





## 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	31/10/2022 14:50 (SGT)
Reported by	Driver
Date of Accident	29/10/2022 08:47 (SGT)
Exact Location of Accident	Marine Parade Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	WD1188S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HUP HUAT CRANE CO PTE LTD
Company Reg No	1XXXXX953C
Email Address	huphuat@singnet.com.sg
Mobile Phone No	(Phone) +65-98529603
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Liebherr
Model	LTM 1130-5.1
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	12816

### INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM110144931507

### DRIVER

Name of Driver	TANG JOO HUAK
NRIC No	SXXXX230B
Date Of Birth	09/05/1959
Occupation	Outdoor

Date Of Driving Pass	11/09/1980
Driving experience	42 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98529603
Alt. Phone Number	-
Email Address	huphuat@singnet.com.sg
Address	BLK 288A JURONG EAST STREET 21 #19-360
Address complement	-
Postcode	601288
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

ON 29/10/2022 AT ABOUT 08:47HRS I WAS AT MARINE PARADE ROAD AND WAS TURNING INTO MARINE PARADE CENTRAL. THERE WAS A LORRY GG66R WAS AT THE OPPOSITE SQUEEZE IN AND BRUSH AGAINST MY VEHICLE TYRE THAT ALL.

#### 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	GG66R
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GAO YU

Passport No/FIN .....	GXXXX881U
Contact Number .....	(Phone) +65-89415864
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 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 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.



Policyholder's Signature / Date & Time

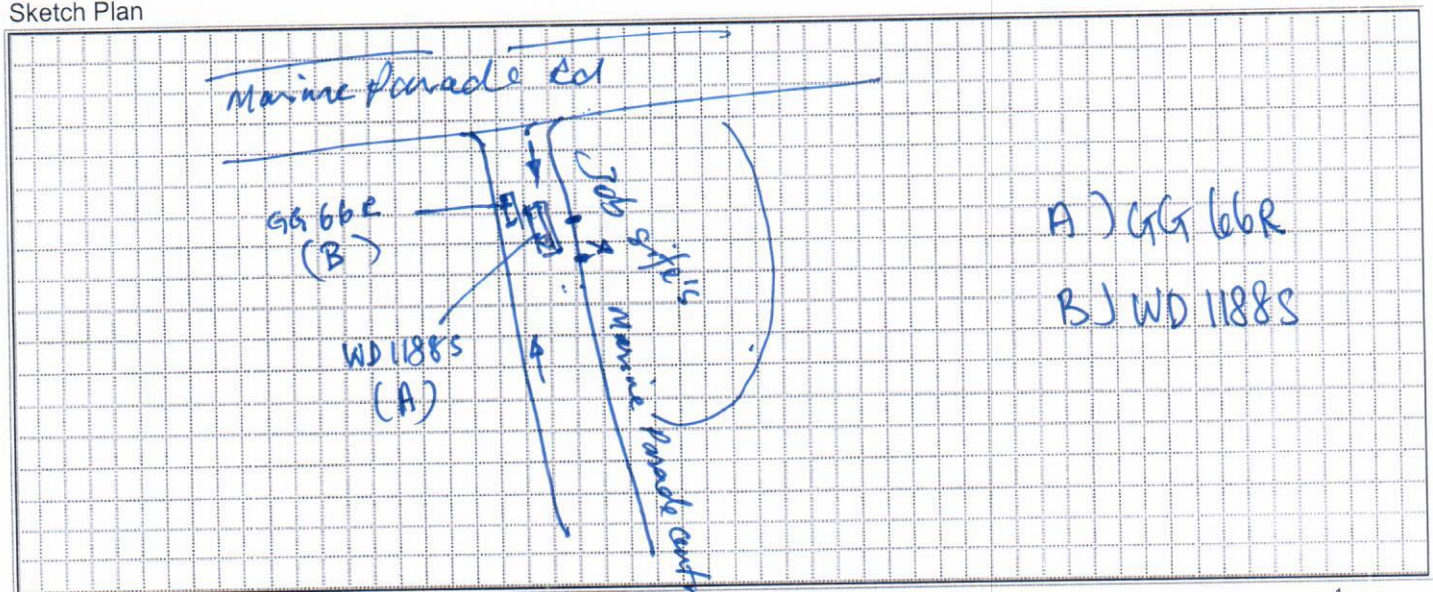
*[Signature]* 31-10-2022

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

*[Signature]* 31/10/2022

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

### Sketch Plan



Describe Circumstance of the Accident

ON 29/10/2022 AT ABOUT 0847HRS I WAS AT MARINE PARADE  
ROAD & WAS TURNING INTO MY WORK SITE AT MARINE PARADE  
CENTRAL. THERE WAS A LORRY CGBR WAS AT THE OPPOSITE  
SIDE IN & BRUSH AGAINST MY CLAM TYPE.

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]* 31-10-2022

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

*[Signature]* 31/10/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



# ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 10 / 2022) (DD/MM/YYYY), TIME: (0847) (HH:MM)

LOCATION: Marine Parade Central

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: WD 1188 S  
 b) INSURANCE COMPANY: UOI  
 c) POLICY NUMBER: DHOM110144931507  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Liebherr LTM1130  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Turning left in to construction job site  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)

IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Hup Huat Crane Co. Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 197903953C CONTACT:  
 c) ADDRESS: 13, Defu Lane 10  
#01-420

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Tang Joo Hiah (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 1373230 R CONTACT: 9829603  
 c) ADDRESS: BLK 288A, Turong East St 21  
#19-360 Singapore 601288

\* d) DATE OF BIRTH: (09 / 05 / 1959) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GG 66 R MODEL: Toyota Dyna  
 b) DRIVER'S NAME: Gao Yu  
 c) NRIC/FIN/PASSPORT: 66630881 U CONTACT: 89415864

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

huphuat@singnet.com.sg

email =

VIDEO



MEMBER OF THE UOB GROUP

**United Overseas Insurance Limited**

146 Robinson Road  
#02-01 UOI Building  
Singapore 068909

Tel (65) 6222 7733  
Fax (65) 6327 3869 / 6327 3870  
Fax (65) 6327 3872 (claims)  
Email: contactus@uoi.com.sg  
uoi.com.sg

Co. Reg. No. 197100152R

**ORIGINAL**

**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.** DH0M110144931507 **Excess:** \$1000/-THIRD PARTY PROPERTY DAMAGE  
**Type of Cover** THIRD PARTY  
**Vehicle Number** WD1188S  
**Name of Insured** HUP HUAT CRANE CO PTE LTD  
**Restricted Driver(s)** NOT APPLICABLE

**Period of Insurance** 15 September 2022 to 14 September 2023 **Engine#** 2014026408  
**Chassis#** W09585104FEL05625

MZ 801

**AUTHORISED DRIVER**

Any person provided he is in the Insured's employ and is driving on their order or with their permission

**LIMITATIONS AS TO USE**

Use in connection with the Insured's business

Whilst the Motor Vehicle is being so used the carriage of passengers is permitted

**THE POLICY DOES NOT COVER**

- (1) Use for racing pace-making reliability trial or speed-testing
- (2) Use for the carriage of passengers for hire or reward
- (3) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

Provided that the person 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.

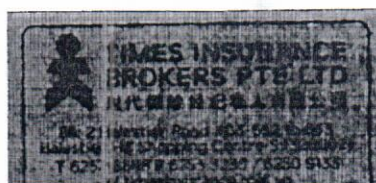
\*Limitation rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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).

**UNITED OVERSEAS INSURANCE LTD**

For the Company

FSCPP Date : 05/09/2022







10 Sin Ming Drive Singapore 575701  
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

18 Sep 2015

Our ref 1809150203N043044749

HUP HUAT CRANE CO PTE LTD  
13 DEFU LANE 10  
#01-420  
SINGAPORE 539194

Dear Sir/Madam

**NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION NO. WC9304B WITH VEHICLE REGISTRATION NO. WD1188S**

We are pleased to inform you that your application of 18 Sep 2015 for replacement of registration number has been approved.

2. The details of the vehicle after the transaction are as follows:

Vehicle Registration No. : WD1188S (Previously WC9304B)  
Vehicle Make : LIEBHERR  
Vehicle Model : LTM 1130-5.1  
Chassis No. : W09585104FEL05625  
Engine No./ Motor No. : 2014026408 / -

3. Please change the number plates on your existing vehicle (ie. Chassis No. : W09585104FEL05625, Engine No./ Motor No. : 2014026408 / -) to display the new/ replacement registration number, WD1188S by 21 Sep 2015. It is an offence to keep or use the vehicle without displaying the correct vehicle registration number assigned. The penalty for first offence is a fine not exceeding \$1,000 or imprisonment to a term not exceeding 3 months, and for the second or subsequent offence a fine not exceeding \$2,000 or imprisonment to a term not exceeding 6 months.

4. Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance. You may either quote the Business Transaction Reference No. 20150918125649882838 or the vehicle number when making your enquiry.

5. Thank you.

Yours sincerely

NG LAY CHOO (MS)  
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS  
VEHICLE SERVICES GROUP  
LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)

Transaction ref 20150915153434615569

The owner and vehicle particulars for Vehicle No. WC9304B as at 15 Sep 2015 are as follows:

1.	Name	: HUP HUAT CRANE CO PTE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 197903953C
4.	Place Of Passport Issue	: -
5.	Registered Address	: 13 DEFU LANE 10 #01-420 SINGAPORE 539194
6.	Mailing Address	: -
7.	Vehicle No.	: WC9304B
8.	Effective Date of Ownership	: 15 Sep 2015
9.	Original Registration Date	: 15 Sep 2015
10.	First Registration Date	: 15 Sep 2015
11.	Vehicle Type	: B62 - Goods (Open) Crane
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: Wheeled
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: LIEBHERR
17.	Vehicle Model	: LTM 1130-5.1
18.	Year of Manufacture	: 2015
19.	Primary Colour	: Yellow
20.	Secondary Colour	: Grey
21.	Passenger Capacity	: 1
22.	Chassis/Trailer Chassis No.	: W09585104FEL05625 / -
23.	Propellant/Emission Standard	: Diesel / Diesel-driven vehicles
24.	Engine No./Motor No.	: 2014026408 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 12816 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 60000
28.	Maximum Laden Weight(kg)	: 65280
29.	Open Market Value	: \$764,547.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: -
34.	COE No.	: -
35.	COE Expiry Date	: -
36.	COE Category	: -
37.	Quota Premium/Prevailing Quota Premium	: -
38.	Actual Quota Premium/PQP Paid	: -
39.	Actual ARF Paid	: \$0.00
40.	CO2 Emission(g/km)	: -
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: -
45.	Road Tax Amount	: \$2,976.00
46.	Road Tax Start Date	: 15 Sep 2015
47.	Road Tax End Date	: 14 Sep 2016
48.	Remarks	: -



**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:**

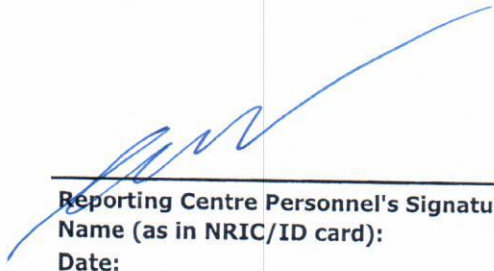
Original Report No: SN0824V0003 Vehicle Registration No: WD1188S  
Name (as shown in NRIC): TONG JAO HUAN NRIC/FIN/Passport No: 80000230B  
(\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Accident: 29/10/2022 Time of Accident: 08:47  
Place of Accident: MARINE PARADISE CENTRAL  
Insurance Company: NOT

**(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:

Insurance transfer to HUP HUAN GROUP CO. PTE LTD

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

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: