

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 Actual 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	01/08/2022 14:12 (SGT)
Reported by	Driver
Date of Accident	30/07/2022 11:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	4 Pasir Ris Close
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP9374G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Seawaves Frozen Food Pte Ltd
Company Reg No	198205085D
Email Address	hr@seawaves.com.sg
Mobile Phone No	(Phone) +65-92218883
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU700R
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	4009

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z21VC05008267

DRIVER

Name of Driver	Xie Chun Qiang
Passport No/FIN	G3267494T
Date Of Birth	23/07/1980
Occupation	Outdoor

Date Of Driving Pass	22/04/2019
Driving experience	3 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85103026
Alt. Phone Number	-
Email Address	hr@seawaves.com.sg
Address	Blk 99 Old Airport Road, #09-207
Address complement	-
Postcode	390099
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	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

Refer to attached sketch plan.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR8245J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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)

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.

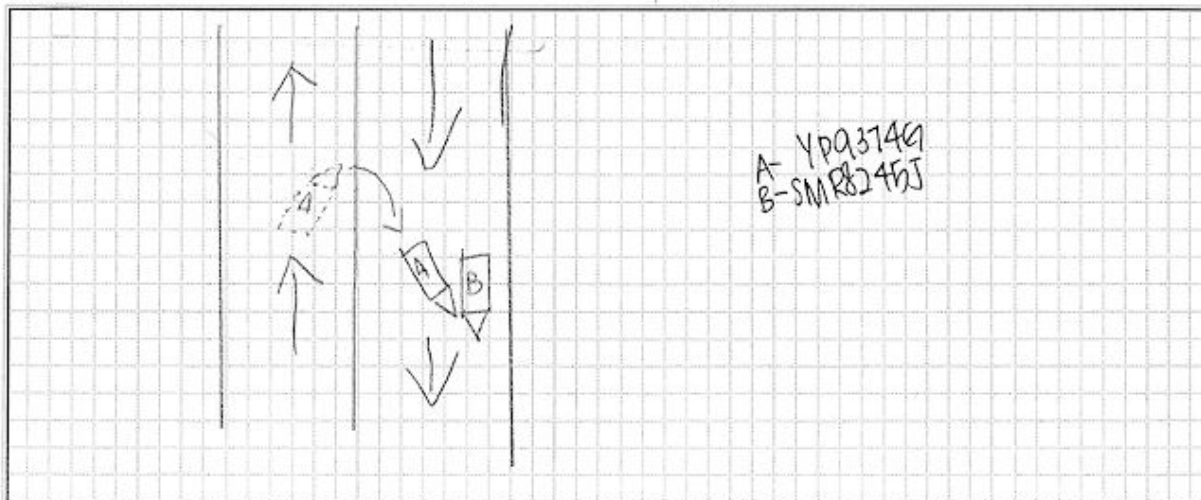


海威冷藏食品私人有限公司
SEAWAVES FROZEN FOOD PTE. LTD.
206 PANDAN LOOP SINGAPORE 128397
TEL : (65) 6265 8883 (6 LINES)
FAX : (65) 6268 1368
E-MAIL : seawaves@seawaves.com.sg
WEB SITE : http://www.seawaves.com.sg

謝青臣

01/08/22

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



Please note that you might be able to submit an Own Damage Claim under your own policy within 14 days. 1
(☒) Claim Own Damage (☐) Claim Third Party (☐) Reporting Only (☐) Claim OD/ TP at other workshop

謝青臣

Describe Circumstance of the Accident
<p>saturday, 30/07, driver XIE Chun Qiang, after unloading goods make a right turn, he check instant was a car (not moving) so he make his turn. And a white car on his left coming through and was on his blind spot. They both collide.</p>
1. Was this statement translated from another language?
() Yes (/) No
** If Yes, please assist to provide the original statement and the details of the translator below:-
** NOTE: Translated statement is to be signed off by the Translator
2. What is the original language used in the statement?
() English () Mandarin () Malay () Tamil () Others: _____
2. Translator Information (all information required to be provided)
Name of Translator:
Translator ID:
Translator Mobile No.:
Translator Email:

Declaration

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



海成冷藏食品私人有限公司
SEAWAVES FROZEN FOOD PTE. LTD.
205 PANDAN LOOP SINGAPORE 120397
TEL : (65) 6265 8083 (6 LINES)
FAX : (65) 6268 1368
WEB SITE : http://www.seawaves.com.sg

[Signature]
01/08/22

[Signature]
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)









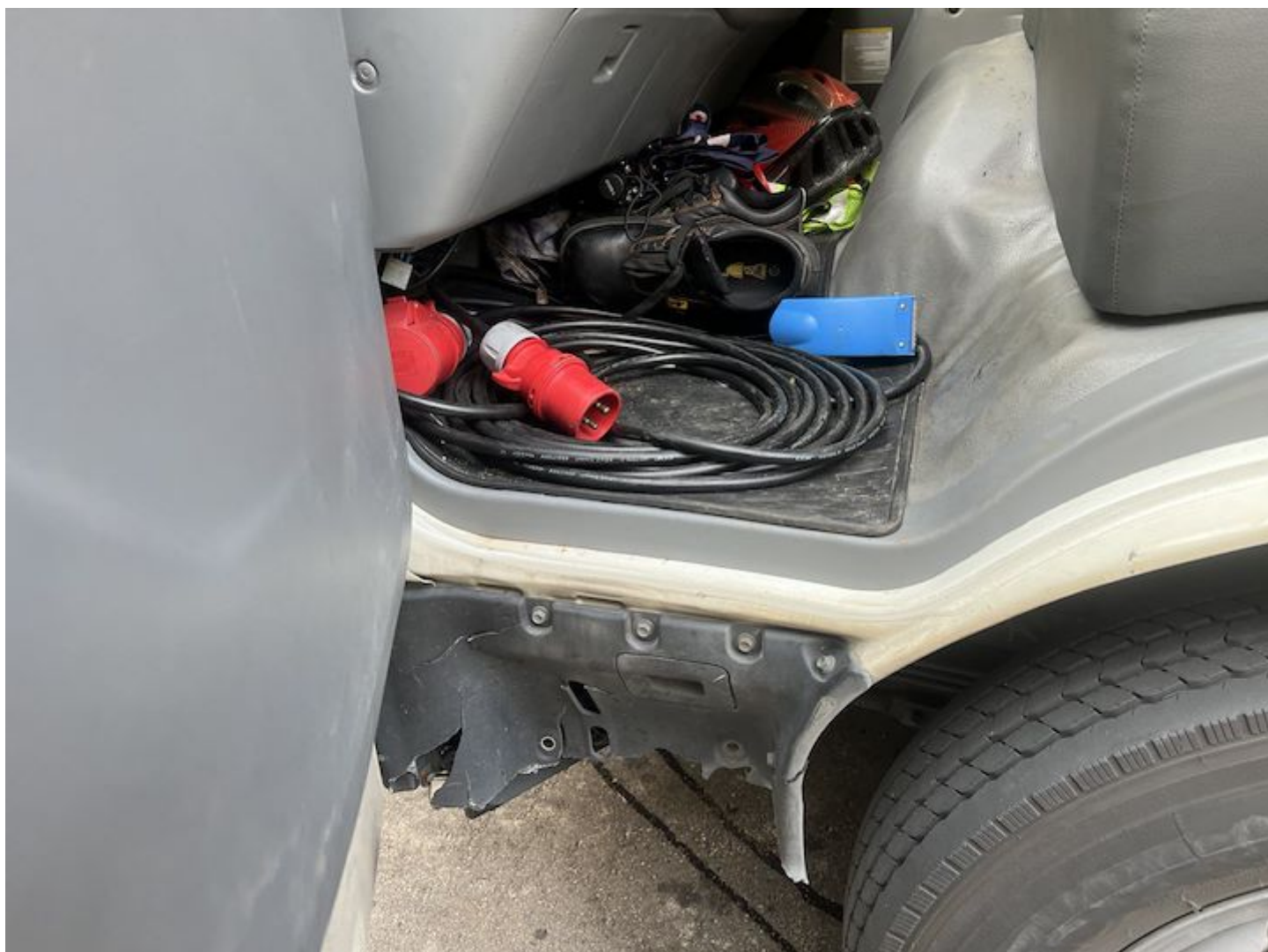


























LONPAC INSURANCE BHD (S98FC5835C)
(Incorporated in Malaysia)
Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 189555.
Tel: (65) 6250 7388 Fax: (65) 6286 3767 Website: www.lonpac.com.sg
GST Reg No.: F0-6055635-C

MZ300

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE.
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE).
ROAD TRANSPORT ACT 1987 (MALAYSIA).
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).
THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z21VC05008267

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

HINO XZU700R
- YP9374G

2. Name of Policy Holder

SEAWAVES FROZEN FOOD PTE LTD

3. Effective Date of the Commencement of Insurance
for the purpose of the Act

26/09/2021

4. Date of Expiry of the Insurance

25/09/2022

5. Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/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

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:-

USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR SPEED TESTING.

USE WHILE DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess : S\$ 2,000.00 (SECTION 1)

S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)

Condition : ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner: UNITED OVERSEAS BANK LIMITED

CHIEF EXECUTIVE
(Singapore Branch)

User ID: T12003

Date Issued: 25/09/2021