伟联汽车私营有限公司 WILLIAM'S AUTO PTELTD

HQ / WORKSHOP: Blk c3 Woodlands Road 391-B Yew Tee Industrial Estate Singapore 677965 Tel: 67636811 (5 Lines) Fax: 67632166

ANG NGOH TEE

C C:

Co. Reg. No: A03151/1978Z GST Reg. No: M2-0032987-2

Your ref : QX684Z		
Our ref : YP1406B		
Date: 26/07/2022		
SINGAPORE POLICE FORCE		
FAX: spf_logs_acs@spf.gov.sg		
Attn: Motor Claims Department		
Dear Sirs		
NOTIFICATION OF ACCIDENT (01-05-2011	NIMA PROTOCOL)	
ACCIDENT INVOLVING VEHICLE YP140	6B & QX684Z	
ON 25/07/2022	(15:40	HRS)
AT WOODLANDS AVE 12 TOWARDS SLE		
We act for DE PACK PTE LTD	In an	accident above.
Please note that our client's motor vehicle YP14	is now at the follo	owing workshop:
WILLIAM'S AUTO PTE LTD Blk 3 Woodlands Road, No 391-B Yew Tee Ind Edit 1: 97636811, 67636811 Fax: 67632166 Email: waplsp21@singnet.com.sg	state, Singapore 677965	
PLEASE NOTE that if you fail to carry out pre-rep within two (2) days from the receipt of this Notice repaired.	pair inspection or waive the pre-accide, our client may proceed to have his	ent inspection vehicle
Please give us written notice of the completion of pas repairs can only commence after receipt of the v	ore-repair inspection or waivers as the written notice.	e case may be
Your faithfully	Surveyed by:	
WILLIAM'S AUTO PTE LTD		
10000	From:	
10 国联为	Name:	
	Contact no.:	

Date And Time:

SY03227Q000J / YEW TEE AUTOMOBILE TECH PTE LTD [417800] ENTRY DATE & TIME: 26/07/2022 20:14 (SGT) SUBMITTED BY: TOH LEI MING VERSION: 1 (26/07/2022 20:14 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 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 26/07/2022 20:14 (SGT) Reported by Driver Date of Accident 25/07/2022 15:40 (SGT)

Exact Location of Accident Woodlands Ave 12, Singapore

WOODLANDS AVE 12 TOWARDS SLE Additional Location Information

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

YP1406B Vehicle Registration Number

INSURED/POLICYHOLDER

Is company?

DE PACK PTE LTD Name Of Registered Owner Company Reg No 200211030W SHIRLEY_LOW@DEPACK.NET Email Address (Phone) +65-81809516 Mobile Phone No

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Fuso Variant

Exact purpose for which vehicle was being used at time of **Employment**

accident

Are you claiming under your own insurance policy for repair to your vehicle?

. Vehicle Category

Transmission Manual CC 0

INSURANCE COMPANY

AXA Insurance Pte Ltd Name of Insurance Company Policy Number / Cover Note Number P1717225

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation

ZUO FENGWEI G2883741R 29/05/1983 Outdoor

No - Claiming third party

Commercial vehicle



Date Of Driving Pass Driving experience

Gender

Mobile Number

Alt. Phone Number **Email Address**

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

03/12/2019

2 YEARS AND 7 MONTHS

Male

(Phone) +65-81809516

SHIRLEY LOW@DEPACK.NET 315 SEMBAWANG VISTA #10-177

750315

No

Employee

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions Road Surface

Collision - Head to Rear

Clear Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Translator's name

Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

No

2 No

Yes

1

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Sembawang Neighbourhood Police Centre

(Phone) +65-18005549999

4 Sembawang Crescent Singapore 757633

No

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant Vehicle Colour

QX684Z

Accident report SY03227Q000J

Page 2 of 23

Vehicle Category	Government
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 Formmust 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 companes.
- 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 afcresaid.
- 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' law yers flaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
- (i) processing, handing 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 admnistering, 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 law yers/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 firm), which may be sited outside of Singapore, for one or more of the above Purposes

De Pack Pie Lid

88. Asmirety Street, #03-20.

Singapore 757440

Tei: 6363 7055 Fax: 6366 519

Emeil: sales@depack.nel

Driver's Signature (# driver is not the policyholder) / Date

Witnessed by Reporting Centre

tilin

Sketch Plan

Time

A.YP1406B B. QX 684Z

Policyhoider's Signature / Date &

-> SLE

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Declaration

We declare the foregoing particulars are true in every respect De Pack Pte Ltd

8B, Admirally Street, #03-20,
Singapore 757440

Tel: 6363 7055 Fax: 6366 5193
Email: sales@depack.net

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Dete & Time

Mitnessea by Reporting Centre Personnel



Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Report No. T/20220725/2105

Tel No: 1800-5549999

CONTINUATION OF REPORT

Driver			STATE OF THE PARTY OF	1		0000044074
Name	DANIEL KOH ZHI H	ID No.	,	S9206140X		
Related Vehicle	QX684Z (Car)			Conta	ct No.	85112702
Hospital/Clinic	NIL			Class Driving Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc			
No. of Days gran	ted Medical Leave	NIL	Degree o	finjury	NIL.	
Driver				MS 5	11-2-5	
Name	ZUO FENGWEI		ID No.		G2883741R	
Related Vehicle	YP1406B (Lorry)		Conta	ct No.	81089516	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class, 3 Date of Expiry: 29/08/2024
Date Treatment	NIL		Date Dis-	Date Discharge NIL		
No. of Days oran	ited Medical Leave	NIL	Degree o	of Injury	NIL	

Brief Details.

On the 25/07/2022 at about 1540hrs, I was driving my White Mitsubishi Canter forry bearing plate YP1406B travelling along Woodlands Avenue 12 towards SLE, traffic was a little slow and I was on the right most lane. I then stopped my vehicle as the traffic lights were red. Suddenly, I felt an impact from the back of my vehicle and I alighted to take a look. I then saw a Police vehicle bearing plate QX684Z had knocked into the rear of my vehicle.

We then exchanged particulars and waited for Traffic Police to come. After traffic police finish with their stuff. I was then given a case card(L/20220725/0112) and was asked to make a traffic accident report regarding the matter.

would like to state that my lorry suffer damages such as dented car plate and dented metal bar which was below the car plate. I would like to state that I do not suffer any injuries.





3 of 3

Report No. T/20220725/2105

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

0-5549999

CONTINUATION OF REPORT

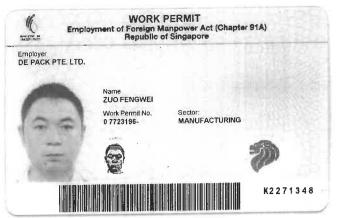
Sketch Plan

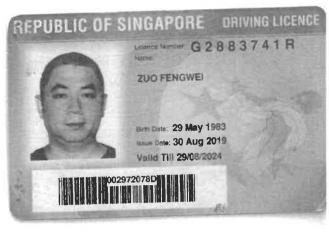
Informant is not able to provide sketch plan

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.

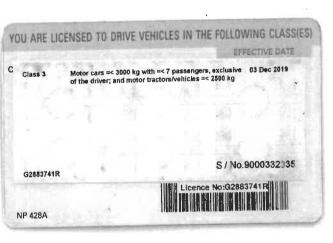
Signature of Officer Recording The Report: L / SGT 3 SHAHRILKHAIRI BIN MOHAMED HAINI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/07/2022 20:50
Officer in Charge Of Case: TP / GIT / STAFF SGT SITI NORHAFIDAH BINTE HANAFI Contact No.: 65476202	Classification Of Case:

NP168











AXA Insurance Pte Ltd

1800 8804888

□ customer.care@axa.com.sg

www.axa.com.sg

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)

Policy details

CERTIFICATE NO.

P1717225

Account No.

11492

Coverage

Name of Policy Holder DE PACK PTE. LTD. Comprehensive

Sum Insured

Market Value At The Time Of Loss

Vehicle Registration

YP1406B

Period of Insurance

From 04/02/2022 To 03/02/2023 (Both Dates Inclusive)

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

Limitation as to use*

- (a) Use in connection with the Policyholder's business
- (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- (c) Use for social, domestic and pleasure purposes

This Policy does not cover

- (a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing
- (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(05)

Excess

Own Damage Excess

: SGD 700.00

Windscreen Excess

: SGD 100.00

(Please refer to your policy for Additional Excess)

* 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, (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).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOMEGHA

on 17/01/2022

IMPORTANT:

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

AXA Insurance Pte Ltd 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 **Customer Centre #01-21 GST Registration Number: 199903512M**