

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	01/06/2020 17:14
Date Of Accident	03/04/2020 10:00
Exact Location Of Accident	ALONG SENGKANG CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN9905K
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Insured/Policyholder

Name Of Registered Owner	EASTERN HARVEST FOODS (SINGAPORE) PTE. LTD.
Co Reg No	200602031C
Email Address	PHILIP.WONG@EASTERNHARVEST.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-69332927

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FEB21CR4SDEB-3.0 D (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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ19-004922
Cover Note Number	

Driver

Name of Driver	GUO QIKUN
NRIC No	G8642960N
Date Of Birth	25/11/1987
Occupation	OUTDOOR
Date Of Driving Pass	03/07/2018
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98072372
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	3 MANDAI LINK
Postcode	728651
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

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	SLF5940E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AW PENG AN
NRIC/Passport Number	
Contact Number	90686899
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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:

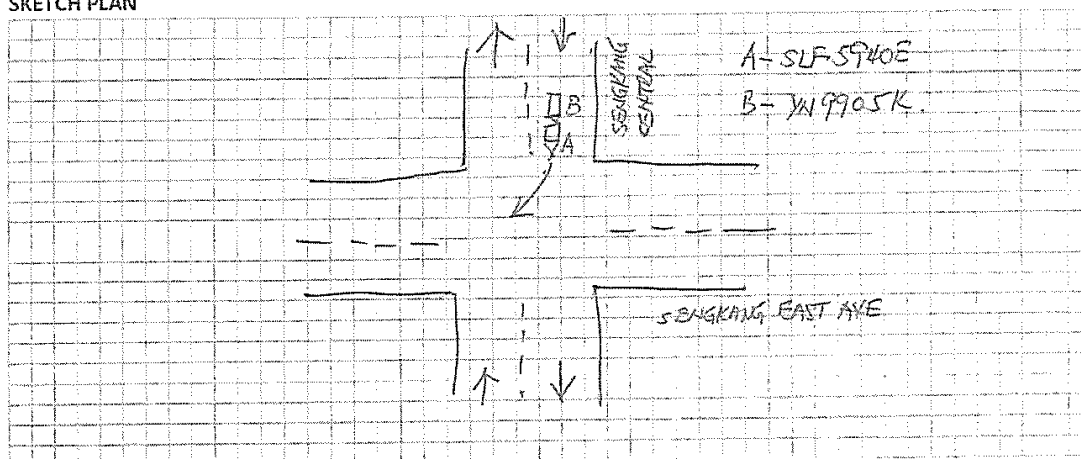
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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: _____

Claim own policy
Claim third party
Claim OD / TP at other works hop _____
For record purpose

Policy No. DMCPHQ19-004922
Insurer EQ Veh.No. YN9905K

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

POLICE REPORT Pg. 1



TRAFFIC POLICE
AMENDMENT

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NP 168 No.	: T/20200404/2020	Name	: GUO QIKUN
Accident Date/Time	: 03/04/2020 1000HRS	Address	: 3 MANDAI LINK
Vehicle(s) Involved	: SLF5940E YN9905K	NRIC No	: SINGAPORE 728651 G8642960N
		Tel No	: 98072372
		Date	: 30/05/2020

Dear Sir / Madam

Accident involving 1 Car (SLF5940E) and 1 Truck (YN9905K)
along Sengkang East Avenue on 03/04/2020 at 1000 hours

With reference to the above, I have on 04/04/2020 (date) 0938 hours (time) make a
police report at Sengkang NPC (Police Station/NPP/NPC)
In NP 168 – T/20200505/2020

On 30/05/2020 (date), 0910 hours (time) at Sengkang NPC
(Police Station/NPP/NPC), I make the following amendments to the above report;
I would like to state that the accident had happened along Sengkang Central, and not along
Sengkang East Avenue. That is all.

Yours Faithfully,

(Signature)

FOR OFFICIAL USE

If a police officer recorded these amendments, please complete the following.

Name / Rank No	: Sgt(2) Foo Heng Wei John
Date and Time	: 30/05/2020 @ 0910 hrs
Station Diary No	: 10
Signature	:



**SINGAPORE
POLICE FORCE**



T/20200404/2020

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20200404/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2020 09:38		Vide Report No.:		Station Diary No.: 18	
Informant's Particulars					
Name of Informant: GUO QIKUN			Address: 3 MANDAI LINK SINGAPORE 728651		
ID Type / ID No.: FIN NO / G8642960N			Contact No.: Home/Office: Mobile: 98072372		
Nationality: CHINESE			Email:		
Sex: Male	Age: 32	Date of Birth: 25/11/1987	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TRANSPORT WORKER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 03/04/2020 10:00	Type of Location: Straight Road
Location: Along Road 1 SENGKANG EAST AVENUE				
Weather:		Road Surface: Wet	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
SLF5940E	Car				Slightly Damaged	1
YN9905K	TRUCK				Slightly Damaged	0

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

POLICE REPORT Pg. 3



**SINGAPORE
POLICE FORCE**



T/20200404/2020

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20200404/2020

CONTINUATION OF REPORT

Name	AW PENG AN		ID No.	S7680083I
Related Vehicle	SLF5940E (Car)		Contact No.	90686899
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	
Driver				
Name	GUO QIKUN		ID No.	G8642960N
Related Vehicle	YN9905K (TRUCK)		Contact No.	98072372
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 03/04/2020 at around 1000hrs, I was driving along Sengkang East Avenue, I tried to brake to stop however I had misjudged the braking distance as the road was wet at the time, and could not stop in time. I then accidentally collided into the rear another vehicle, SLF5940E.

We then both stepped out of the vehicle and exchanged particulars.

He had left his contact number for me to contact him, and said that he would inform me on how to settle by 03/04/2020, however he has only sent me pictures of the accident, and has not sent me any subsequent messages since 04/04/2020 at 0930hrs regarding on how to settle, hence I am lodging this report.



**SINGAPORE
POLICE FORCE**



T/20200404/2020

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20200404/2020

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 FOO HENG WEI JOHN		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 04/04/2020 09:38	
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151		Classification Of Case: SN 005 	
Authentication Stamp NP168		Singapore Police Force	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

