

## 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 First Submission .....	16/08/2024 18:36 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	18/07/2024 13:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BLK 822 TAMPINES ST 81 OSPC
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBJ5708H
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	RUNDA TRADING PTE. LTD.
Company Reg No .....	201301313Z
Email Address .....	SUIXITAO1618@163.COM
Mobile Phone No .....	(Phone) +65-85523769
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Nv200
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? .....	No - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	1461
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Lonpac Insurance Bhd
Policy Number / Cover Note Number .....	-

#### DRIVER

Name of Driver .....	SUI XITAO
Work Permit No .....	G6628901Q
Date Of Birth .....	19/11/1971
Occupation .....	Indoor
Driving Pass Date .....	22/07/2010
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	14 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-90257195
Alt. Phone Number .....	-
Email Address .....	SUIXITAO1618@163.COM
Address .....	C/O 30 ALEXANDRA LANE,
Address complement .....	#B1-03, SKYLIGHT BUILDING,
Postcode .....	119982
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	DIRECTOR
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 - Major/Minor Rd
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 THE 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 .....	SLE6228C
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) .....	-

**SKETCH PLAN**

**IMPORTANT NOTICE**

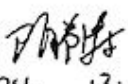
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**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

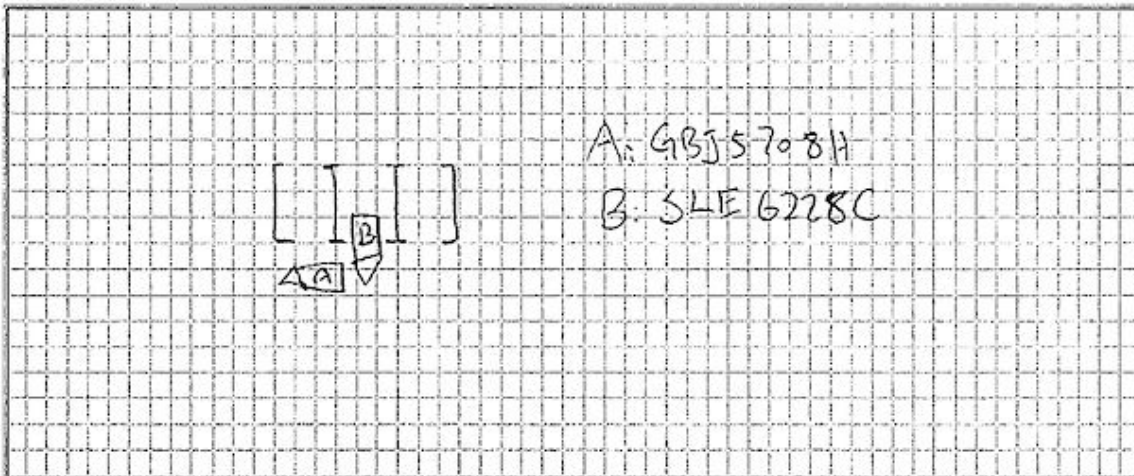
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

16/8/24 13:03  
  
 Policyholder's Signature / Date & Time

16/8/24 13:03  
  
 Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan



Handwritten sketch plan on a grid. It shows two vehicles, A and B, represented by rectangles. Vehicle A is at the bottom left, and Vehicle B is at the top left. To the right of the vehicles, the license plate numbers are written: A: GBJ 5708H and B: SLE 6228C.

**Describe Circumstance of the Accident**

VEHICLE NO: GBJ5708H ACCIDENT DATE & TIME: 13:00 18/17/2024

CONTACT NUMBER: 90257195 / 85523769 E-MAIL: Sui Xitao 1618 @ 163.com

LOCATION: Blk 822 TAMPINES St. 81 OSCP

While I was reversing, his car appeared in my reversing path, and then I collided with his car door.


When he comes out of the parking space, he should pay attention to whether there are other people reversing.


NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 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 CO/TP AT OTHER WORKSHOP ☐ REPORTING ONLY

**Declaration**

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

  
161812024\*13:03  
Policyholder's Signature / Date & Time

  
161812024 13:03  
Driver's Signature (if driver is not the policyholder) / Date & Time

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



















































