

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	26/10/2021 18:00 (SGT)
Date of Accident	25/10/2021 15:12 (SGT)
Exact Location of Accident	1 Senoko Rd, Singapore 758134
Additional Location Information	GUARD HOUSE
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	+65-90160057

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	LU XIAOMIN
Passport No/FIN	GXXXX633U

Date Of Birth	16/04/1991
Occupation	Outdoor
Date Of Driving Pass	02/03/2020
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90160057
Alt. Phone Number	-
Email Address	kevinlau7569@gmail.com
Address	BLK 15 WOODLANDS LOOP #04-39
Address complement	-
Postcode	738323
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	WU CHANGLI
Gender	Male

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

PLEASE REFER TO SKETCH PLAN

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	XD1032X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WU CHANGLI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YN4697T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	NOORDIN (SECURITY GUARD
Phone	-
Email	-

SKETCH PLAN

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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.



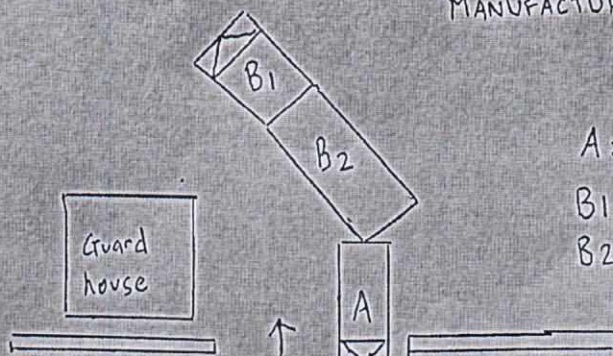
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

TEE YIH JIA FOOD
MANUFACTURING PTE LTD



A = YN4697T

B1 = XD1032X

B2 = TRD7520K

Describe Circumstances of the Accident

On the stated date and time, I parked my vehicle (YN4697T) at the exit of the stated venue and alighted to change security pass. As I was changing pass, suddenly the security guard in the guard house ran out and shouted at the trailer (XD1032X) with the container (TRD75204). Then I realise the trailer was reversing and about to hit my parked vehicle. Despite the efforts of the guard shouting at him, he continued to reverse and eventually hit onto my parked vehicle's (YN4697T) rear portion causing damages. I wish to add that my passenger was on board and felt unwell after the incident and shall seek medical consultation.

Declaration

We declare the foregoing particulars are true in every respect.



X
Policyholder's Signature / Date & Time

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

26/10/2021
Witnessed by Reporting Centre Personnel

VEHICLE NO:	YN 4697T	MAKE & MODEL:	Met. Fuso	AUTO <input checked="" type="checkbox"/> MANUAL
DATE OF ACCIDENT:	25/10/2021	CC:		
TIME OF ACCIDENT:	1510 HRS			
LOCATION OF ACCIDENT:	TEE YIH SIA FOOD MANUFACTURING PTE LTD GUARD HOUSE			
EXACT PURPOSE USE DURING ACCIDENT:	<input checked="" type="checkbox"/> EMPLOYMENT <input type="checkbox"/> PRIVATE USE <input type="checkbox"/> PRIVATE HIRE			
NAME OF OWNER:	GLOBAL OCEAN LINK PTE LTD			
TEL NO:	H/P: 90683626	OFFICE:	HOME:	
NRIC:	199107733E			
ADDRESS:	BLK 15 Woodlands Loop #04-39 G 738323			
EMAIL:	801.gp@ctravelite.com			
CLAIM TYPE:	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY			
FLEET POLICY:	YES <input checked="" type="checkbox"/> NO			
INSURANCE COMPANY:	CHINA TAIPING			
TYPE OF COVERAGE:	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft			
POLICY NO:	DMCVSNW00007562105			
NAME OF DRIVER:	AS ABOVE / IF NO: LU Xiaomen			
NRIC:	G87366334 ANY PASSENGER: 01			
DATE OF BIRTH:	16/04/1991 LICENCE PASSED DATE: 02/03/2020			
OCCUPATION:	<input checked="" type="checkbox"/> OUTDOOR / <input type="checkbox"/> INDOOR			
GENDER:	<input checked="" type="checkbox"/> MALE / <input type="checkbox"/> FEMALE			
CONTACT NO:	H/P: 90160057 OFFICE: HOME:			
ADDRESS:	BLK 15 Woodlands Loop #04-39 S(738323)			
EMAIL:				
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="checkbox"/> NO IF YES, REG NO: INSURER:			
RELATIONSHIP:	Employee			
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAINING / OTHERS:			
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY / <input type="checkbox"/> WET / OTHER:			
ANY INJURIES:	NO / IF YES WHO? PASSENGER			
NAME & CONTACT:	WU CHANGLI			
NAME & CONTACT:				
POLICE REPORT:	<input checked="" type="checkbox"/> NO / IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?			
VEHICLE B REG NO:	XD 1032X ANY PASSENGERS: NA			
NAME OF DRIVER:	CONTACT NO:			
VEHICLE C REG NO:	ANY PASSENGERS:			
VEHICLE D REG NO:	ANY PASSENGERS:			
VEHICLE E REG NO:	ANY PASSENGERS:			
VEHICLE F REG NO:	ANY PASSENGERS:			
VEHICLE G REG NO:	ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:	Noorden (Security Guard) WITNESS CONTACT:			
WAS THERE ANY VIDEO CAPTURE?	YES <input checked="" type="checkbox"/> NO			
WAS THERE ANY AUDIO RECORDED?	YES <input checked="" type="checkbox"/> NO			
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
ACCIDENT PORTION:	Rear Portion			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES <input checked="" type="checkbox"/> NO			
WORKSHOP PARTICULAR:	Turner Automotive Pte Ltd.			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	Joseph Tan			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			

Motor Commercial

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)

MZ300/C

R SN

AN0575A

Cov. Type: C

CERTIFICATE No.

DMCVSNW00007562105

Engine No.: 4P10B06140

Cha. No.: FEB21EA00251

1. Index Mark and Registration
Number of Vehicle

YN4697T

AUTOSAFE
=====

2. Name of Policy Holder

GLOBAL OCEAN LINK PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

20/01/2021
(00:00:00)

Excess Sect I. S\$1,000.00
EX ON WINDSCREEN, S\$100.00

4. Date of Expiry of Insurance

19/01/2022

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:

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) 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.

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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:



Authorised Officer

China Taiping Insurance (Singapore) Pte Ltd (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909



Authorised Signatory

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com