

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 25/08/2021 12:12 (SGT)
Date of Accident 04/08/2021 22:25 (SGT)
Exact Location of Accident Bukit Batok Street 11, Singapore
Additional Location Information CAR PARK AT BUKIT BATOK ST. 11
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP6763L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner DIAN HUANG ENTERPRISE PTE LTD
Company Reg No 201015681D
Email Address dianhuang0111@gmail.com
Mobile Phone No (Phone) +65-67593611
Alternative Phone No (Office) +65-67593611

VEHICLE PARTICULARS

Manufacturer Hino
Model XZU700R-HKFMS3
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 - Reporting only
Vehicle Category Goods vehicle
Transmission Manual
CC 4009

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D20MCV0003651_01
Cover Note Number -

DRIVER

Name of Driver CUI NAN
Passport No/FIN G6523626K

Date Of Birth	02/10/1989
Occupation	Outdoor
Date Of Driving Pass	03/08/2021
Driving experience	0 MONTH
Gender	Male
Mobile Number	(Phone) +65-88571860
Alt. Phone Number	-
Email Address	dianhuang0111@gmail.com
Address	BLK. 15 WOODLANDS LOOP
Address complement	#01-11
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	Collided into Parked Vehicle
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LUO HONGQIANG
Gender	Male

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

REFER POLICE REPORT NO: T/20210825/2026

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	SMZ8983U
Vehicle Manufacturer	Kia
Vehicle Model	Cerato

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.
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.



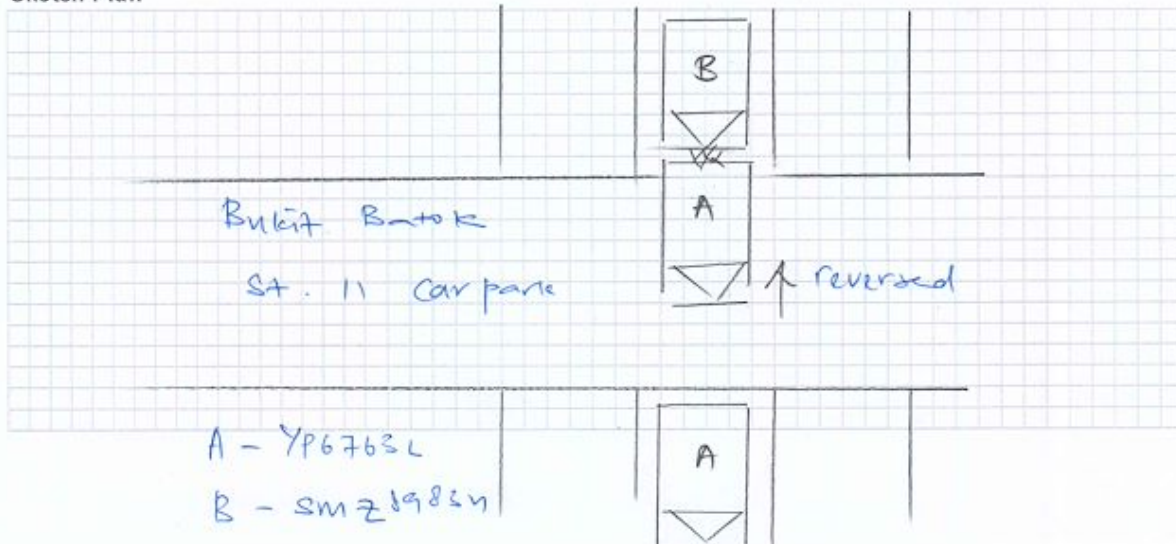
進友成汽車服務私人有限公司
CYS Automobile Services Pte Ltd
38 Woodlands Industrial Park East 1
#07-17 Admiralty Industrial Park
Singapore 757400
Tel: 6219 2098 (3 lines) Fax: 6219 2096

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Refer Police report no: T/20210825/2026

We declare the foregoing particulars are true in every respect.



CU, N/A 17

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

























**SINGAPORE
POLICE FORCE**



T/20210825/2026

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

1 of 4

Report No. T/20210825/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/08/2021 10:33		Vide Report No.:		Station Diary No.: 20	
Informant's Particulars					
Name of Informant: CUI NAN			Address: 30 Canberra Drive #16-22 SINGAPORE 768430		
ID Type / ID No.: FIN NO / G6523626K			Contact No.: Home/Office: Mobile: 88571860		
Nationality: CHINESE			Email:		
Sex: Male	Age: 31	Date of Birth: 02/10/1989	Type of Informant: Driver		
Race: Chinese			Language: Mandarin		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3C Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/08/2021 22:25	Type of Location: Car Park
Location: BUKIT BATOK STREET 11				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMZ8983U	Car	KIA	CERATO 1.6(A) LX	White	Slightly Damaged	0
YP6763L	Lorry	HINO	HINO XZU700R-HKFMS3	White	No Damage	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
YP6763L	INDIA INTERNATIONAL INSURANCE PTE LTD	JHHTCS3H00K003 418	28/06/2021	27/06/2022



**SINGAPORE
POLICE FORCE**



T/20210825/2026

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

2 of 4

Report No. T/20210825/2026

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	Unknown	ID No.	NIL
Related Vehicle	SMZ8983U (Car)	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
Driver			
Name	CUI NAN	ID No.	G6523626K
Related Vehicle	YP6763L (Lorry)	Contact No.	88571860
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3C Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 24/08/2021, my company received a letter from Traffic Police, informing me to lodge a traffic report as I received a letter involving a vehicle I drove on the 04/08/2021.

On 04/08/2021 at about 2226hrs, I was driving my company vehicle (YP6763L) delivering goods around the area of Blk 153 Bukit Batok Street 11 with a colleague. When I was leaving the open carpark of the said location, I made a check at the rear and slowly reversed my vehicle, I then collided the rear of my lorry onto the front number plate of vehicle (SMZ8983U), which resulted in a dent on (SMZ8983U) front plate number. A Malay male subject came forward and unlocked the vehicle. He gestured for me to show me my work permit as I did not understand English. A passerby then came by and translated on my behalf, and informed me to show my work permit to him. I then told the passerby to call for the Police before I show my work permit as I was unfamiliar with the procedure and thought it was unlawful. I then made a gesture for him to call a Police. he made a phone call and made a gesture, in a wave for me to go. I did not report the matter to my company as I was scared and thought that he had dropped the matter. We then each took a photo of each respective car plate number. I took a photo of his as evidence of the damage. I then drove my company vehicle off. No damages to my company vehicle.

No Police was at scene.

No government property damaged.



**SINGAPORE
POLICE FORCE**



T/20210825/2026

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

3 of 4

Report No, T/20210825/2026

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210825/2026

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

4 of 4

Report No. T/20210825/2026

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: L / SC2 QUEK YAO JIE	Signature Of Informant: CU1 Nait7
Signature Of Interpreter: Not applicable	Date/Time: 25/08/2021 10:33
Officer In Charge Of Case: TP / HRT / SI STEPHANIE, CHEUNG TSZ YING Contact No.: 96208032	Classification Of Case: SN 130
Authentication Stamp NP168	Signature:

Singapore Police Force



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0078805-X
 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711
 Office (65) 63476100 Email insure@iil.com.sg
 Fax (65) 62244174 Website www.iil.com.sg

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, 1959 (MALAYSIA)

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

CERTIFICATE NO.: D20MCV0003651_01		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: YP6763L	
Chassis No	: JHHTCS3H00K003418	
2. Name of Policyholder	: DIAN HUANG ENTERPRISE PTE. LTD.	
3. Effective date of Insurance	: 28 Jun 2021	
4. Expiry date of Insurance	: 27 Jun 2022	
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*	a) Use in connection with the Policyholder's business. b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. c) Use for social, domestic and pleasure purposes. The Policy does not cover a) Use for hire or reward. b) Use for racing, pace-making, reliability trial or speed-testing. c) 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.		
Excess Sect I : SGD 1,250.00 Windscreen Excess : SGD 100.00 Hire Purchase Company : Mercedes-Benz Financial Services Singapore Ltd		
FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 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 : A000078/INSURANCE SOLUTIONS HUB & CONSULTANCY AGENCY PTE LTD Date of Issue : 17/06/2021 19:01:43 M.Z. 300C - GOODS CARRYING(ORGANIZATION)	For India International Insurance Pte Ltd _____ Authorised Signatory	