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SN0822AV0003-02 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 31/10/2022 14:50 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 3 (31/10/2022 15:01 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Actual Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

A. 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

31/10/2022 14:50 (SGT) Driver 29/10/2022 08:47 (SGT) Marine Parade Central, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

WD1188S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No.

Yes HUP HUAT CRANE CO PTE LTD 1XXXXX953C huphuat@singnet.com.sg (Phone) +65-98529603

VEHICLE PARTICULARS

Manufacturer Model 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? Vehicle Category Transmission CC

Liebherr LTM 1130-5.1

Employment

No - Reporting only Commercial vehicle Manual 12816

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

United Overseas Insurance Ltd DHOM110144931507

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TANG JOO HUAK SXXXX230B 09/05/1959 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.sq 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 AGAINS'T 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

Toyota

GAO YU

Commercial vehicle

Dyna

(TP			
Accident rep	ort SN	0822A	V0003

Vehicle Manufacturer

Vehicle Model

Vehicle Variant Vehicle Colour Vehicle Category

Name of Driver

Passport No/FIN Contact Number Address	GXXXX881U (Phone) +65-89415864
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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.

HUP HUP

Policyholder's Signature / Date & Time

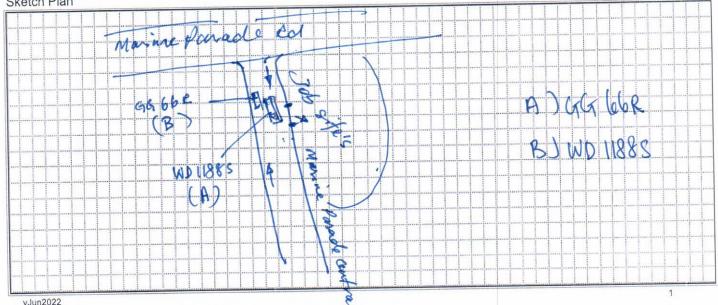
Mullary 31-10-2022

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

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

0

Sketch Plan



Describe Circumstance of the Accident ON 29 10 2022 AT ABOUT 0847HE8 7 WAS AT MARINE PARADE
ROAD of WAS TURNING INTO MY WORK SITE AT MARINE PARADE
CENTRAL THE WAS A LORRY CTG 66R WAS AT 9HR OPPOSITE
SQUEZZE IN & BRUSH AGMATIS MY CROWN TYPE.

Declaration

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

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder)

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

ACCIDENT'STATEMENT

. ACCID	DENT DATE: (29. / 10 /2022) (DD/MM/YYYY), TIME: (0347	- (MM:HH)	
LOCAT	TON: Mayne Parade central "	180	,
٦,	DETAILS OF VEHICLE	•	
	a) VEHICLE NUMBER: VVD 1188 S		
	CIPOLICY NUMBER: DHOM 110144931507		
	d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY	FIRE &THEFT)	
	BIMAKE & MODEL: ALLEMENT LTM 1130	4	*
	FITYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE B) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE	LE)	110: F
	h) PURPOSE OF USING AT ACCIDENT TIME: Turning left in	to confruction	1 JOB 511.
	1) UKE 100 CEVIMING OUDER 1001 OUT 11100KM 100 LICELISTAL		
2	IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) INSURED / POLICY HOLDER		
	AINAME: Hup Huat Crave Co. PTE 170 IMALE	/ FEMALE)	
	DINRIC/FIN/PASSPORT: 19 190591 & CONTACTE C) ADDRESS: 13, Defu Leve 10		
	#01-420	, , , , , , , , , , , , , , , , , , , 	, .
Edito of marco	* CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER DRIVER		
Who of personger	GINAME: Tang Jos + Man MALE	/ FEMALEI	
(Including driver.)	TO THE PORT PILL YOR A TRINOUS BOST ST 21	340 100	
~	#19-360 Single 60/288		
	e)OCCUPATION: (INDOOR / OUTDOOR)	. ,	
ž - ž	11/1/4	(VESTINO)	
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED!	(1007)107	
5.	a) WEATHER CONDITION: (CLEAR / RAINING / OTFICES		
	DIROAD SURFACE! (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO)		, ·
7.	DIREPORTED TO POLICE (YES / NO)		
0.	IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE	Dung	
the of passanger		ota Dyna	
(Including driver)	b) DRIVER'S NAME: Gao YM c) NRIC/FIN/PASSPORT: G663088 I U CONTACT:	89415864	
() 9.	THIRD, PARTY VEHICLE	1 11	r
in his of passenger	a) Abunca Mayner	1,	
(Including driver	CONTACT		
()	huphwat @singnet.com.sg.		
,	mip	1	
1.	email.=		

VIDRO



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)

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 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

FSCPP

Date: 05/09/2022



For the Company

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 / -

- 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.
- 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.)

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

	i dinolo 14	o. W C 9304B as at 15 Sep 2015 are as fol
1.	Name	· HILP HILAT CRANE GO PER L
2.	Identification No. Type	: HUP HUAT CRANE CO PTE LTD : Company
3.	Identification No.	
4.	Place Of Passport Issue	: 197903953C
5.	Pagistared A 11	: -
J.	Registered Address	: 13 DEFU LANE 10
		#01-420
6.	Mailing Address	SINGAPORE 539194
7.	Vehicle No.	: - : WC0204D
8.	Effective Date of Ownership	: WC9304B
9.	Original Registration Date	: 15 Sep 2015
10.	First Registration Date	: 15 Sep 2015
11.	Vehicle Type	: 15 Sep 2015
12.	Vehicle Scheme	: B62 - Goods (Open) Crane
13.	Attachment 1	: Normal
14.		: Wheeled
15.	Attachment 2	: -
	Attachment 3	t -
16.	Vehicle Make	: LIEBHERR
17.	Vehicle Model	: LTM 1130-5.1
18.	Year of Manufacture	: 2015
19.		: Yellow
20.	Secondary Colour	: Grey
21.	Passenger Capacity	: 1
22.	Chassis/Trailer Chassis No.	: W09585104FEL05625/-
23.	Propellant/Emission Standard	: Diesel / Diesel driese
24.	Engine No./Motor No.	: Diesel / Diesel-driven vehicles : 2014026408 / -
25.	Engine Capacity(cc)/Power Rating(kW)	
26.	Maximum Power Output(kW/bhp)	: 12816 / -
27.	Unladen Weight(kg)	: -/-
28.	Maximum Laden Weight(kg)	: 60000
29.	Open Market Value	: 65280
30.	PARF Eligibility	: \$764,547.00
31.	PARF Eligibility Expiry Date	: No
32.	Minimum PARF Benefit	: -
33.	IU Label No.	: \$0.00
34.	COE No.	:-
35.	COE Expiry Date	: -
36.	COE Category	1 -
37.	Oueta Promise /Promise /	: -
38.	Quota Premium/Prevailing Quota Premium	: -
39.	Actual Quota Premium/PQP Paid	: =
	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.		14 Sep 2016
48.	Remarks	- Sep 2010



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

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	ADDENDUM	3.
4)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:	
	Original Report No: SUCEDAYOUS Vehicle Registration	No: WDILLS
	Name (as shown in NRIC): Tour Joo Hall NRIC/FIN/Passport	No: SXXXX)30R
	(*Vehicle Driver/Policyholder) (*) Please delete as appropriate	
	Address:	Singapore (
	Contact (Tel): Mobile No.:	
	Email Address:	
	Date of Accident: Time of Accident:	08:47
	Place of Accident: NARINKE PARAME CAMPEN	
	Insurance Company:	
)	ADDITIONAL INFORMATION /AMENDMENTS:	
	I have made a report on the above-mentioned accident and would like to inclumake the following amendments:	ude additional information (
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	and the same of th	
	Policyholder / Actual Driver's Signature Date: Reporting Centre	Personnel's Signature
	Name (as in NRIC	/ID card):

Date: