

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 ability.
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 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 Report	18/12/2017 17:06
Date Of Accident	18/12/2017 10:40
Exact Location Of Accident	JUNC OF UPP BUKIT TIMAH RD & HILLVIEW RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YM6655G
Insured/Policyholder	
Name Of Registered Owner	M/S ISLAND RECOVERY SERVICES
Co Reg No	53120055L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91828211
Alternative Phone No	OFFICE-91828211
Vehicle Particulars	
Manufacturer	ISUZU
Model	NHR
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN1739581700
Cover Note Number	
Driver	
Name of Driver	GUO XINGJUN
Passport No/FIN	F7879938L
Date Of Birth	13/04/1971
Occupation	OUTDOOR
Date Of Driving Pass	07/01/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86736359
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 350 UBI AVE 1 #01-939
Postcode	400350
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NPP
Police Station Address	ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/2017/1218/2109

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB8690X
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MOHAMED HUSAINI BIN ABD RAHMAN
NRIC/Passport Number	S7007084G
Contact Number	88625861
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
------	--

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number PEDESTRIAN

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name GUO XINGJUN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? YM6655G

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? PEDESTRIAN

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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:

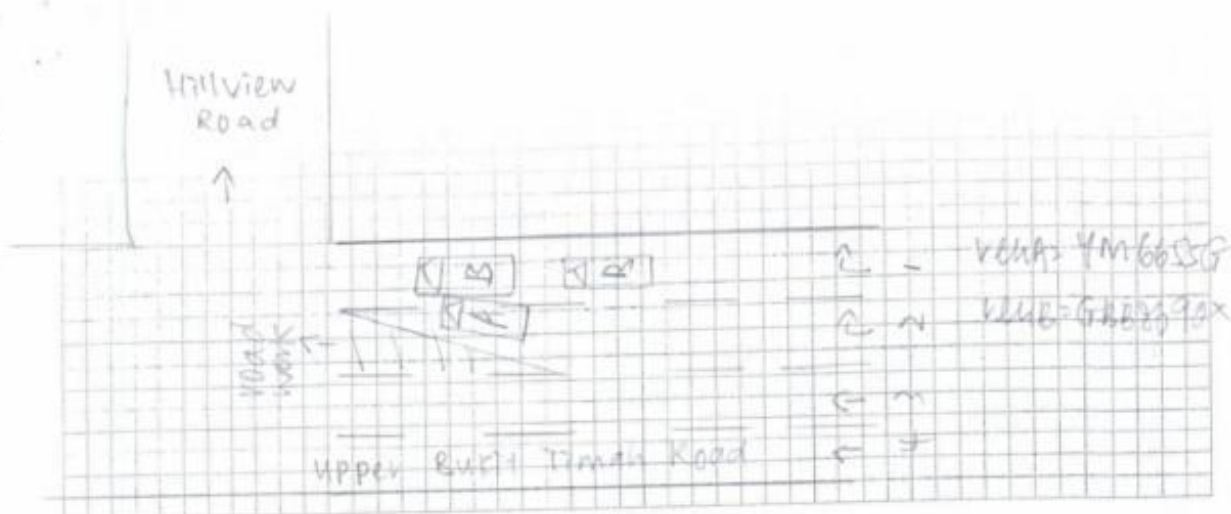
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the police report: 7/20171218/2109.

DECLARATION

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



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. 1

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20171218/2109

2 of 4

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20171218/2109

CONTINUATION OF REPORT

Driver			
Name	MOHAMED HUSAINI BIN ABD RAHMAN	ID No.	S7007084G
Related Vehicle	GBB8690X (Lorry)	Contact No.	88625861
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	GUO XINGJUN	ID No.	F7879938L
Related Vehicle	YM6655G (Tow Truck)	Contact No.	86736359
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: 06/01/2018
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On the 18/12/2017 at about 1042hrs, I was driving my company's vehicle, YM6655G, along Upper Bukit Timah Road on lane 2. I saw that there was road works along lane 2 ahead, so I stopped my vehicle slightly inched to the right at the traffic light junction. Another truck, GBB8690X, was on lane 1, slightly behind me. When the traffic light signal turned green, both of our vehicles started moving. The vehicle GBB8690X hit my right side view mirror, but continued to move. I chased the vehicle GBB8690X and turned into Hillview Road, and managed to stop the other vehicle.

After both vehicles stopped, both drivers alighted. I took pictures of the damage and tried to ask the other driver for his particulars. We have some issue conversing and he did not look like he understood what I was saying. When I was about to go back to my vehicle to take some items from my bag, I saw the other driver got back into his vehicle, attempting to drive away. As such I went back to his vehicle and grabbed onto the side of the vehicle as well as his steering wheel. The other driver stepped on the accelerator pedal and started moving the vehicle and I was dragged along with it. After GBB8690X overtook my parked vehicle, he turned his steering wheel to the left abruptly. The vehicle moved to the left and mounted the pavement, hitting a female pedestrian, and caused the pedestrian to fall. The other driver finally stopped and I called for police assistance.

Shortly after, the ambulance arrived and the paramedics attended to the pedestrian. She was still conscious and I did not see any open wounds or bleeding on her. The traffic police arrived and interviewed all involved parties. I was advised to lodge a traffic accident report vide incident no. J/20171218/0099.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20171218/2109

1 of 4

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20171218/2109

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2017 15:49		Vide Report No.: J/20171218/0099		Station Diary No.: 18	
Informant's Particulars					
Name of Informant: GUO XINGJUN			Address: APT BLK 350 UBI AVENUE 1 #01-939 CHANCERLODGE COMPLEX SINGAPORE 400350		
ID Type / ID No.: FIN NO / F7879938L			Contact No.: Home/Office: Mobile: 86736359		
Nationality: CHINESE			Email:		
Sex: Male	Age: 46	Date of Birth: 13/04/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TOW TRUCK DRIVER			Driving Licence Information: Class: 3,4		Date of Expiry: 06/01/2018

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 18/12/2017 10:40	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 UPPER BUKIT TIMAH ROAD HILLVIEW ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB8690X	Lorry				Slightly Damaged	0
YM6655G	Tow Truck				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: NA

Police Report



SINGAPORE
POLICE FORCE



T/20171218/2109

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Police Station Of Origin:
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Report No. T/20171218/2109

CONTINUATION OF REPORT

Driver			
Name	MOHAMED HUSAINI BIN ABD RAHMAN	ID No.	S7007084G
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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	GUO XINGJUN	ID No.	F7879938L
Related Vehicle	YM6655G (Tow Truck)	Contact No.	86736359
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: 06/01/2018
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

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Police Report



**SINGAPORE
POLICE FORCE**



T/20171218/2109

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20171218/2109

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/20171218/2109

4 of 4

Report No. T/20171218/2109

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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:

G /

Sgt 2 LIM WEI SIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/12/2017 15:49

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt LEE SOON LYE

Contact No: 65476239

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Driving License



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

		EFFECTIVE DATE
C	Class 2 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	07 Jan 2013
	Class 4 Heavy motor cars and motor tractors > 2500 kg	07 Mar 2017

F7879938L

S / No. 9000257279



Licence No. F 7879938L

NP 428A

VISIT PASS

Immigration Regulations

Name
GUO XINGJUN



Date of Birth 13-04-1971 Sex M Nationality CHINESE
PRN F7879938L Date of Issue 02-06-2017 Date of Expiry 07-07-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

