

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 Report	11/09/2019 14:37
Date Of Accident	11/09/2019 13:50
Exact Location Of Accident	ALONG CASSIA PENJURU WALK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4776M
Insured/Policyholder	
Name Of Registered Owner	N & J SHIPYARD SERVICES
Co Reg No	52874347C
Email Address	SUJINDER@NNJ.ASIA
Mobile Phone No	
Alternative Phone No	OFFICE-97339073
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 HR MICROBUS 2.5 4DR 5AT ABS D/AB

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? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3027851900
Cover Note Number	

Driver

Name of Driver	CHAMKAUR SINGH
NRIC No	G7931876R
Date Of Birth	12/12/1987
Occupation	OUTDOOR
Date Of Driving Pass	28/01/2016
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93741582
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	N/A
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 11/09/2019 AT ABOUT 1350 HRS. WHILE I TURNING AT PENJURU WALK . IN FRONT HAVE ONE VEHICLE STATIONARY AT THE SIDE ROAD. I THEN SLOWLY DRIVE AND STATIONARY BEHIND AT THE STATIONARY VEHICLE . WHEN VEHICLE B COMING FROM BEHIND AND MAKE THE TURN, HE REAR TRAILER HAD HIT ONTO MY VEHICLE RIGHT SIDE PORTION .

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	XE345U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLANIMPORTANT NOTICE

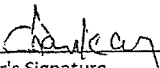
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

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.

N & J SHIPYARD SERVICES
 158 Race Course Road Singapore 218601
 Tel: 6299 4937 / 9741 5522
 Fax: 6291 2558

 Policyholder's Signature
 Date & Time:



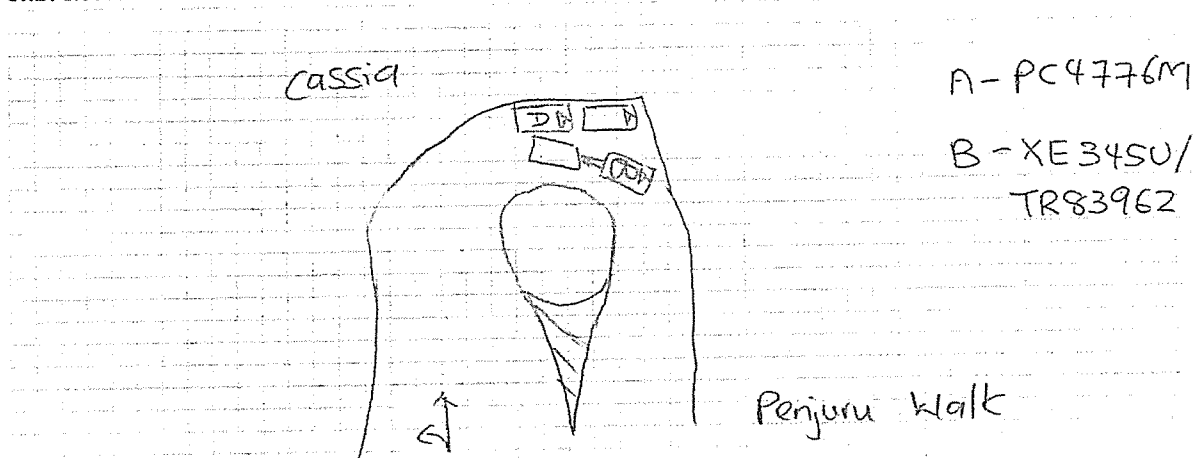
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:



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

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to circumstances

DECLARATION

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

N & J SHIPYARD SERVICES

158 Race Course Road Singapore 218601

Tel: 6299 4937 / 9741 5522

Fax: 6291 2558

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

- ☐ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other works hop
☐ For record purpose

Policy No. DMBISN3027851900

Insurer China Veh.No. PC4776M

Accident Photo



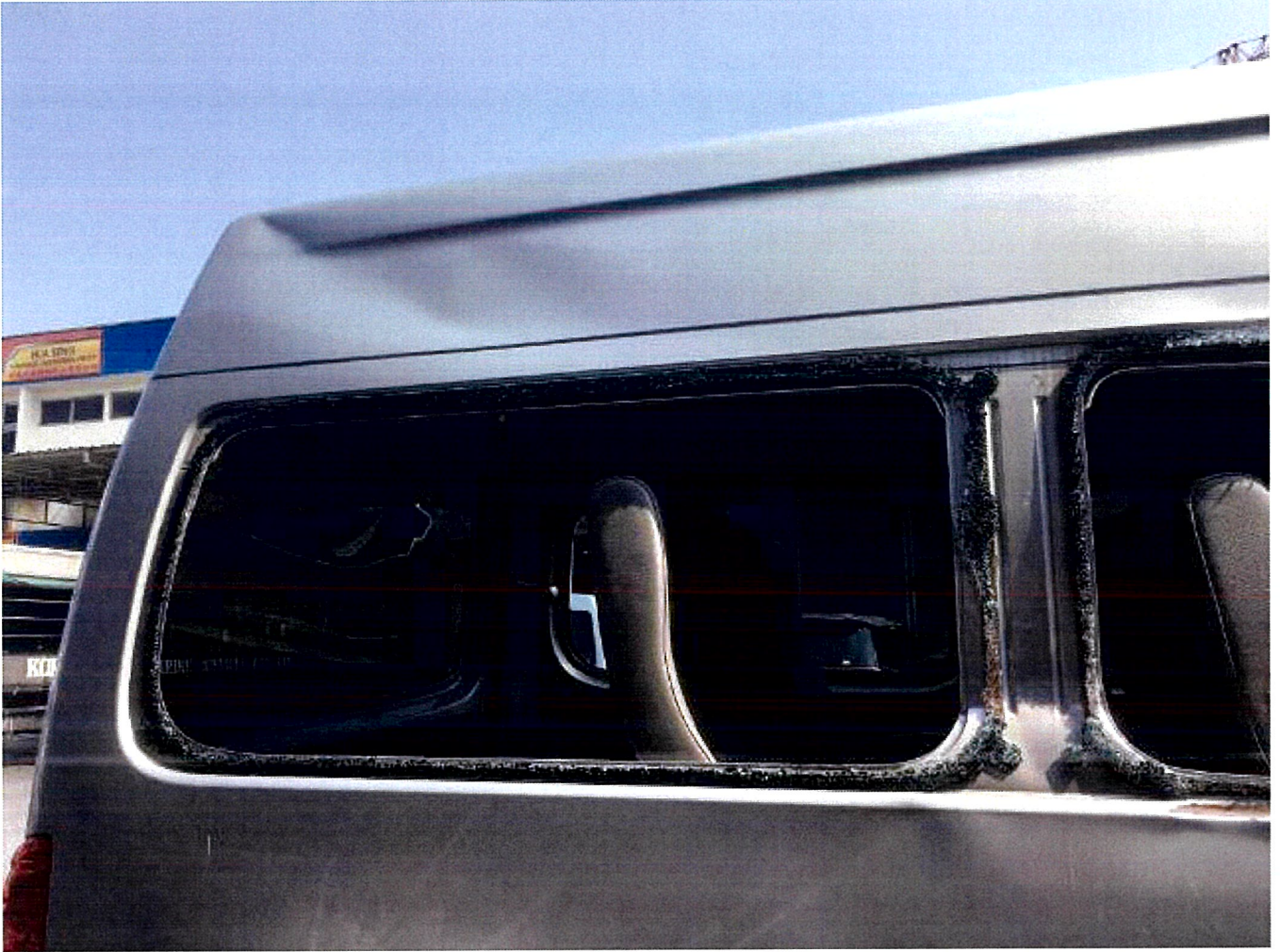
Accident Photo



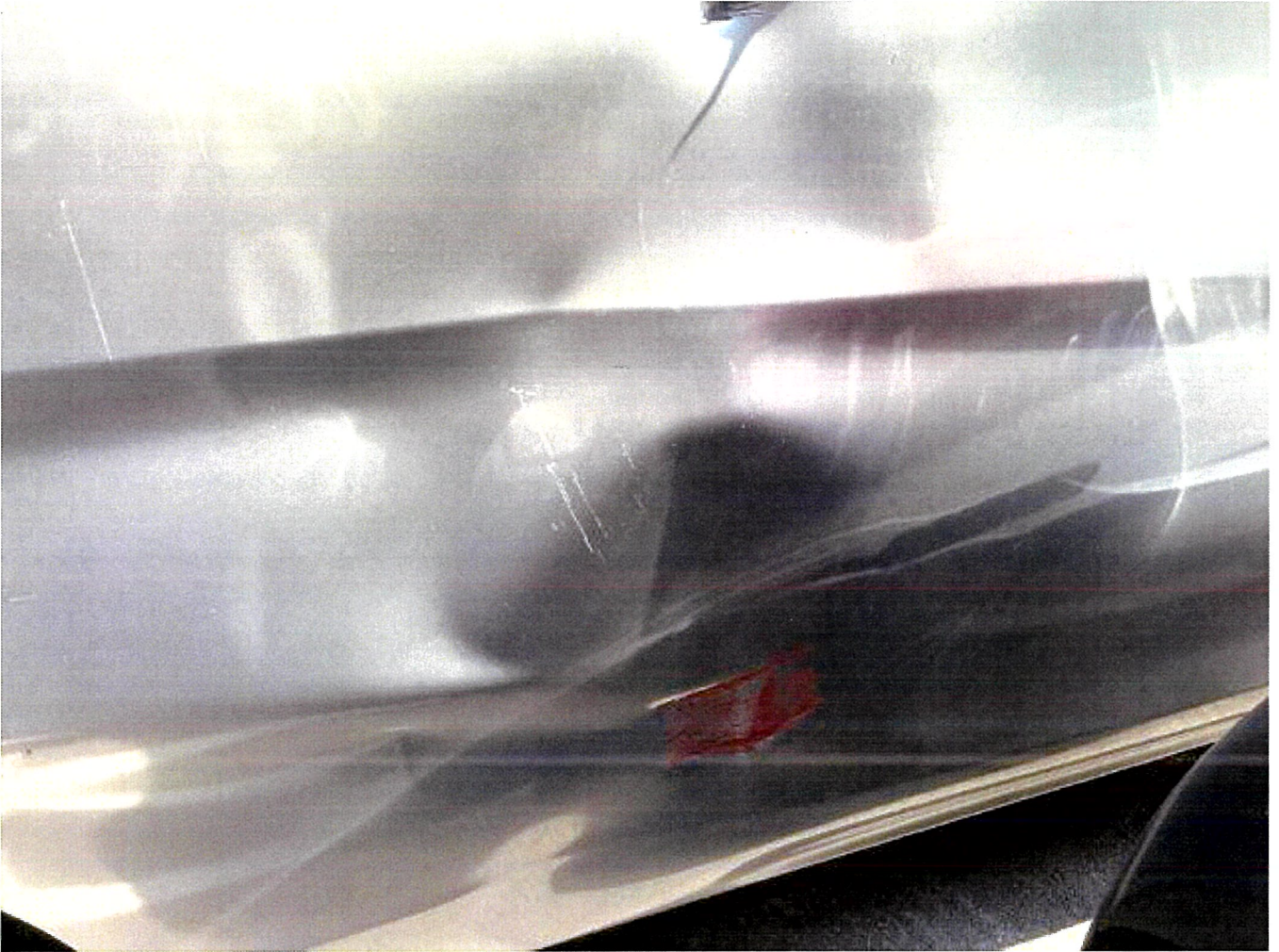
Accident Photo



Accident Photo



Accident Photo



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ACCIDENT STATEMENT

Date Of Report	12/09/2019 17:57
Date Of Accident	11/09/2019 13:30
Exact Location Of Accident	ALONG PENJURU WALK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE345U
Insured/Policyholder	
Name Of Registered Owner	ALLIED CONTAINER SERVICES PTE LTD
Co Reg No	197502267E
Email Address	GRACE_ANG@ALLIED.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68651731

Vehicle Particulars

Manufacturer	UD TRUCKS
Model	ESCOT V-10.8 D GKB5ELDHNT (M)

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? NO

If No, Please state action to be taken REPORTING ONLY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD19V01614/VCH/R04
Cover Note Number	

Driver

Name of Driver	SHI ZHENLI
Passport No/FIN	G6539479R
Date Of Birth	10/02/1986
Occupation	OUTDOOR
Date Of Driving Pass	19/12/2014
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96389979
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address NIL

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: UNABLE TO TRIM & UPLOAD

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PC4776M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLANIMPORTANT NOTICE

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I understand, acknowledge, agree and consent that:

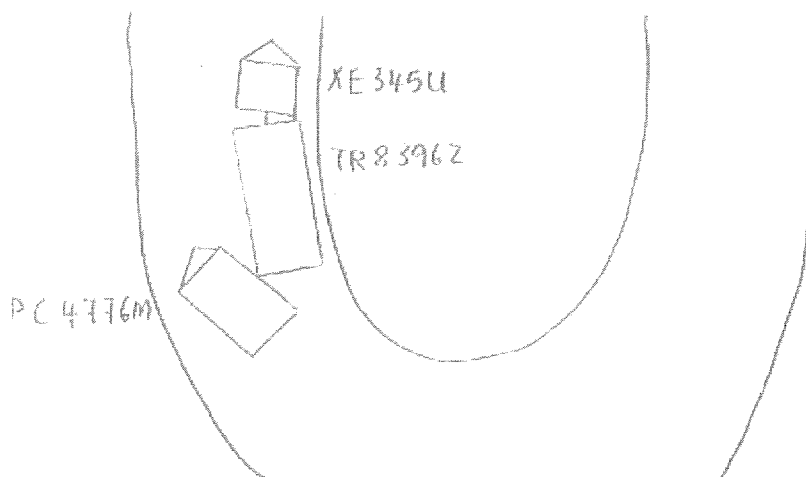
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/09/2019, around 1330hrs, I was queuing up along Penjuru Walk to return container at 8A penjuru walk. It was a curved road and there's no vehicle at the sides when I stopped my vehicle there. However when it was my turn to move forward, I heard some horns and so I stopped my vehicle. I glanced through my side mirror and saw a van stopped behind my trailer. I then alighted from my vehicle and found that the van collided with my trailer's rear left corner.

No injury that's all.

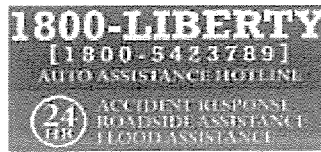
DECLARATION

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

Policyholder's Signature
Date & Time:

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

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



Liberty Insurance Pte Ltd
 Registration no. 196002791D
 51 Crab Street
 #03-00 Liberty House
 Singapore 089428
 Tel: (65) 6221 8811 Fax: (65) 6225 6890
 Website: <http://www.libertyinsurance.com.sg>

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1969 (MALAYSIA)

Certificate No	SD19V01614 /VQH/R04
Form	MZ802
Date Of Issue:	31-JAN-2019
1.Index Mark and Registration No. of Vehicle:	XE345U
2.Chassis number of Vehicle:	GKB5E00436
3.Name of Policyholder:	ALLIED CONTAINER SERVICES PTE LTD
4.Effective date of Commencement of Insurance for the purposes of the Act:	08-FEB-2019 00:00 AM
5.Date of Expiry of Insurance:	08-FEB-2020 23:59 PM
6.Persons or Classes of Persons entitled to drive: A) Whilst the vehicle is being used in connection with the Policyholder's business:- Any person provided he is in the Policyholder's employ and is driving on their order or with their permission. B) Whilst the vehicle is being used for social, domestic and pleasure purposes:- 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.	
7.Limitations as to use*: A) Use in connection with the Policyholder's business. B) Use for the carriage of passengers (other than hire or reward) in connection with the Policyholder's business. C) Use for social, domestic and pleasure purposes.	
8.The Policy does not cover: A) Use for racing, pace-making, reliability trials or speed-testing. B) Use for the carriage of passengers for hire or reward. C) Use whilst drawing a greater number of trailers in all than is permitted by law.	
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 169) 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 169) and Part IV of the Road Transport Act, 1987 (Malaysia).	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  Authorised Signature	
For information only: COVERAGE : Comprehensive, Unlimited Windscreen SUM INSURED: MARKET VALUE AT THE TIME OF LOSS EXCESS: Section I S\$2000, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S \$3000, Windscreen Excess S\$250 FINANCE COMPANY: SINGAPURA FINANCE LIMITED PRODUCER NAME: EVERMARCH AGENCY PTE. LTD.	

PLSL/PLSL/31-JAN-19

31-JAN-19


WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
ALLIED CONTAINER (ENGINEERS & MANUFACTURERS) PTE LTD

Name:
BAK ZHENLI

Work Permit No:
0 73418802

Category:
SERVICE


 **K1060239**

REPUBLIC OF SINGAPORE DRIVING LICENCE

G6539479R

BAK ZHENLI

Date of Birth: **10 Feb 1966**
Valid Until: **25 Aug 2019**
Valid From: **22-03-2014**

 **D02970091A**

VISIT PASS
Immigration Regulations

Name:
BAK ZHENLI

Download the eVisaPass App to check status

UIN:
G6539479R

Date of Birth:
10-02-1966

Sex:
M

Region:
CHINESE

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO Surrender THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Vehicle Description	Effective Date
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver, and other motor vehicles with unladen weight <= 2500kg	23 Sep 2014
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	18 Dec 2014

Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg

Licence No: G6539479R

NP 426A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo











