

# NATIONAL ASSOCIATION OF CRIME SCENES

Date: 12/16/2021 17:15  
 Ref No: NAC 1072210158214  
 File No: 15032  
 Date: 11/11/2021 11:15

(1) TP Reporting Only

Job Description	Done by
SAS e-thing	
E-mail (yoursite/192141)	
Motor Claim Vpin	
Motor W/O (yoursite/192141)	
Photo Uploaded	
Assessment Survey Report	
Final Report by Max/Hand to Owner/Police	

TP Insured

Preferred Wksp/INO Avail Wksp/INO

TP Insured/Owner ( ) Policy No ( ) Period ( ) Cover Type ( )  
 Insured/Driver Liability ( ) % (None to 100%) PI 21-79% PI 80-100%  
 Year of Registration ( ) Yearly Yes ( )/No ( )  
 License ( ) Loading \$1,000 ( )/\$2,000 ( )

( ) Walk-In Customer / Customer Information likely confidential & should NO refer of reporter  
 ( ) Total Loss Case / E-mail Insurer URGENTLY  
 Drive-In ( ) / Towed-In ( ) / Towed-Vin ( ) / NO ( ) / Towed-Off ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )  
 2) QO Check / Post Repair Inspection ( )  
 3) Upload Recovery Photo (Repair Costs \$3000) ( )

Injury

NAC104435

Driver/Owner	1) Add on Insurance (50%)	
Commit No	2) Add on Insurance (50%)	
Uninsured Portion	3) Add on Insurance (50%)	
QC Checked by (Engineer-Officer)	4) Add on Insurance (50%)	
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	50) Add on Insurance (50%)	



# 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	12/11/2021 17:15 (SGT)
Date of Accident	11/11/2021 11:15 (SGT)
Exact Location of Accident	Tuas Link 1, Singapore
Additional Location Information	NO. 4
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1503Z
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AUSTRILIAN FRUIT JUICE (S) PTE LIMITED
Company Reg No	1XXXXX849E
Email Address	316009313@qq.com
Mobile Phone No	(Phone) +65-98119313
Alternative Phone No	+65-98119313

### VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R
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	4009

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00129092100
Cover Note Number	-

### DRIVER

Name of Driver	JIANG HEFENG
Passport No/FIN	GXXXX710W

Date Of Birth	11/01/1989
Occupation	Outdoor
Date Of Driving Pass	05/04/2021
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98119313
Alt. Phone Number	-
Email Address	316009313@qq.com
Address	BLK 988A JURONG WEST STREET 93 #13-631
Address complement	-
Postcode	641988
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	Side Swipe
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

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS TP REVERSE AND HIT INSURED)

#### 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	GBG2332T
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) .....	-



## 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 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:

12/11/2021

Jiang He Feng.

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

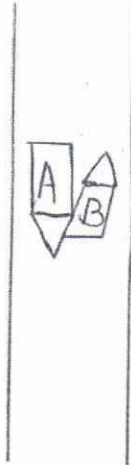
12/11/2021

9:28am

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Along No. 4 Tuas Link 1

SKETCH PLAN



Vehicle A = YQ1503Z

Vehicle B: GBB2332T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/11/2021 at about 11:15a.m. I was travelling along 4 Tuas Link 1. Suddenly, vehicle B reverse and hit on my vehicle.

DECLARATION

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



Police Officer's Signature

Date & Time:

12/11/2021

9:28am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 12/11/2021

928am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

12/11/2021



**ACCIDENT STATEMENT**

Date	11/11/2021
Time	11:15a.m.
Location	Along 4 Tuas Link 1
<b>VEHICLE (A)</b>	YQ1503Z      Make & Model:
Name of owner	Australian Fruit Juice (S) Pte Ltd
NRIC / Company Registration No.	197301849E
Email	316009313@qq.com
Contact	HP: 9811 8083      Tel:      Fax:
Type of claim	<del>Own Damaged</del> / Third Party / <del>Reporting Only</del>
Purpose of use	<del>Private</del> / Commercial / <del>Hire &amp; Reward</del>
<b>Insurance Company</b>	CHINA TAIPING
Type of Policy	Comprehensive / <del>Third Party, Fire &amp; Theft</del> / <del>Third Party Only</del>
Policy number	DMCVSNW00129092100
<b>Name of driver</b>	As above / If No: Jiang HeFeng
NRIC no	G2856710W      Any Passenger :
Date of birth	11/1/1989
Occupation	<del>Indoor</del> / Outdoor
Gender	Male / <del>Female</del>
Contact	9811 8083
Address	988A Jurong West Street 93 #13-631 S641988
Driving Passed date	05/04/2023
Email	316009313@qq.com
Relationship with the Insured	Owner / <del>Children / Spouse / Employee / Others</del>
Does the driver own any other vehicle	No / if Yes, Vehicle no:      Ins. Co:
<b>Type of Collision</b>	
Weather conditions / Road surface	Clear / <del>Raining</del> - Dry / <del>Wet</del> / Others:
Any Police Report lodged	No / <del>Yes</del> - Where?
Notice of Intended Prosecution Given?	No / <del>Yes</del> - Against who?
Anybody injured in the accident ?	No / <del>Yes</del> - Who / Vehicle no?
Any other material or property damaged?	No / Yes
Any foreign vehicle involved ?	No / <del>Yes</del> - Vehicle no:
Any video captured by car camera ?	No / <del>Yes</del>
<b>VEHICLE (B) - THIRD PARTY</b>	GBG2332T
Name of driver	
NRIC / FIN no. / Passport number	
Contact	
Insurance Company	
<b>Details of Witness</b>	HP :
<b>Other Vehicles</b>	( C )      Any Passenger :
	( D )      Any Passenger :
	( E )      Any Passenger :



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

N SN

AN0622A

Cov. Type:C

### 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)

CERTIFICATE No.

DMCVSNW00129092100

Engine No.: N04CVV10900

Cha. No.: JHHUCV3H70K032307

1. Index Mark and Registration  
Number of Vehicle

YQ1503Z

AUTOSAFE

=====

2. Name of Policy Holder

AUSTRALIAN FRUIT JUICE (S) PTE LIMITED

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

12/10/2021  
(00:00:00)

Excess Sect I . S\$1,050.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

11/10/2022

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

Issued By:

SAFE INSURED PTE LTD  
Authorised Officer



For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

*杨亚美*

Authorised Signatory

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

6389 6111

6222 1033

www.sg.cntaiping.com



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**


Original Report No: SM08213C0006 Vehicle Registration No: YQ1503Z  
Name (as shown in NRIC): JANEY HEFENC NRIC/FIN/Passport No: GXXXXX71000  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 98119313  
Email Address: \_\_\_\_\_  
Date of Accident: 11/11/2021 Time of Accident: 17:15  
Place of Accident: WAS LANE 1 NO 4  
Insurance Company: CHINA IMPACT

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Policy number DMCVSKW00129092100  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_