

## 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	20/01/2020 18:51
Date Of Accident	17/01/2020 12:40
Exact Location Of Accident	ORCHARD RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY594M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN HOE GUAN
Co Reg No	0XXXX000X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	2100395055-05
Cover Note Number	

### Driver

Name of Driver	WANG JIANLI
Passport No/FIN	GXXXX527M
Date Of Birth	06/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	25/05/2007
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90299456
Fax Number	
Contact Number	OFFICE-90299456
EEmail Address	NOEMAIL

Address	BLK 172 HOUGANG AVENUE 1 #02-1447
Postcode	530172
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 114 HOUGANG AVENUE 1 #01-1270 , <b>POSTCODE:</b> 530114 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2899999 - <b>FAX NO:</b> 62815961
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200120/2125.

#### 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	YN4958R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	WANG JIANLI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GY594M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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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:

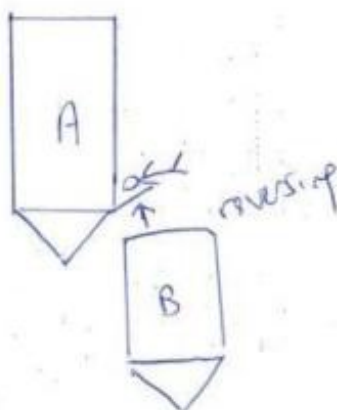
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Wang Jian  
Policyholder's Signature  
Date & Time:

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

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

### SKETCH PLAN



DOA: 17/1/20

A: GY 594 M

B YN 4958R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

## DECLARATION

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

Wang Jianli

Policyholder's Signature  
Date & Time:

Wang JianLi

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/20200120/2125

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

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Report No. T/20200120/2125

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2020 16:24		Vide Report No.:		Station Diary No.: 18
<b>Informant's Particulars</b>				
Name of Informant: WANG JIANLI		Address: APT BLK 172 HOUGANG AVENUE 1 #02-1447 SINGAPORE 530172		
ID Type / ID No.: FIN NO / G5942527M		Contact No.: Home/Office: Mobile: 90299456		
Nationality: CHINESE		Email:		
Sex: Male	Age: 47	Date of Birth: 06/08/1972	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: MANAGER		Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/01/2020 12:40	Type of Location: Loading Unloading Bay
Location: Along Road 1 ORCHARD ROAD				
Orchard Hotel Loading Unloading Bay				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GY594M	Lorry				Slightly Damaged	0
YN4958R	Lorry				Slightly Damaged	0

## Details of Person Involved

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



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Report No. T/20200120/2125

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	WANG JIANLI	ID No.	G5942527M
Related Vehicle	GY594M (Lorry)	Contact No.	90299456
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/01/2020	Date Discharge	18/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Serious
<b>Driver</b>			
Name	YEO KIONG HAN	ID No.	F1257631P
Related Vehicle	YN4958R (Lorry)	Contact No.	86617148
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 17/01/2020 at about 1240hrs, I had already parked my lorry (GY594M) at the loading/unloading bay of above-mentioned location. Everything was in order, and I had got down the lorry to deliver goods. There is a lorry (YN4958R) parked earlier, slight ahead on the left side of my lorry, which is also delivering goods. I assume that the lorry is not going to reverse further inwards thus, I proceeded to the passenger side of my lorry to retrieve some documents. Out of a sudden, the lorry started reversing; however, I did not take notice of the movement until I felt the door of my lorry squeezing onto me. I then discovered that the lorry while reversing had collided onto my lorry's passenger side door causing it to squeeze onto me. Subsequently I shouted loudly due to the pain felt from the pressure of the door, and the lorry driver (YEO KIONG HAN, F1257631P, H/P: 86617148) stopped.

The vicinity onlookers took notice of my shouting and came over to assist. They informed the driver to drive the lorry forward as he had collided onto my lorry's door causing me to be stuck; however, the driver continued reversing backwards causing the door to squeeze even more onto me. The onlookers then informed the driver again to drive forward; however, he continued reversing the lorry causing the door to squeeze even more onto me again. Subsequently the driver got out of the vehicle and an onlooker assisted to drive the lorry out. After making a check with the driver, he informed that due to nervousness he was unable to drive the lorry forward. I exchanged particulars with the driver and informed him that I will be proceeding to do insurance and medical claims and we left after.

I proceeded to Tan Tock Seng Hospital on 18/01/2020 to make a check and given 3 day MC by Dr. Heng Wei Jian Kenneth (06809H) from 18/01/2020 to 20/01/2020.

I am lodging this report for insurance and medical claims purpose.

## Police Report



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T/20200120/2125

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Report No. T/20200120/2125

CONTINUATION OF REPORT



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T/20200120/2125

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Report No. T/20200120/2125

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:

F /

Sgt 2 PETER GOH WEE HENG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP158

Signature Of Informant:

Wang JianLi

Date/Time:  
20/01/2020 16:24

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo





[illegible]

Accident Photo



Accident Photo



Accident Photo





Accident Photo

