

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	13/02/2023 09:15 (SGT)
Reported by	Driver
Date of Accident	10/02/2023 10:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN EUNOS ROAD AFTER PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ4906A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	UNI-TAT ICE & MARKETING PTE LTD
Company Reg No	1XXXXX736C
Email Address	chiakc@iceman.com.sg
Mobile Phone No	(Phone) +65-67448484
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU700R 12FT WID CAB 5T MT
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	4009

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	B 400001498 MKF

DRIVER

Name of Driver	LIN YANNENG
Work Permit No	0XXXX6026
Date Of Birth	21/09/1981
Occupation	Outdoor

Date Of Driving Pass	19/01/2007
Driving experience	16 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82616934
Alt. Phone Number	-
Email Address	chiakc@iceman.com.sg
Address	51 PAYA UBI INDUSTRIAL PARK, UBI AVENUE 1
Address complement	# 01-26
Postcode	408933
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

PLEASE REFER TO THE ATTACHED STATEMENT

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	SLU2396S
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-98395232

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.

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

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

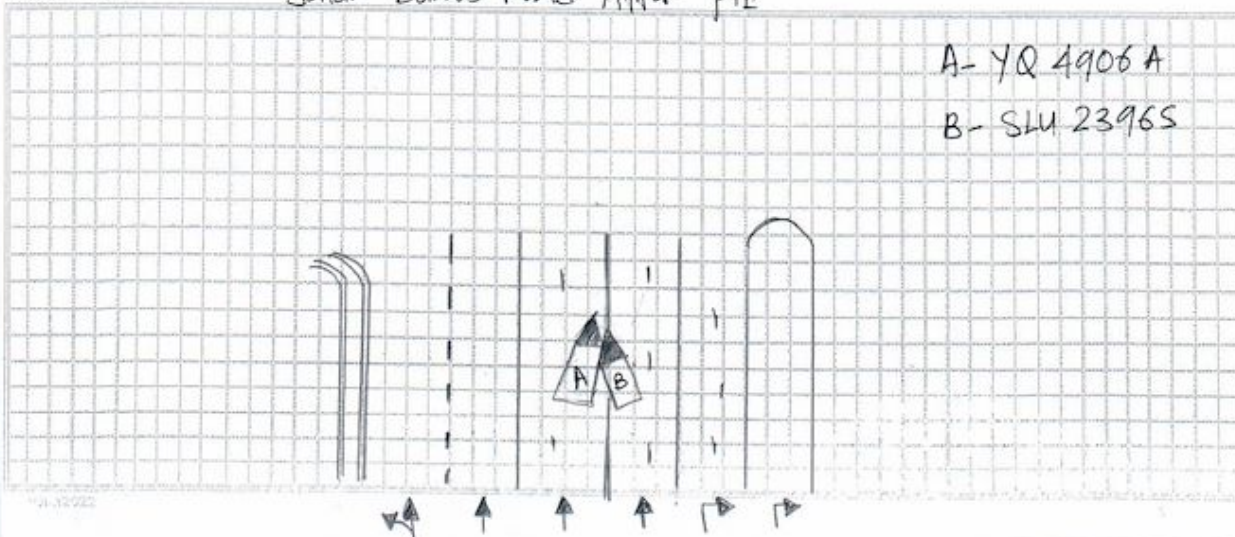
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Solan Bunos Road After PIE

A- YQ 4906 A

B- SLU 2396S



Describe Circumstance of the Accident

on the above stated date and time, I was driving at Jalan
 Euros Road After PLE after a delivery at Euros Market.
 I was at the 4th lane slowly filtering to the 3rd lane proceeding
 to 2nd and 1st lane to turn Right. Then I saw my side mirror
 vehicle B was at the second lane, so I slowed down my vehicle
 at the 3rd lane for vehicle B to pass over my vehicle before
 I filter to the second lane. vehicle B was quite far away.
 Instead of passing over my vehicle, vehicle B hit my front
 right portion of my vehicle. There was also less vehicles on
 the road on all the lanes as I know. Driver of vehicle B
 did not exchange any particulars with me, and he claims that
 he is a lawyer.

Declaration

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



Policyholder's Signature / Date & Time

林艳红 10-2-23

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

13/02/2023

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







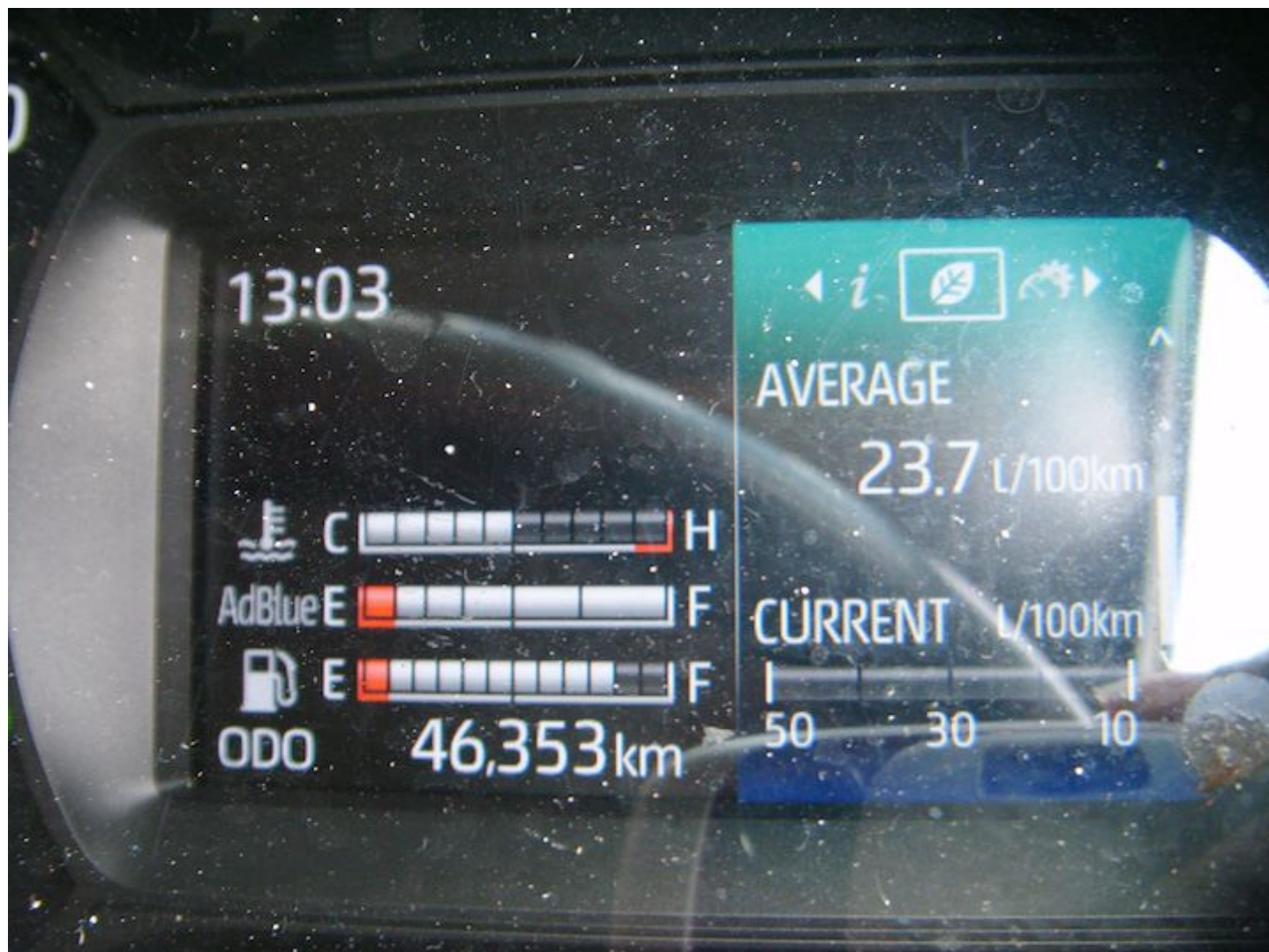


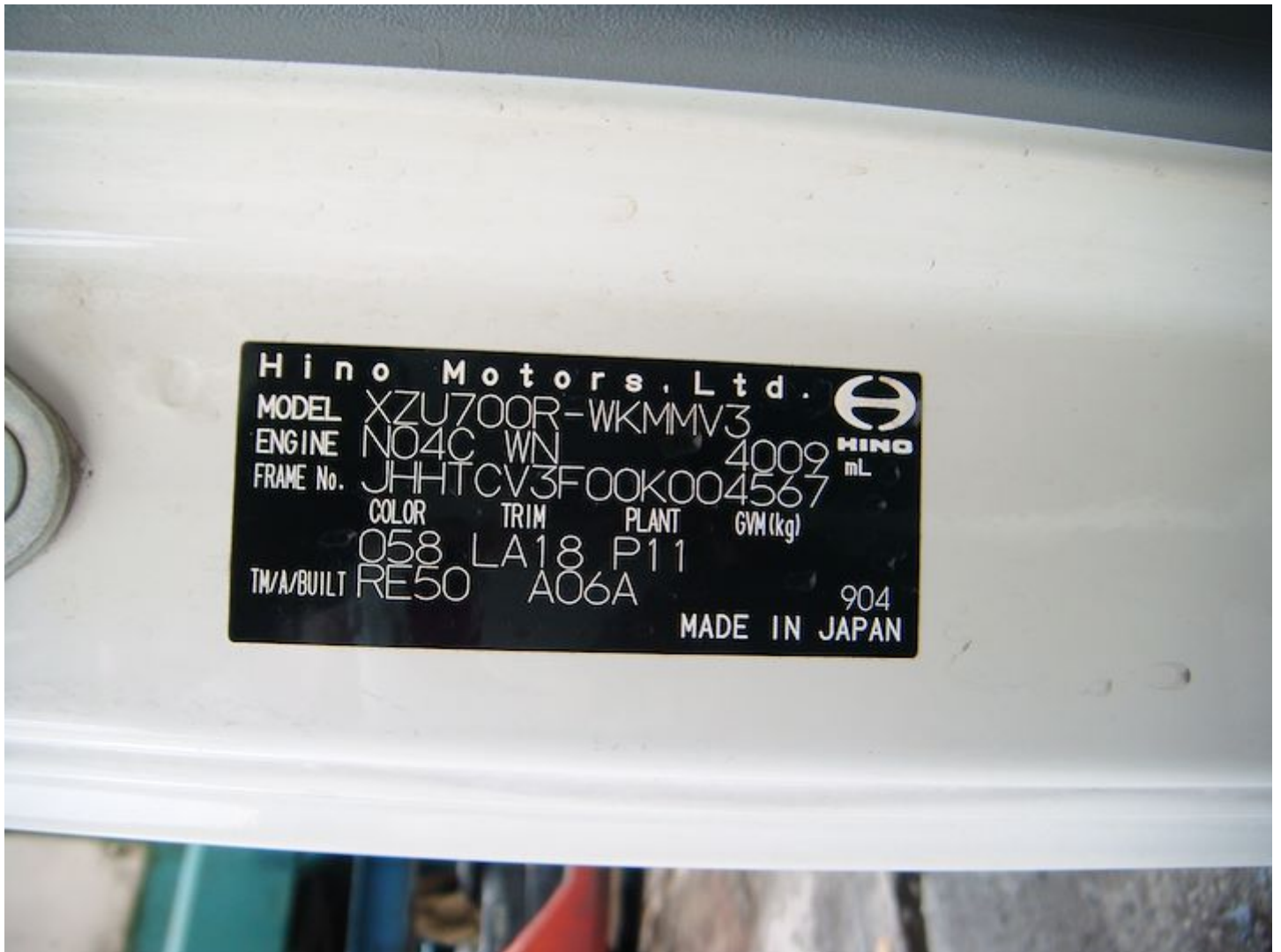














Angelia Translation Pte Ltd

BUSINESS REG NO.: 201941454K
 400 Orchard Rd, Orchard Towers #06-18A
 Singapore 238875
 Tel: 6444 7737/8699 1075
 Email: enquiry@sgtnp.net

TRANSLATION

THE PEOPLE'S REPUBLIC OF CHINA
DRIVING LICENCE

LICENCE NO. 350681198109215732

Name Lin Yanneng Gender Male Nationality Chinese
 Address No. 381 Xinyang Xinyang Village Zini Town Longhai District Zhangzhou City Fujian Province

TRAFFIC MANAGEMENT BUREAU
 PUBLIC SECURITY BUREAU OF
 ZHANGZHOU CITY
 FUJIAN PROVINCE

Date of Birth 21 September 1981Date When Licence First Obtained 19 January 2007Licensed to Drive Vehicles in Code(s) C1DValid from 19 January 2023 to long-term

[Photograph Affixed]

Angelia Translation Pte Ltd
 400 Orchard Rd, Orchard Towers #06-18A
 Singapore 238875

This is a translation by
 Lily Wang

02 FEB 2023

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Record.

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400 Orchard Rd, Orchard Towers #06-175
Singapore 238875

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DRIVING LICENCE CLASS CODES

A1	Large Buses and A3, B1, B2	C4	Tri-wheel Vehicles
A2	Towing Vehicles and B1, B2	C5	Small Automatic Cars for Handicaps Only
A3	Urban Public Transport and C1	D	Ordinary 3-wheel motorcycles and E
B1	Medium Buses and C1, M	E	Ordinary 2-wheel motorcycles and F
B2	Large Trucks and C1, M	F	Light Motorcycles
C1	Small Cars and C2, C3	M	Self-propelled Wheeled Machinery
C2	Small Automatic Cars	N	Trolleybuses
C3	Low-speed Goods Vehicles and C4	P	Tramcars

[Barcode] *3520029948728* No other unit or person except the public security traffic control authority shall retain this licence.

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400 Orchard Rd, Orchard Towers #06-18A
Singapore 238875

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SUPPLEMENTARY PAGE OF DRIVING LICENCE OF THE PEOPLE'S REPUBLIC OF CHINA

LICENCE No. 350681198109215732

Name Lin Yanneng File No. 350699079939

Record: It will be valid from 08 November 2022 to the valid start date.

Please apply changing to permitted class driving licence before 21 September 2051.

Angelia Translation Pte Ltd
400 Orchard Rd, Orchard Towers #10-10A
Singapore 238871

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02 FEB 2023

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