

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	15/01/2020 16:26
Date Of Accident	09/01/2020 19:45
Exact Location Of Accident	JLN MASJID TWDS CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG2863C
Insured/Policyholder	
Name Of Registered Owner	NINER CONSTRUCTION PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68162449

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	AFTER WORK
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MCV0000591
Cover Note Number	

Driver

Name of Driver	ZHOU SHENGJUN
Passport No/FIN	GXXXX790T
Date Of Birth	14/08/1975
Occupation	OUTDOOR
Date Of Driving Pass	02/04/2015
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97908486
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 5 KG EUNOS #02-13
Postcode	417771
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?	YES
Foreign Vehicle Registration Number	JSE4328 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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)	8
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : MALE
Passenger 5	NAME: : UNKNOWN GENDER: : MALE
Passenger 6	NAME: : UNKNOWN GENDER: : MALE
Passenger 7	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181

Was notice of intended Prosecution given? NO

If Yes,against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200114/2038.

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 JSE4328

Vehicle Make/Model/Colour

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)

Accident Sketch Plan

SKETCH PLAN

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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:

43

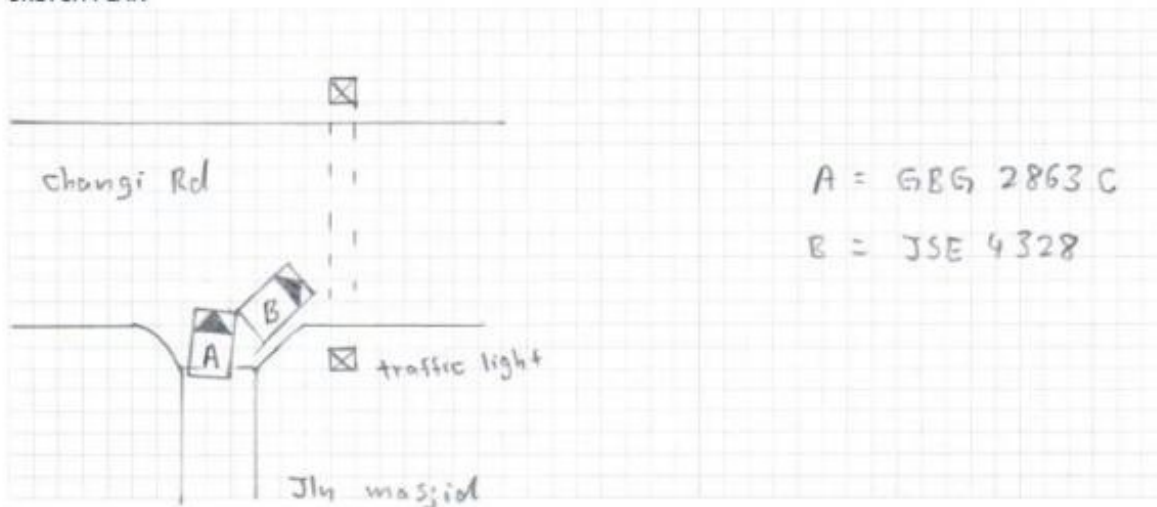
Driver's Signature
(If driver is not the policyholder)
Date & Time:

H

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

Accident Sketch Plan

SKETCH PLAN



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/20200114/2038

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

1 of 3

Report No. T/20200114/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2020 12:30	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: ZHOU SHENGJUN			Address: APT BLK 275 JOO CHIAT PLACE #01-12 JOO CHIAT VERBENA SINGAPORE 427955		
ID Type / ID No.: FIN NO / G6622790T			Contact No.: Home/Office: Mobile: 97908486		
Nationality: CHINESE			Email:		
Sex: Male	Age: 44	Date of Birth: 14/08/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Building and construction project manager			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 09/01/2020 19:45	Type of Location:
Location: Along Road 1 JALAN MASJID				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG2863C	Lorry	TOYOTA	DYNA	Silver	No Damage	0
JSE4328	Car			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/20200114/2038

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

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Report No: T/20200114/2038

CONTINUATION OF REPORT

Driver			
Name	ZHOU SHENGJUN	ID No.	G6622790T
Related Vehicle	GBG2863C (Lorry)	Contact No.	97908486
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

Brief Details.

On the above mentioned date and time, I was travelling along Jalan Masjid, awaiting behind a white car bearing plate number JSE4328 to exit towards Changi Road. As the traffic was cleared, both our vehicles moved off. The car ahead of me suddenly stopped and I could not brake in time. As such, my vehicle collided into the rear portion of the vehicle ahead of me. There are no damages to my vehicle. I am lodging this report for record purposes.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200114/2038

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

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Report No. T/20200114/2038

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 3 MUHAMMAD IRFAN HAKIM BIN ROSLI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/01/2020 12:30

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

