

# 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 .....	28/03/2023 08:44 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	27/03/2023 09:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	KAMPONG JAVA ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YQ1075S
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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 WIDE CAB 5T
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 .....	4009

### INSURANCE COMPANY

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

### DRIVER

Name of Driver .....	ZHU YULIN
Work Permit No .....	0XXXX7855
Date Of Birth .....	16/01/1983
Occupation .....	Outdoor

Date Of Driving Pass .....	21/11/2014
Driving experience .....	8 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83574685
Alt. Phone Number .....	-
Email Address .....	chiakc@iceman.com.sg
Address .....	51 UBI AVENUE 1, PAYA UBI INDUSTRIAL PARK
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 .....	Collision - U-Turn
Weather Conditions .....	DRIZZLING
Road Surface .....	Wet

#### 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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### 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 .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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) .....	-

SKETCH PLAN

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4. The ~~use~~ use 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 ~~submission~~ submission 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 the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

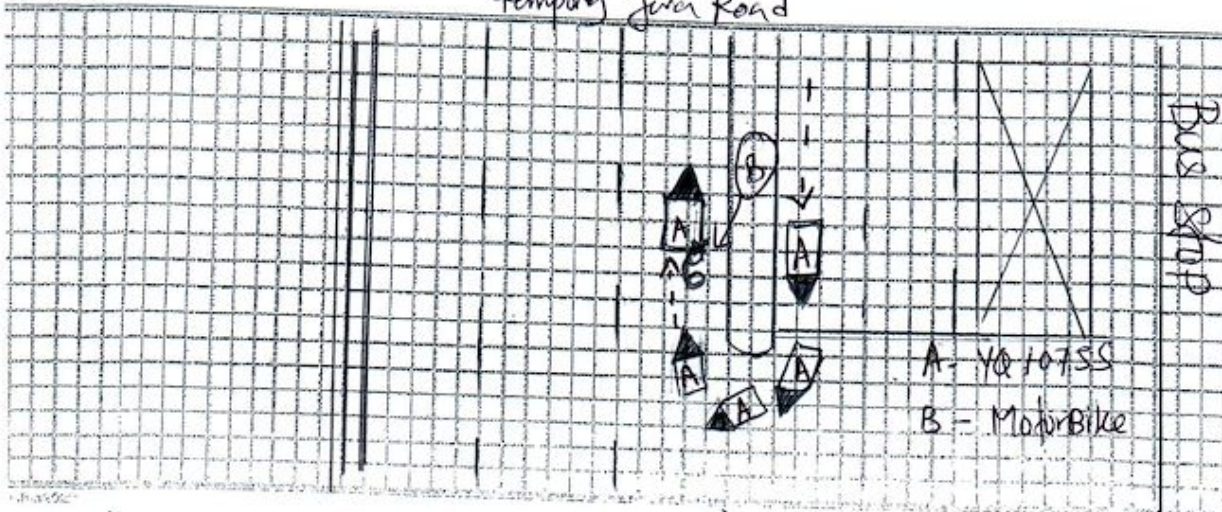


Policyholder's Signature / Date & Time

27.03.23 朱玉林  
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





**Describe Circumstance of the Accident**

On the above stated date and time, I was travelling along Kembangan Road making a u-turn on my right to the other side of the road. I have already made the u-turn and head into the lane and suddenly vehicle B came and hit into the rear right portion of my vehicle.

**Declaration**

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



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) 28/3/23























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**TRANSLATION**

**THE PEOPLE'S REPUBLIC OF CHINA  
 DRIVING LICENCE**

LICENCE NO. 370831198301166273

Name Zhu Yulin Gender Male Nationality Chinese

Address No. 176 Zhegousicun Zhegou Town Sichui County Shandong Province

TRAFFIC MANAGEMENT BUREAU

PUBLIC SECURITY BUREAU OF

JINING CITY

SHANDONG PROVINCE

Date of Birth 16 January 1983Date When Licence First Obtained 21 November 2014Licensed to Drive Vehicles in Code(s) C1Valid from 21 November 2020 to 21 November 2030

[Photograph Affixed]

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

1 DEC 2022

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

LICENCE No. 370831198301166273

Name Zhu Yulin File No. 370860395016

Record: \_\_\_\_\_

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15 DEC 2022

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