

## 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 ..... 21/12/2022 16:33 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 19/12/2022 16:12 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Along 41 Jalan Buroh ,Level 2  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XE3770E

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LBT GLOBAL LOGISTICS PTE LTD  
Company Reg No ..... 2XXXXX806M  
Email Address ..... workshop@vfixauto.co.sg  
Mobile Phone No ..... (Phone) +65-64552957  
Alternative Phone No ..... +65-81940287

#### VEHICLE PARTICULARS

Manufacturer ..... UDTrucks  
Model ..... Escot  
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 - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 14000

#### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Policy Number / Cover Note Number ..... SI22V14615/VCH/R01

#### DRIVER

Name of Driver ..... Ding Zhikai  
Passport No/FIN ..... GXXXX758K  
Date Of Birth ..... 01/03/1989  
Occupation ..... Outdoor

Date Of Driving Pass .....	27/10/2015
Driving experience .....	7 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83767663
Alt. Phone Number .....	-
Email Address .....	workshop@vfixauto.co.sg
Address .....	523 Jurong West Street 52 #22-239
Address complement .....	-
Postcode .....	640523
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 .....	Collision - Change/cross lane
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 sketch plan

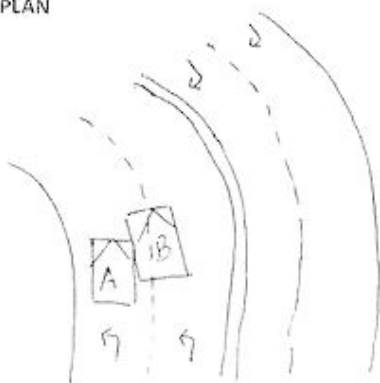
#### ATTACHMENT(S)

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 .....	XE814H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) ..... -



Vehicle B - XE 814H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: XE 370E, XE 814H ACCIDENT DATE & TIME: 19/12/2022, 1612hrs

CONTACT NUMBER: 64582957 E-MAIL ADDRESS: wskoh@vixauto.com.sg

LOCATION: Along 47 Jalan Borch, Level 2

On 18/12/2022 around 1612 hrs, Vehicle A along 47 Jalan Borch, Level 2  
manoeuvre on his own lane suddenly Vehicle B from lane 1 cut into lane 2  
Subsequently Vehicle B collided onto Vehicle A right portion

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN  
OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Please state: ☒ Claim Own Policy ☐ Claim Third Party ☒ Claim Own Policy at other workshop ☐ Reporting Only

## DECLARATION

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



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



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

## SKETCH PLAN

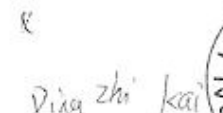

## IMPORTANT NOTICE

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

  
 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. 199002791D  
 51 Club Street  
 #03-00 Liberty House  
 Singapore 069428  
 Tel: (65) 6221 8811 Website: <http://www.libertyinsurance.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  
 ROAD TRANSPORT (AMENDMENT) ACT 2019  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

<b>Certificate No</b>	S122V14615 /VCH /R01										
<b>Form</b>	MZ802										
<b>Date of Issue:</b>	27-Oct-2022										
<b>1. Index Mark and Registration No. of Vehicle:</b>	XE3770E										
<b>2. Chassis number of Vehicle:</b>	JNCM1F1A8JU026679										
<b>3. Name of Policyholder:</b>	LBT GLOBAL LOGISTICS PTE. LTD.										
<b>4. Effective date of Commencement of Insurance for the purposes of the Act:</b>	24-NOV-2022 00:00										
<b>5. Date of Expiry of Insurance:</b>	23-NOV-2023 23:59										
<b>6. Persons or Classes of Persons entitled to drive:</b>	<p>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.</p> <p>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.</p> <p>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.</p>										
<b>7. Limitations as to use*:</b>	<p>A) Use in connection with the Policyholder's business.</p> <p>B) Use for the carriage of passengers (other than hire or reward) in connection with the Policyholder's business.</p> <p>C) Use for social, domestic and pleasure purposes.</p>										
<b>8. The Policy does not cover:</b>	<p>A) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use for the carriage of passengers for hire or reward.</p> <p>C) Use whilst drawing a greater number of trailers in all than is permitted by law.</p>										
<p>*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, 1987 are not to be included under these headings.</p>											
<p>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.</p>											
<p>For and on behalf of  <b>LIBERTY INSURANCE PTE LTD</b>                      Approved Insurers</p>  Authorised Signatory											
<p><b>For Information only:</b></p> <table border="0"> <tr> <td>COVERAGE:</td> <td>Comprehensive, Unlimited Windscreen</td> </tr> <tr> <td>SUM INSURED (\$\$):</td> <td>MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td>EXCESS (\$\$):</td> <td>All Claims \$1,000.00, Additional Excess - All Claims - Young, Elderly &amp; Inexperienced Drivers \$3,000.00, Windscreen Excess \$100.00</td> </tr> <tr> <td>FINANCE COMPANY:</td> <td>UNITED OVERSEAS BANK LIMITED</td> </tr> <tr> <td>PRODUCER NAME:</td> <td>VIRTUAL INSURANCE AGENCIES PTE LTD</td> </tr> </table>		COVERAGE:	Comprehensive, Unlimited Windscreen	SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS	EXCESS (\$\$):	All Claims \$1,000.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00, Windscreen Excess \$100.00	FINANCE COMPANY:	UNITED OVERSEAS BANK LIMITED	PRODUCER NAME:	VIRTUAL INSURANCE AGENCIES PTE LTD
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## AUTHORIZATION LETTER

Date: 20/12/2022


To Whom It May Concern:

I LBT Global Logistics Pte Ltd, Company Reg No 202005806M

hereby like to authorized Vpix Auto Pte Ltd, IC 2018 30761R

to make accident report behalf of company.

Your Sincerely



Signature / Company Stamp















