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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 witholding of material facts may allow insurance companies to repudiate

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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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

26/10/2021 18:00 (SGT) 25/10/2021 15:12 (SGT) 1 Senoko Rd, Singapore 758134 **GUARD HOUSE** Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

YN4697T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No

Yes GLOBAL OCEAN LINK PTE LTD 2XXXXX375N kevinlau7569@gmail.com (Phone) +65-90683636 +65-90160057

VEHICLE PARTICULARS

Alternative Phone No.

Manufacturer Model 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? Vehicle Category Transmission CC

Mitsubishi Fuso

Employment

No - Claiming third party Commercial vehicle Manual 2977

INSURANCE COMPANY

Cover Note Number

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

China Taiping Insurance (Singapore) Pte. Ltd. Comprehensive DMCVSNW00007562105

DRIVER

Name of Driver Passport No/FIN

LU XIAOMIN GXXXX633U

Date Of Birth	16/04/1991
Occupation	
Date Of Driving Pass	Outdoor
Driving experience	02/03/2020
Gender	1 YEAR AND 7 MONTHS
Mobile Number	Male
Alt. Phone Number	(Phone) +65-90160057
Email Address	
	kevinlau7569@gmail.com
	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 Does Driver Own Other Vehicles?	Employee
	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	
Weather Conditions	Hit and run / Vandalism / Damaged whilst parked
Road Surface	Clear
Trodd Gurrace	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	WILL BULL 1997
Gender	WU CHANGLI
GUILD	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Ne
Was notice of intended Prosecution given?	No No
If yes, against whom?	0.000

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	R 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	- 2
Insurance Company Name	12
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	7-
Approximate Age Years Old	
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YN4697T
Mora cost halta warm?	
	Yes
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	 NOORDIN (SECURITY GUARD
Phone	 -
Email	 _

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 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. 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)

lunderstand, 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;

7616 555

- (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.

× OF ANILAY

Policyholder's Signature / Date & Time

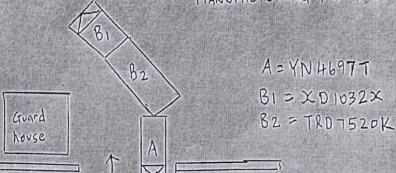
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

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Sketch Plan

TEE YIH JIA FOOD MANUFACTURING PTE LTD



escribe C	Circumstances of the Accident
00	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 (TRD752
	realise the trailer was reversing and about to hit my parked vehicle
	the efforts of the goard shorting at him, he continued to reverse
MEDINE COLUMN TO SECTION AND SECTION ASSESSMENT OF SECTION ASSESSMENT ASSESSMENT OF SECTION ASSESSMENT OF SECTION ASSESSMENT ASSESSMENT ASSESSMENT ASSESSM	ntually hit anto my parked vehicle's CYN 4697T) rear portion
CONTRACTOR STREET	damages. I wish to add that my passenger was on board and
ON IN VIEW CONTRACTOR	vall after the incident and shall seek medical consultation.
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Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

VEHICLE NO: YN 4697 T	MAKE & MODEL: Met. FURO AUTO AMANUAL)
DATE OF ACCIDENT:	25 10 / 2021 CC:
TIME OF ACCIDENT:	(510 HRS
LOCATION OF ACCIDENT:	TEE YIH JIA FOOD MAN W FACTURING PTE LOO GUARDHOUSE
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENTY PRIVATE USE / PRIVATE HIRE
NAME OF OWNER:	GLOBAL OCEAN LINK PTE LTO
TEL NO:	H/P: 90633676 OFFICE: HOME:
NRIC:	1994 07733 E
ADDRESS:	BLK 15 Woodloods Loup \$104-39 (\$) 738323
EMAIL:	301.90@ etravelite.com
CLAIM TYPE:	OD / (HIRD PARTY) REPORTING ONLY
FLEET POLICY:	YES (NO)
INSURANCE COMPANY:	CHINA TAIRING
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO:	DMCVSNW0000 7562105
NAME OF DRIVER:	
NRIC:	AS ABOVE / IF NO: LY XEADMEN .
DATE OF BIRTH:	487366334 ANY PASSENGER: 01
OCCUPATION:	16/04/1991 LICENCE PASSED DATE: 02/03/2020
GENDER:	MALE/ FEMALE
CONTACT NO:	2011 2057
ADDRESS:	
EMAIL:	BIK 15 WOOLANDS LUOP 404-39 S(738323)
DOES DRIVER OWNED ANY VEHICLE:	MOUS VICE DEC NO.
RELATIONSHIP:	NO IF YES, REG NO: INSURER:
WEATHER CONDITION:	Firebyee
ROAD SURFACE:	CLEAR Y RAINING / OTHERS:
ANY INJURIES:	ORY WET / OTHER:
The state of the s	NO / IT(TES)WHO? PASSENGEQ
NAME & CONTACT:	WU CHANGLI
NAME & CONTACT:	THE RESERVE OF THE PARTY OF THE
POLICE REPORT:	NO IF YES, WHERE?
NOTICE OF INTENDED PROSECUTION GIVEN?	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:	Noordan · (Security Guard) WITNESS CONTACT:
NAS THERE ANY VIDEO CAPTURE?	YES (NO)
WAS THERE ANY AUDIO RECORDED?	YES (NO)
ACCIDENT SCENE PHOTOS TAKEN?	YES NO
ACCIDENT PORTION:	Rear Portion.
lave you been approach by unknown person soliciting (s	
NORKSHOP PARTICULAR:	Turnar Automotive Pte Ltd.
CONTACT DEPENDENT	68420051 / 67440510
CONTACT PERSON: AX NO:	JOSPA JON,
VORKSHOP EMAIL:	67410510
	sales@n51.com.sg



Motor Commercial

MZ300/C

R SN

AN0575A Cov. Type:C

\$\$1,000.00

\$\$100.00

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chepter 189)

Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980

Road Transport Act, 1987 (Malaysta)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysta)

CERTIFICATE No.

DMCVSNW00007562105

Engino 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

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment (00:00:00)

Excess Sect I. EX ON WINDSCREEN,

4. Date of Explry of Insurance

19/01/2022

5. Persons or Classos 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

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Authorised Signatory

China Taiping Insurance (Singapore) Rte 777 (Co. Reg. No. 200208384E) *3 Anson Road #16-00 Springleaf Tower Singapore 079909

O6389 6111 6222 1033

www.sg.cntaiping.com