

## 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 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	21/08/2018 14:20
Date Of Accident	18/08/2018 16:00
Exact Location Of Accident	CTE/PIE(CHANGI)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY3874K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOOD LUCK KITCHEN
Co Reg No	52904274J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90071780
Alternative Phone No	OFFICE-90071780

### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN 5DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCPHQ18-001335
Cover Note Number	

### Driver

Name of Driver	YANG ZHI PENG
NRIC No	G0320357W
Date Of Birth	01/04/1978
Occupation	OUTDOOR
Date Of Driving Pass	07/05/2009
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90071780
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	NA
Postcode	
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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	JURONG WEST NPC
Police Station Address	<b>ROAD:</b> 700 CORPORATION ROAD , <b>POSTCODE:</b> 649818 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT NO: (T/20180817/2170) ON 17/08/2018 AT 1600HRS, WAS DRIVING THE COMPANY VAN, GY3874K, ALONG CTE TOWARDS PIE. AT THE SLIP ROAD EXIT 8B TOWARDS PIE (CHANGI), I FOLLOWED BEHIND A CAR, SLE8227S, SUDDENLY THE CAR IN FRONT OF ME BRAKED SUDDENLY AND I COULD NOT BRAKE IN TIME. A COLLISION RESULTED AND THE CAR WAS PUSHED TO THE RIGHT AND STOPPED EVENTUALLY. I WENT OUT TO CHECK AND MY VAN SUFFERED DENTS ON THE FRONT RIGHT PORTION. I WAS NOT INJURED. THE CAR SUFFERED DAMAGES TO THE FRONT AND REAR PORTION AND THE AIRBAG HAD DEPLOYED. THE DRIVER WAS SEEN BLEEDING ON THE RIGHT SIDE OF HIS HEAD. THE POLICE AND AMBULANCE LATER ATTENDED TO THE INCIDENT AND THE OTHER DRIVER WAS CONVEYED BY AMBULANCE. THE WEATHER WAS CLEAR AND THE ROAD SURFACE WAS DRY. TRAFFIC WAS HEAVY.

#### 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	SLE8227S
Vehicle Make/Model/Colour	HONDA/VEZEL 1.5X CVT/WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 1

**DETAILS OF INJURED PERSON 1**

Name UNKNOWN DRIVER  
Approximate Age  
Injuries Sustain HEAD BLEEDING  
Injured person in which vehicle? SLE8227S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

Sketch Plan

SKETCH PLAN

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 insurance companies.
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 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.
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.

VERIFIED BY AJAX MARS  
 REPORTING OFFICER  
 MOHD FADZLY BIN ISMAIL

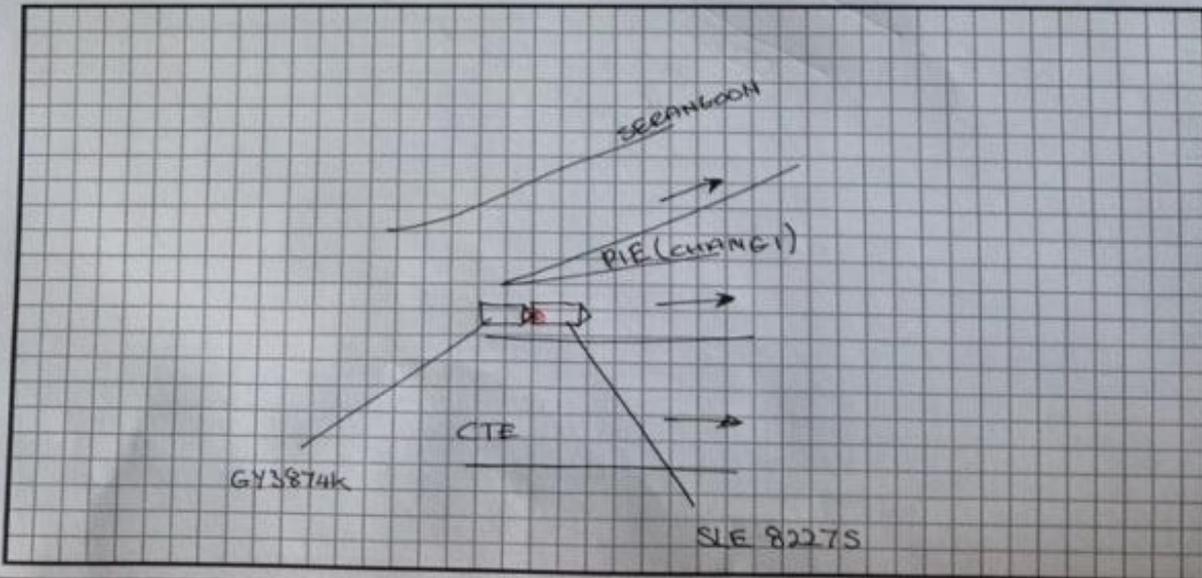
*[Handwritten Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180817/2170

3 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20180817/2170

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 /  
SI MOHAMMAD IZUAN BIN TUMARI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
17/08/2018 21:55

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt NOR FAIZAL BIN YAHYA  
Contact No.: 65476202

Classification Of Case:

Authentication Stamp  
NP165

SN 120

Singapore Police Force

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20180817/2170

1 of 3

Report No. T/20180817/2170

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/08/2018 21:55	Vide Report No.: E/20180817/0121	Station Diary No.: 200
--	-------------------------------------	---------------------------

**Informant's Particulars**

Name of Informant: YANG ZHIPENG		Address: APT BLK 716 JURONG WEST STREET 71 #08-75 SINGAPORE 640716	
ID Type / ID No.: FIN NO / G0320357W		Contact No.:	Mobile: 90071780
Nationality: CHINESE		Email:	
Sex: Male	Age: 40	Date of Birth: 01/04/1978	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Managing director/Chief executive officer		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/08/2018 16:00	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY exit 8B towards PIE (Changi)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GY3874K	Van	NISSAN		Grey	Slightly Damaged	0
SLE8227S	Car	HONDA		White	Seriously Damaged	0

**Details of Person Involved**

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

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180817/2170

2 of 3

Report No. T/20180817/2170

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

CONTINUATION OF REPORT

Driver Name	YANG ZHIPENG		ID No.	G0320357W
Related Vehicle	GY3874K (Van)		Contact No.	90071780
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

**Brief Details.**

On 17/08/2018 at 1600hrs I was driving the company van, GY3874K, along CTE towards PIE. At the slip road exit 8B towards PIE (Changi), I followed behind a car, SLE8227S. Suddenly the car in front of me braked suddenly and I could not brake in time. A collision resulted and the car was pushed to the right and stopped eventually.

I went out to check and my van suffered dents on the front right portion. I was not injured. The car suffered damages to the front and rear portion and the airbag had deployed. The driver was seen bleeding on the right side of his head.

The police and ambulance later attended to the incident and the other driver was conveyed by ambulance.

The weather was clear and the road surface was dry. Traffic was heavy.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

 **EMPLOYMENT PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**GREATWALL RESTAURANT PTE. LTD.**

 Name  
**YANG ZHIPENG**  
Occupation  
**MANAGING DIRECTOR**

FIN  
**G0320357W**      Date of Application  
**21-02-2017**

 Date of Issue  
**18-04-2017**

Date of Expiry  
**18-04-2019**



 **L7847206**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **G0320357W**  
Name: **YANG ZHIPENG**

Birth Date: **01 Apr 1978**  
Issue Date: **30 Apr 2018**  
Valid Till **06/05/2019**

 **002798014F**