

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	16/03/2020 16:11
Date Of Accident	14/03/2020 09:30
Exact Location Of Accident	ALONG ORCHARD TURN - OUTSIDE TAKASHIMAYA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3021A
Insured/Policyholder	
Name Of Registered Owner	AW GUAN HONG VEGETABLE WHOLESALER
Co Reg No	3XXXX600M
Email Address	ANDY.LEE@PAS.SG
Mobile Phone No	
Alternative Phone No	OFFICE-92366363

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V13673/VCV/R01
Cover Note Number	

Driver

Name of Driver	WU YANLONG
Passport No/FIN	GXXXX210N
Date Of Birth	16/08/1985
Occupation	OUTDOOR
Date Of Driving Pass	03/07/2017
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84526324
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	292 PASIR PANJANG RD #08-292
Postcode	118633
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - EMPLOYEE
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4529999 - FAX NO: 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED SKETCH PLAN & POLICE REPORT

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	SHC8432Z
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

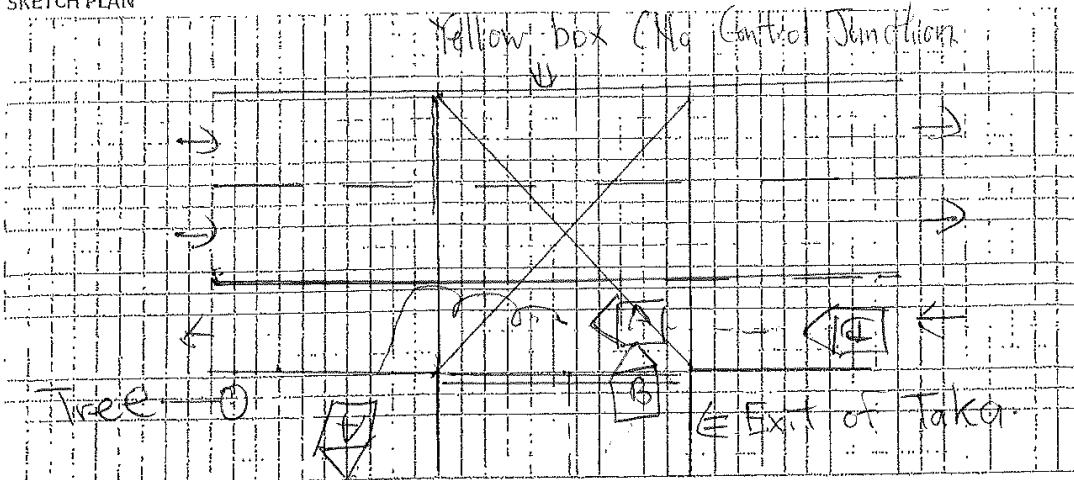
1. Please report correctly the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the Insurance companies.
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6. 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.

<p>NEW 477 Bldg 8, 600-014 Date: 16/03/2020 Tel: 6778 0000 / 6778 0007</p>		<p>明源平險業批發商 NEW 477 Bldg 8, 600-014 Date: 16/03/2020 Tel: 6778 0000 / 6778 0007</p>		<p>Reporting Centre Personnel's Signature Name: 16 MAR 2020 NRIC/FIN No.:</p>	
<p>Policyholder's Signature Date & Time:</p>		<p>Driver's Signature (If driver is not the policyholder) Date & Time:</p>			

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Veh. A = GBD3021A Vehicle B = SHC 8432 Z
 I was travelling straight within my lane,
 Taxi dash out from exit (Minor Rd) hit onto
 my lorry, the impact too big, my vehicle
 lost control, bush against tree, mount kerb
 land on the foot path pavement and bushes.
 Attach Scene Photo.
 My undercarriage spoil, whole vehicle land in height
 bushes.
 Attach Singapore Police report.

DECLARATION

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

Policyholder's Signature: [Signature] Date & Time: [Blank]
 Driver's Signature: [Signature] (If driver is not the policyholder) Date & Time: [Blank]
 Reporting Centre Personnel's Signature: [Signature] Name: [Blank] NRIC/FIN No.: [Blank]
 16 MAR 2020

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20200314/2065

1 of 3

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20200314/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2020 13:28	Vide Report No.: E/20200314/0084	Station Diary No.: 24
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Informant's Particulars			
Name of Informant: WU YANLONG		Address: APT BLK 134 TAMPINES STREET 11 #02-204 TAMPINES COURT SINGAPORE 521134	
ID Type / ID No.: FIN NO / G5231210N		Contact No.: Home/Office: Mobile: 84526324	
Nationality: CHINESE		Email:	
Sex: Male	Age: 34	Date of Birth: 16/08/1985	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DELIVERYMAN		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/03/2020 10:00	Type of Location: Straight Road
Location: Along Road 1 ORCHARD TURN Along Orchard Turn (Outside Takashimaya)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
GBD3021A	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	Silver	Slightly Damaged	0
SHC8432Z	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0

POLICE REPORT Pg. 2



**SINGAPORE
POLICE FORCE**



T/20200314/2065

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

2 of 3

Report No. T/20200314/2065

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WU YANLONG	ID No.	G5231210N
Related Vehicle	NIL	Contact No.	84526324
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 14/03/20, 1000hrs I was driving (GBD3021A) along orchard turn (Outside takashimaya). Subsequently, there's a taxi (SHC8432Z) dashed out from takashimaya carpark and collided onto the left side of my vehicle, the impact was too strong thus my vehicle lost control and my vehicle mount the kerb on the foot path pavement. The damage to my vehicle are " front bumper dented in, left side of the door dented in and also the back of my lorry". Subsequently, Traffic police came down as assist. I wish to state that i am not injured in this accident.



SINGAPORE
POLICE FORCE



T/20200314/2065

3 of 3

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20200314/2065

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:

E /
Sgt 1 SHAWN KOH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/03/2020 13:28

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Classification Of Case:

Authentication Stamp

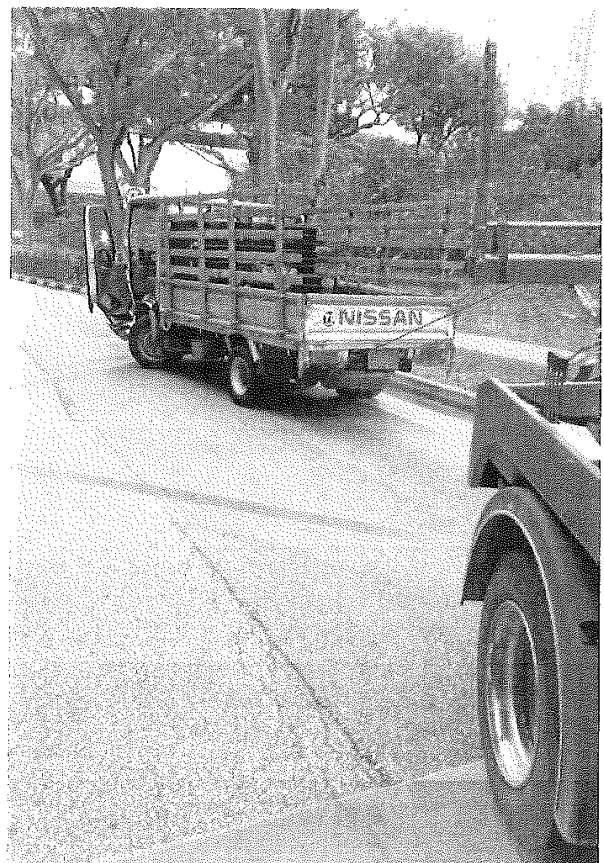
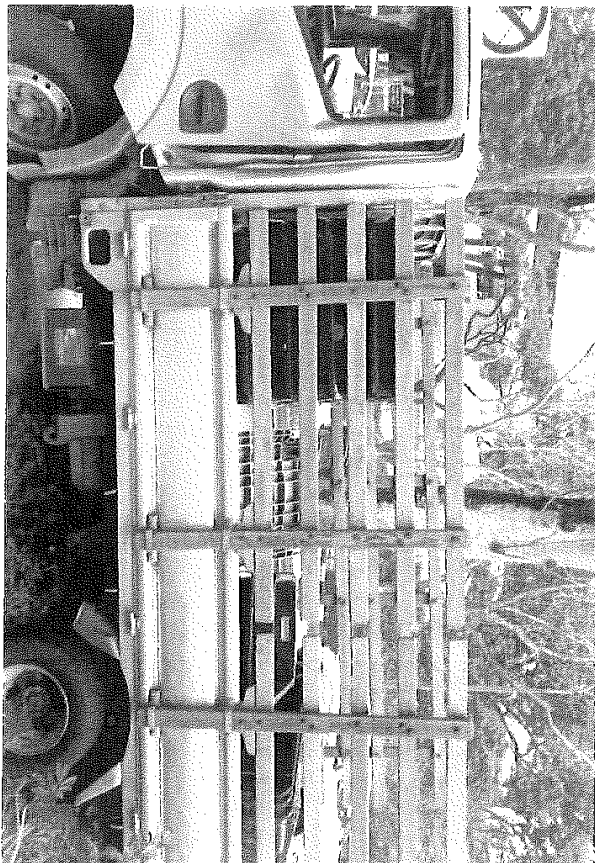
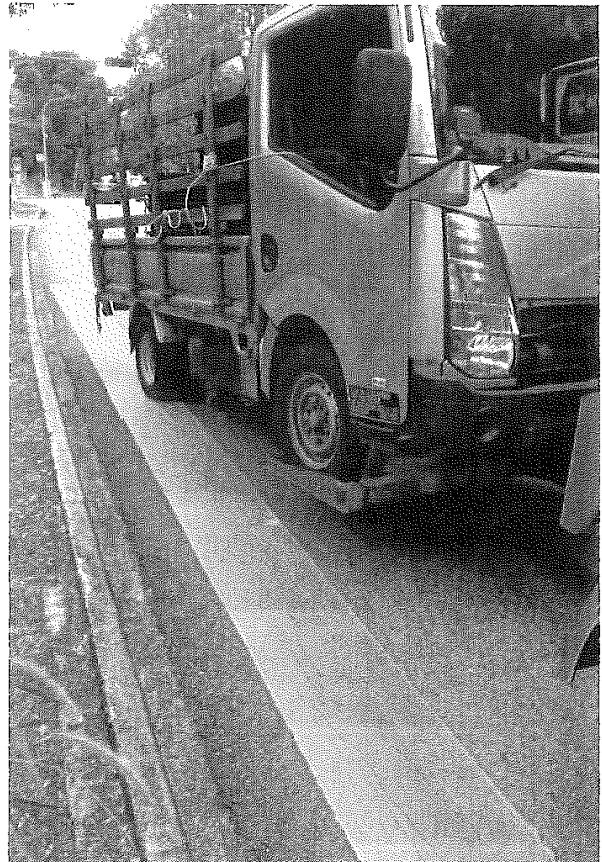
NP168

SINGAPORE POLICE FORCE

SN 070

SIGNATURE

SCENE PHOTOS Pg. 1



SCENE PHOTOS Pg. 2



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



AW GUAN HONG VEGETABLE WHOLESALER
8 PASIR PANJANG ROAD #01-250
PASIR PANJANG WHOLESALE CENTRE (S) 110008
REG. NO: 32410600-M 1 DRIVER 2 OTHERS

Accident Photo

