

## 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	04/01/2020 17:52
Date Of Accident	03/01/2020 06:35
Exact Location Of Accident	JUNC JLN SENANG & JLN KRIAN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB790T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN YOU PENG FOOD INDUSTRIES P/L
Co Reg No	1XXXXX003R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5029610923-11
Cover Note Number	

### Driver

Name of Driver	FENG JUNHAI
Passport No/FIN	GXXXX556X
Date Of Birth	11/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	03/10/2014
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86169736
Fax Number	
Contact Number	OFFICE-86169736
Email Address	NOEMAIL

Address	94J JALAN SENANG
Postcode	418476
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 - MAJOR/MINOR RD
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?	NO
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200103/2019.

#### 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	CB6338R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

9

**DETAILS OF INJURED PERSON 1**

Name FENG JUNHAI

Approximate Age

Injuries Sustain BACK

Injured person in which vehicle? GBB790T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

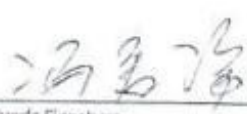
#### IMPORTANT NOTICE

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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.

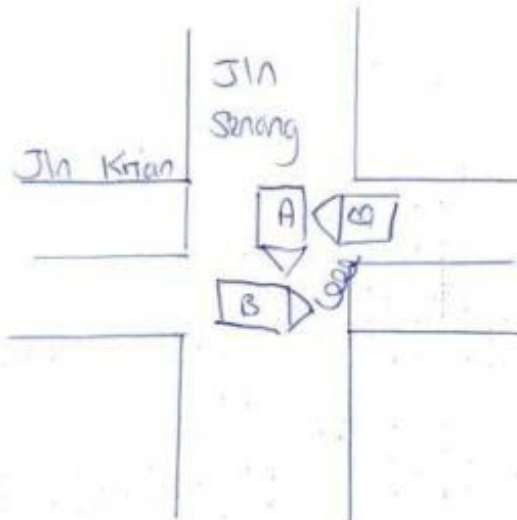
  
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN



DoA: 3/1/20

A: GBB 790T

B: CB 633PR

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

## 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.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200103/2019

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200103/2019

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2020 09:13	Vide Report No.: G/20200103/0055	Station Diary No.:
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### Informant's Particulars

Name of Informant: FENG JUNHAI			Address: 94J JALAN SENANG SINGAPORE 418476	
ID Type / ID No.: FIN NO / G2445556X			Contact No.: Home/Office: Mobile: 86169736	
Nationality: CHINESE			Email:	
Sex: Male	Age: 35	Date of Birth: 11/03/1984	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: DELIVERY			Driving Licence Information: Class: 3 Date of Expiry:	

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/01/2020 06:35	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 JALAN SENANG JALAN KRIAN				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB6338R	Van	TOYOTA	HIACE 3.0DX A	Silver	Slightly Damaged	0
GBB790T	Lorry	TOYOTA	DYNA 150 MANUAL	White	Slightly 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/20200103/2019

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Report No. T/20200103/2019

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

## CONTINUATION OF REPORT

Driver Name	XUE DEFA	ID No.	G2510144N
Related Vehicle	CB6338R (Van)	Contact No.	NIL
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
Driver Name	FENG JUNHAI	ID No.	G2445556X
Related Vehicle	GBB790T (Lorry)	Contact No.	86169736
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.

REF REPORT NUMBER: G/20200103/0054

ON THE ABOVE MENTIONED DATE, TIME & LOCATION.

I WAS TRAVELLING ALONG JALAN SENANG, WHEN I WAS AT A JUNCTION OF JALAN SENANG & JALAN KRIAN SUDDENLY VEHICLE CB6338R CAME OUT AND I HIT THE REAR SIDE OF IT I THEN JAMMED MY BRAKES AS THE SPEED WAS NOT VERY FAST DUE TO THE DARK ENVIRONMENT WAS ABLE TO STOP MY VEHICLE. AND THE VEHICLE CB6338R STARTS TO SPIN AND HIT MY SIDE OF THE VEHICLE. BOTH OF US GOT OUT OF OUR VEHICLES AND HELP THE STUDENTS GET OFF FROM VEHICLE CB6338R. BOTH ME AND THE DRIVER OF CB6338R THEN EXCHANGE PARTICULARS. A PASSERBY THEN CALLED THE AMBULANCE, THE AMBULANCE CAME THEN THE POLICE CAME. THE STUDENTS WHO WERE INJURED WERE THEN CONVEYED TO KK HOSPITAL.

THAT IS ALL.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200103/2019

3 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200103/2019

### 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:  
TP /  
WINSTON KOH WEN ZHONG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
03/01/2020 09:13

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI  
Contact No.: 65476904

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Authentication Stamp  
NP168

Signature:



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





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