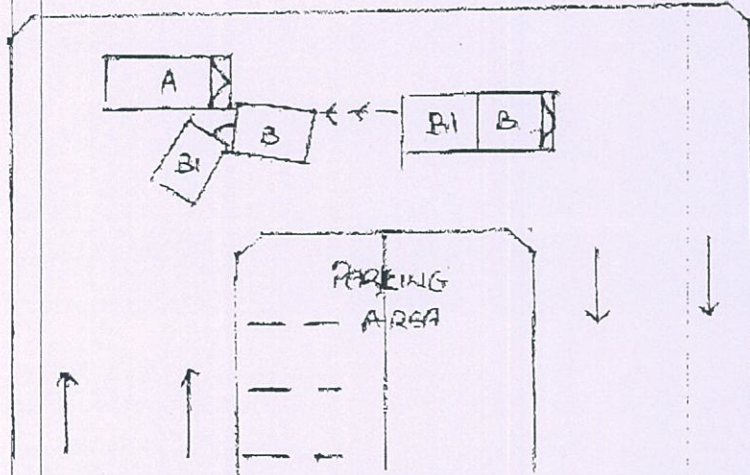
Reporting Centre Personnel's Signature  
Name: AOC HAN HO  
NRIC/FIN No:

S740077H



# Sketch Plan #2

## SKETCH PLAN



A - YP 7148G

B/B1 - JKA5066/  
TJ 6322

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report

## DECLARATION

I/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: 01/10/2019



Reporting Centre Personnel's Signature  
Name: Loo Ngai Ho  
NRAC/EIN: 37140077H



## Police Report



**SINGAPORE  
POLICE FORCE**



T20191001/2170

1 of 3

Report No. T20191001/2170

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2019 18:35	Video Report No.:	Station Diary No.: 410
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## Informant's Particulars

Name of Informant: HAO GUO			Address:	
ID Type / ID No.: FIN NO / G2045719N			Contact No.: Home/Office:	Mobile: 94554985
Nationality: CHINESE			Email:	
Sex: Male	Age: 31	Date of Birth: 21/09/1988	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Trailer-truck driver			Driving Licence Information: Class:	Date of Expiry:

## General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/10/2019 11:40	Type of Location: Bend
Location: Along Road 1 JURONG PORT ROAD				
In the company compound of 24 Jurong Port Road.				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: Head of vehicle to Head of trailer			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
JKA5088	Trailer Truck				No Damage	0
YP7148G	Trailer Truck				Slightly Damaged	0

## Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

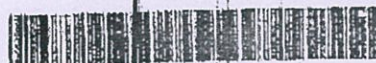


## Police Report



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Tel No: 1800-7929999



T/20191001/2170

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Report No T/20191001/2170

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	IZAMI BIN YAHAYA	ID No.	NIL
Related Vehicle	JKA5066 (Trailer Truck)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	HAO GUO	ID No.	G2045719N
Related Vehicle	YP7148G (Trailer Truck)	Contact No.	94554885
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 01/10/2019 at around 1140hrs, I was collecting stocks from this company located at 24 Jurong Port Road. I had just loaded the stocks and went to park at a side. I had alighted my vehicle to close the back doors as it was still opened. When I was closing the back doors, I felt my vehicle shaking a little. I then went to the front of the vehicle to discover another trailer truck (JKA5066) had hit my truck. The left front corner of his trailer had hit the right front side of my truck. The front right side of my vehicle (YP7148G) was scratched and dented, including the mirrors. I believe that JKA5066 was reversing and did not notice my vehicle parked at the side. The trailer swung out greatly and hit the front of my truck. I did not hear any reversing sounds from the vehicle. I then called my company to inform them about the situation and they called the police. The driver of JKA5066 also did not want to exchange particulars at the start. The traffic police then advised us to lodge a police report. There was no ambulance and nobody was injured.



Police Report



SINGAPORE  
POLICE FORCE



T/20191001/2170

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No T/20191001/2170

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 Officer Recording The Report:

J/  
LAY JUN YAN

Signature Of Informant:

Has bin

Signature Of Interpreter:

Not applicable

Date/Time:

01/10/2019 18:35

Officer In Charge Of Case:

TP / GIT /  
Sr Staff Sgt NORAMEERA BINTE MOHAMED  
HUSSEIN

Classification Of Case:

Contact No: 65476236

Authentication Stamp

NR168