

# 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 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 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 ..... 22/07/2022 16:03 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 21/07/2022 09:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Along BKE towards PIE (slip road KJE)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XE7188K

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... PACIFIC INTEGRATED LOGISTICS PTE LTD  
Company Reg No ..... 200002805C  
Email Address ..... jason.lin@plg-logistics.com  
Mobile Phone No ..... (Phone) +65-85585554  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Man  
Model ..... TGS 18.330 4X2 BL SA  
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 ..... Auto  
CC ..... 9037

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Policy Number / Cover Note Number ..... GA616584/1

### DRIVER

Name of Driver ..... Cao Deliang  
Passport No/FIN ..... G8534940L  
Date Of Birth ..... 22/02/1988  
Occupation ..... Outdoor

Date Of Driving Pass .....	02/03/2021
Driving experience .....	1 YEAR AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82263180
Alt. Phone Number .....	-
Email Address .....	jason.lin@plg-logistics.com
Address .....	31 Tuas South Link 4
Address complement .....	-
Postcode .....	636834
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	5
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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? .....	Yes
Police Station Name .....	Jurong Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002659999
Alt. Police Station Phone No .....	(Fax) +65-62664987
Police Station Address .....	Blk 158 Yung Loh Road #01-58 Singapore 610158
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to police report T/20220721/2077

#### 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 .....	XE1517J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	Iman Mushaiyad Bin Azizian
NRIC No .....	S9438432Z
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	YN4452H
Vehicle Manufacturer .....	Mitsubishi
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SKC4177B
Vehicle Manufacturer .....	Suzuki
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number .....	SHC5899E
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) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	Cao Deliang
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	XE7188K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

## SKETCH PLAN

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### 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

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

VEH A: XET188K  
 B: XE1517J  
 C: SHC 5899E  
 D: SKC 4177B  
 E: YN 4452H

BK E TOWARD KIE























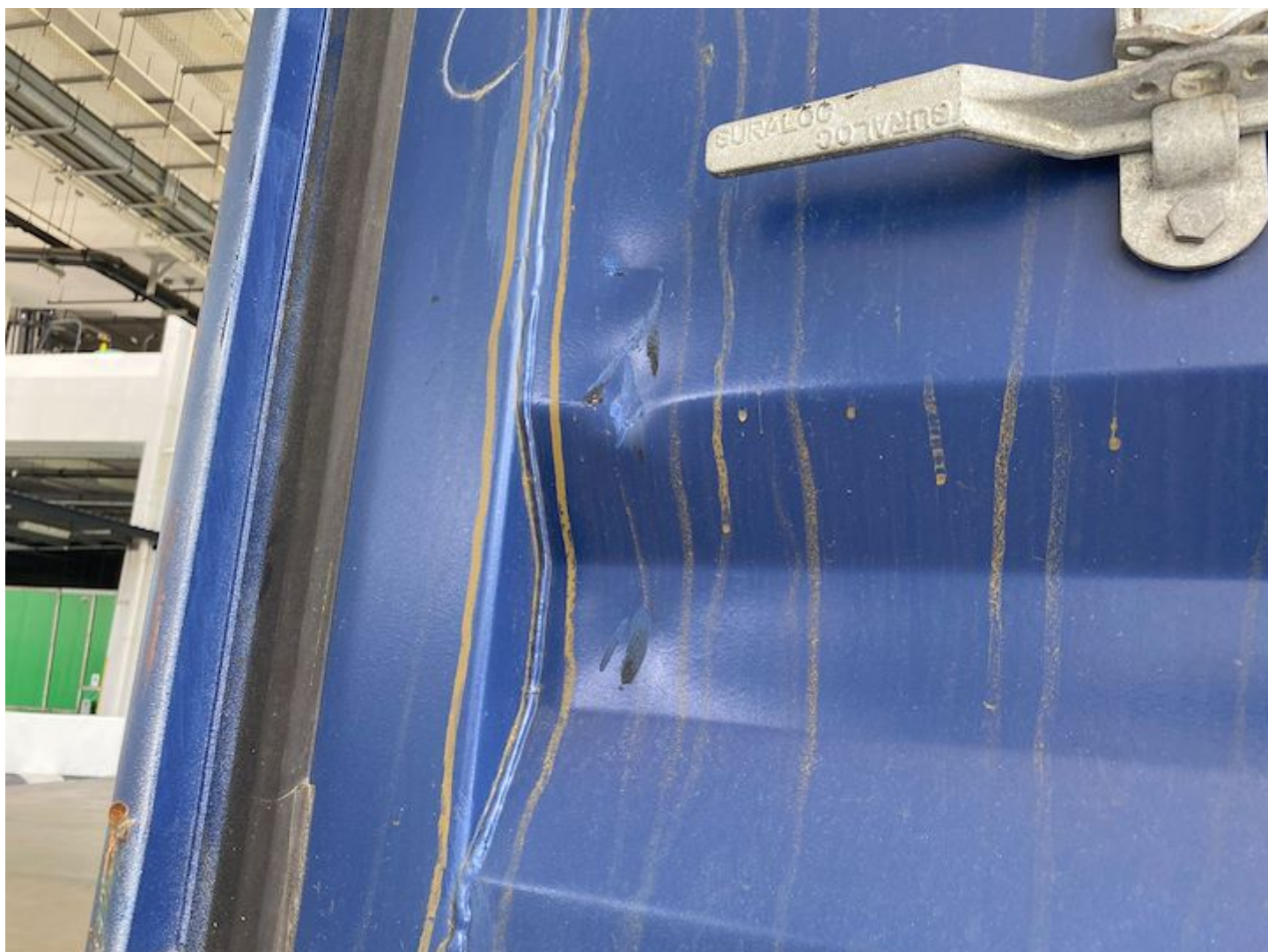






































































**SINGAPORE  
POLICE FORCE**



T/20220721/2077

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

1 of 4

Report No. T/20220721/2077

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/07/2022 18:07	Vide Report No.: L/20220721/0057	Station Diary No.: 60
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**Informant's Particulars**

Name of Informant: CAO DELIANG			Address:		
ID Type / ID No.: FIN NO / G8534940L			Contact No.: Home/Office: Mobile: 82263180		
Nationality: CHINESE			Email:		
Sex: Male	Age: 34	Date of Birth: 22/02/1988	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/07/2022 09:30	Type of Location: SLIPROAD
Location:  BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5899E	Car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Red		0
SKC4177B	Car	SUZUKI	APV 7- SEATER 1.6 5DR GLX AT ABS D/AIRBAG	Blue		0
XE1517J	PRIMEMOVE R	MITSUBISHI	FUSO FP51SDR3V DEA	White		0



**SINGAPORE  
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T/20220721/2077

2 of 4

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

Report No. T/20220721/2077

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XE7188K	PRIMEMOVE R	MAN	TGS 18.330 4X2 BL SA	White	Seriously Damaged	0
YN4452H		MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White		0

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	IMAN MUSHAIYAD BIN AZIZIAN		ID No.	S9438432Z	
Related Vehicle	XE1517J (PRIMEMOVER)		Contact No.	NIL	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	
Driver					
Name	CAO DELIANG		ID No.	G8534940L	
Related Vehicle	XE7188K (PRIMEMOVER)		Contact No.	82263180	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	03		Degree of Injury	Slight	

**Brief Details.**

On the 21/07/2022 at about 0930hrs, I was driving my vehicle, XE7188K along BKE exit towards Exit 5 on the second lane. Subsequently, I came to a stop at the roundabout due to the roadwork ongoing on the first lane and congestion. Suddenly, I felt a collision from the rear of my vehicle and my vehicle inch forward due to the impact caused. I alighted and checked to discover that it is a chain collision of total 05 vehicles. The sequence of the vehicles respectively from first to last: SHC5899E, SKC4177B, YN4452H, XE7188K, XE1517J. Presence of both Ambulance and Traffic Police. I was conveyed to Ng Teng Fong General Hospital for further examination and was granted 03 days of medical leave. I sustained neck injury. My vehicle was damaged both headlight and rearlight, both from bumper and rear bumper. I would like to mention that SHC5899E did not wait for police's arrival and left the vicinity.





**SINGAPORE  
POLICE FORCE**



T/20220721/2077

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

3 of 4

Report No. T/20220721/2077

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20220721/2077

4 of 4

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

Report No. T/20220721/2077

**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:

J /

SGT 2 LIM JUNJIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/07/2022 18:07

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMED FERROZ BIN HUSSIEEN

Contact No.: 65476206

Classification Of Case:

NP168




**redefining / insurance**

AXA Insurance Pte Ltd  
 ☎ 1800 880 4888 (Within Singapore)  
 (65) 6880 4888 (International)  
 📠 (65) 6880 4740  
 ✉ customer.care@axa.com.sg  
 🌐 www.axa.com.sg

date  
**25/04/2022**

policy number  
**GA616584**

## Certificate of Insurance

-Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Commercial Vehicles (Third-Party Risks and Compensation) Rules, 1960 -Road Transport Act, 1987 (Malaysia) -Commercial Vehicles (Third-Party Risks ) Rules, 1959 (Malaysia)

### Policy details

Policyholder name	<b>PACIFIC INTEGRATED LOGISTICS PTE LTD</b>	Certificate number	<b>GA616584 / 1</b>
Cover	<b>Comprehensive</b>	NCD	<b>0%</b>
Engine number	41561740836154	Chassis number	WMA06KZZ5NP178337
Vehicle Registration number	<b>XE7188K</b>		
Period of Insurance	from <b>28/03/2022</b> to <b>27/03/2023</b> (both dates inclusive)		
Sum Insured	<b>Market Value at The Time of Loss</b>		
Finance Loan Company	<b>MAYBANK SINGAPORE LTD</b>		

### 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.

### Limitations 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.

The Policy does not cover

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

\* Limitations rendered inoperative by Section 8 of the Commercial 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.

### Excess

Section I	SGD1,500.00
Windscreen	SGD300.00

An additional excess is applicable as follows:

Additional Own Damage Excess of S\$1,000 is applicable for any named/unnamed drivers who:

- a) Is 22 years old to 24 years old and/or
- b) Is 66 years old to 70 years old and/or
- c) with driving experience of 1 year to less than 2 years on the relevant classes of driving license

Additional All Claims excess of \$2,000.00 is applicable for any named/unnamed drivers who:

- a) Is 18 years old to 21 years old and/or
- b) Is 71 years old and above and/or
- c) with driving experience of less than 1 year on the relevant classes of driving license

AXA Insurance Pte Ltd (199903512M)  
 8 Shenton Way, #24-01, AXA Tower,  
 Singapore 068811  
 Customer Centre, #B1-01

1 of 2