

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 11/02/2022 14:09 (SGT)
Date of Accident 28/01/2022 03:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information BKE TOWARDS WOODLANDS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD3536G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner XIN JIA FOOD PTE LTD
Company Reg No 201718107H
Email Address SHAWN.YAN@TIANTIAN.SG
Mobile Phone No (Phone) +65-98756759
Alternative Phone No +65-89169320

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model CANTER FEA01BR1SDEB (CBU)
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 Auto
CC 2998

INSURANCE COMPANY

Name of Insurance Company Great Eastern General Insurance Limited
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2021-V0116154-VCV
Cover Note Number 17/03/2021 - 16/03/2022

DRIVER

Name of Driver XIAO CHUANHAI
Passport No/FIN G2141952X

Date Of Birth	16/03/1976
Occupation	Outdoor
Date Of Driving Pass	27/12/2017
Driving experience	4 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-89169320
Alt. Phone Number	-
Email Address	SHAWN.YAN@TIANTIAN.SG
Address	BLK 704 WEST COAST ROAD #02-415
Address complement	-
Postcode	-
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	Collision - Head to Rear
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?	Yes
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?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

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	GBL5436G
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)	-

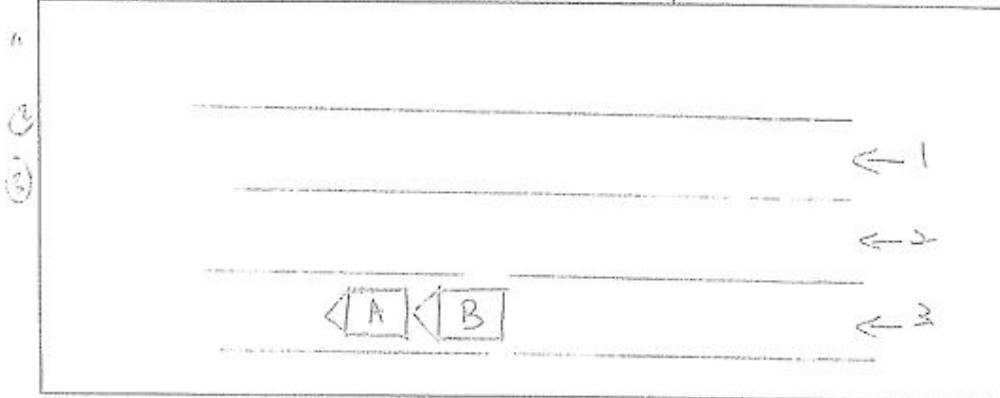
INJURED PERSONS DETAILS

INJURED 1

Name of injured person	XIAO CHUANHAI
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NOISE ABRASION & BODYUNWELL.
Injured person in which vehicle?	GBD3536G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

Date of accident: 28/1/2022 Time: 3:30 Location: BKE Lonsdale Woodlands
 My Vehicle A: G8D3536G Vehicle B: G8L5436G Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report No.
7/20220209/2061

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address:

& myself:

Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature

Date & Time: 1/2/2022

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

SKETCH PLAN

IMPORTANT NOTICE

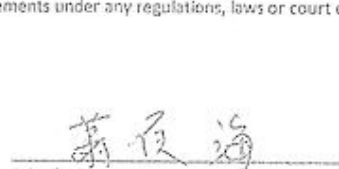
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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: 11/04/2020


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


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















































**SINGAPORE
POLICE FORCE**



T/20220209/2061

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20220209/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/02/2022 18:07		Vide Report No.:		Station Diary No.: 74	
Informant's Particulars					
Name of Informant: XIAO CHUANHAI			Address:		
ID Type / ID No.: FIN NO / G2141952X			Contact No.: Home/Office: Mobile: 89169320		
Nationality: CHINESE			Email:		
Sex: Male	Age: 45	Date of Birth: 16/03/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/01/2022 03:30	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD3536G	Lorry	MITSUBISHI	CANTER FEA01BR1S DEB (CBU)	White		0
GBL5436G	Van	TOYOTA	HIACE 2.8 DX AUTO	White		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220209/2061

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20220209/2061

CONTINUATION OF REPORT

Driver			
Name	XIAO CHUANHAI	ID No.	G2141952X
Related Vehicle	GBD3536G (Lorry)	Contact No.	89169320
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/01/2022	Date Discharge	01/02/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 28/01/2022 at about 0330hrs, I was driving my company's white Mitsubishi lorry, GBD3536G at along about between 1km to 2km of Bukit Timah Expressway (BKE) towards Woodlands for delivery. While I was driving at the extreme left lane of BKE when suddenly a white Toyota Van with the registration plate number, GBL5436G hit my lorry from the rear.

Both of us stopped our vehicle and got out of our vehicle to check for our vehicle damages and I also called for the ambulance as I had suffered injury. Subsequently, ambulance came to the accident location to check on my injuries before conveying me to Ng Teng Fong Hospital to treat my injuries.

When I was at Ng Teng Fong Hospital, I was admitted into the hospital on the same date was given 5 days of MC and I was discharged from the hospital on the 01/02/2022.



**SINGAPORE
POLICE FORCE**



T/20220209/2061

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20220209/2061

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 D / SGT 3 JASMI BIN JUMA'AT	Signature Of Informant: 蔡俊海
Signature Of Interpreter: Not applicable	Date/Time: 09/02/2022 18:07
Officer In Charge Of Case: TP / GIT / SR STAFF SGT ABDUL RAHIM-BIN-SALIM Contact No.: 65476251	Classification Of Case: SN 37
Authentication Stamp NP168	 SIGNATURE

For Customer Service please visit
1 Pickering Street
#01-01 Great Eastern Centre
Tel: +65 6248 2888 Fax: +65 6327 3080



Certificate of Insurance

ORIGINAL

The Motor Policy to which this Certificate relates is issued in accordance with the provisions of the following Legislation:
Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189 of the Revised Edition) (Singapore)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1996 Edition (Singapore)
Motor Vehicles (Third-Party Risks) Rules, 1959 (of Federation of Malaysia)
Road Transport Act 1987 (of Malaysia)
Road Transport (Amendment) Act 2019 (of Malaysia)

FORM M2300

Policy No. : 2021-V0116154-VCV Risk# : 0001
Policy Type : Commercial Vehicle Cover : Comprehensive

DESCRIPTION OF VEHICLES:

Vehicle Registration : GBD3536G
Vehicle Make & Model : MITSUBISHI CANTER FEA01BR1SDEB (CBU)

Name of Insured : XIN JIA FU FOOD PTE. LTD.

Period of Insurance : 17-03-2021 (0000HRS) to 16-03-2022

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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

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 and pleasure purposes.
- The policy does not cover :-
- (1) Use for racing, pace-making, reliability trial or speed-testing.
 - (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
 - (3) Use for the carriage of passengers for hire or reward.

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 (of Malaysia) are not to be included under these headings.

Signed for and on behalf of the Company

Authorised Signature

GPCILJI

15-03-2021

Great Eastern General Insurance Limited (Reg. No. 1920 00003W)
(A wholly-owned subsidiary of Great Eastern Holdings Limited)
1 Pickering Street, #01-01 Great Eastern Centre, Singapore 048659
Tel: +65 6248 2888 Fax: +65 6327 3080 greatesterngeneral.com