

## 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 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 Report	20/12/2019 15:47
Date Of Accident	20/12/2019 06:40
Exact Location Of Accident	JUNC OF ROCHOR RD / NORTH BRIDGE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2101Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	1XXXXX196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942833
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	FUSO-3.0 D FM65FM2RDEB (M)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	29131844
Cover Note Number	

### Driver

Name of Driver	YUE WEI
Passport No/FIN	GXXXX897R
Date Of Birth	07/03/1977
Occupation	OUTDOOR
Date Of Driving Pass	13/02/2012
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82496998
Fax Number	
Contact Number	
Email Address	GABRIEL.GOH@WLNA.COM.SG

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LESSEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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 NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 158 YUNG LOH ROAD , <b>POSTCODE:</b> 610158 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2659999 - <b>FAX NO:</b> 62664987
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT NO. T/20191220/2051

#### 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	SHB3391X
Vehicle Make/Model/Colour	HYUNDAI / YELLOW
Details Of Properties	VEH B
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT SIDE BODY

No. Of Passenger (Including Driver) 1

**DETAILS OF INJURED PERSON 1**

Name DRIVER

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHB3391X

Were seat belts worn?

Was this 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.

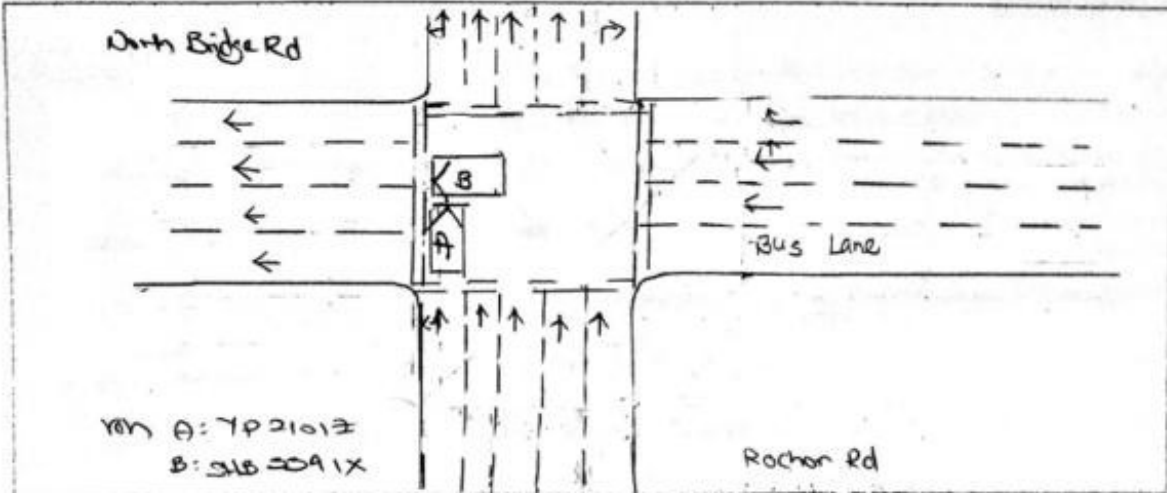
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

REFER TO POLICE REPORT NO. T/20191220/2051

## DECLARATION

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

Policyholder's Signature  
Date & Time:

GIARMC SketchPlanForm\_V3

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

Date & Time:

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_

NR/C/FIN No.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20191220/2051

1 of 3

Report No: T/20191220/2051

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2019 12:32	Vide Report No.: A/20191220/0034	Station Diary No.: 10
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### Informant's Particulars

Informant's Particulars			Address: 163 Yung Ping Road #17-84 SINGAPORE 610163	
Name of Informant: YUE WEI			Contact No.: Home/Office: Mobile: 82496998	
ID Type / ID No.: FIN NO / G8090897R			Email:	
Nationality: CHINESE			Type of Informant: Driver	
Sex: Male	Age: 42	Date of Birth: 07/03/1977	Institution / School Name:	
Race: Chinese			Language:	
Occupation: Driver			Driving Licence Information: Class: 3,4 Date of Expiry:	

### General Information of the Accident

General Information of Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/12/2019 06:40	Type of Location: X-Junction
Location:  ROCHOR ROAD NORTH BRIDGE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB3391X	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Yellow	Seriously Damaged	0
YP2101Z	Lorry	MITSUBISHI	FUSO FM65FM2R DEB	White	Slightly Damaged	0

# Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
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158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999



T/20191220/2051

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Report No: T/20191220/2051

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
<b>Driver</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SHB3391X (Car)	Contact No.	NIL
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	Serious
<b>Driver</b>			
Name	YUE WEI	ID No.	G8090897R
Related Vehicle	YP2101Z (Lorry)	Contact No.	82496998
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 20/12/2019 at about 0640hrs I was driving my vehicle YP2101Z along Rochor Road. At the point of time, traffic light was in my favour and I proceeded straight. Suddenly, when I was proceeding through the cross junction, there was a vehicle SHB3391X crossing the cross junction at the same time and I could not react in time resulted my vehicle collided onto his side passenger door. I alighted and made a check on him and discovered his forehead was bleeding. Subsequently, traffic police and ambulance arrived at scene and the driver was conveyed to the hospital. Traffic police pass me a case card (A/20191220/0034) and advised me to lodge a police report.



Police Report



SINGAPORE  
POLICE FORCE



T/2019/220/2051

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

3 of 3  
Report No: T/2019/220/2051

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 /

Sgt 1 LIM FANG JIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MARIAH BINTE ZAKARIA

Contact No: 65476433

SN 124

Signature Of Informant:


Date/Time:

20/12/2019 12:32

Classification Of Case:



Authentication Stamp

Signature : 

Singapore Police Force



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

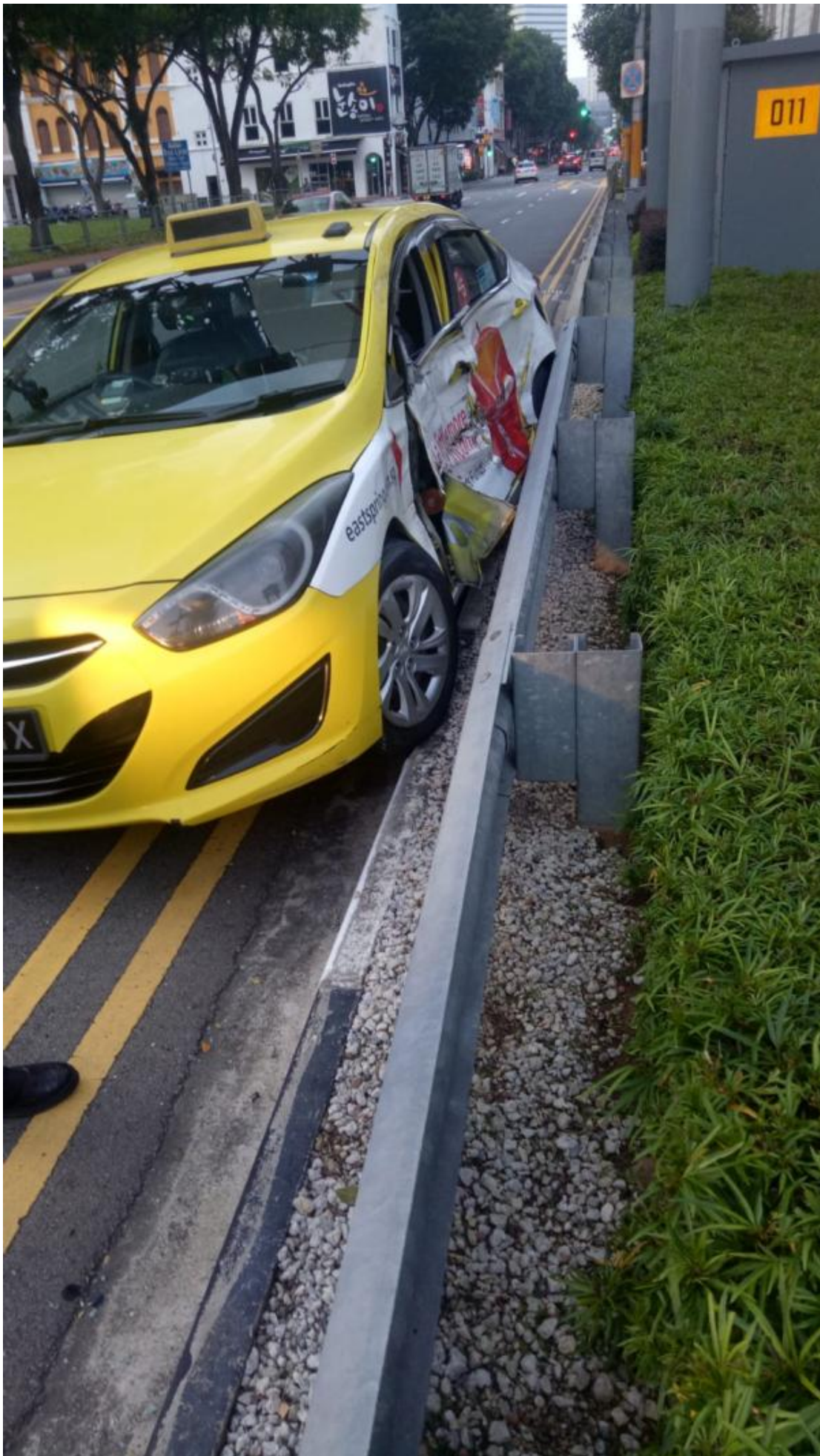


Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



## Driving License

per - M - 1 - C - 1

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **G8090897R**

Name: **YUE WEI**

Birth Date: **07 Mar 1977**

Issue Date: **20 Jul 2016**

Valid Till: **19/07/2023**

002826007G



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class	Vehicle Description	Effective Date
Class 3	Motor cars with unladen weight $\leq 2000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	09 Jan 2008
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$	13 Feb 2012

Motor vehicles which are not constructed to carry load or passengers and the unladen weight  $\leq 7250\text{kg}$

Licence No: G8090897R

NP 428A

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**WAREHOUSE LOGISTICS NET ASIA PTE LTD**

Name:  
**YUE WEI**

Work Permit No.: **O 57801085**

Sector:  
**SERVICE**

O 57801085

K1090372



**VISIT PASS**  
Immigration Regulations

Name:  
**YUE WEI**

FIN:  
**G8090897R**

Date of Birth: **07-03-1977** Sex: **M**

Nationality:  
**CHINESE**

**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.**

Download SGWorkPass App to check status

