

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 Submission 13/01/2021 16:27 (SGT)
Date of Accident 12/01/2021 12:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information ORCHARD ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ1972L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SHOPFIT (S) PTE LTD
Company Reg No 1XXXXX451E
Email Address allan8514@yahoo.com
Mobile Phone No (Phone) +65-67410911
Alternative Phone No +65-67410911

VEHICLE PARTICULARS

Manufacturer Nissan
Model NISSAN / NV200 DX-2 1.6 AUTO
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5102668552-02
Cover Note Number -

DRIVER

Name of Driver ZHOU CHANGSHENG
Work Permit No GXXXX338Q
Date Of Birth 25/02/1980
Occupation Outdoor

Date Of Driving Pass	18/07/2013
Driving experience	7 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91789598
Alt. Phone Number	-
Email Address	allan8514@yahoo.com
Address	BLK 22 BALAM ROAD #01-136
Address complement	-
Postcode	370022
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Eunos Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004439999
Alt. Police Station Phone No	(Fax) +65-62444376
Police Station Address	Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20210113/2109;

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN7527G
Vehicle Manufacturer	Mitsubishi
Vehicle Model	MITSUBISHI / CANTER FEB21ER4SDEB (CBU)
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Zhuo Changsheng

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Policyholder's Signature / Date & Time

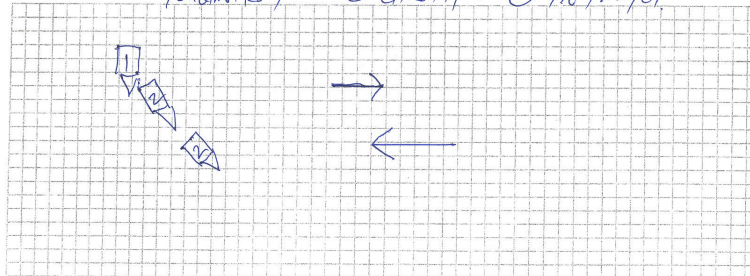
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
13 JAN 2021

Sketch Plan

LOADING Bay

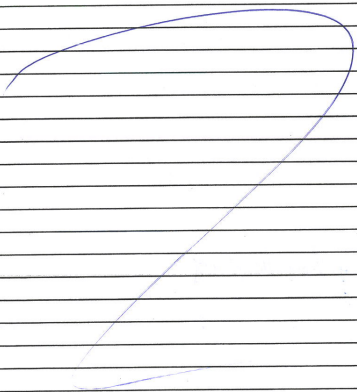

① GRP 1972L ② YN7527G



Describe Circumstances of the Accident

Ref

Police Report

Declaration

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



Policyholder's Signature / Date & Time

Shou Chang Sheng

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre
Personnel

13 JAN 2021



















**SINGAPORE
POLICE FORCE**



T/20210113/2109

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3
Report No. T/20210113/2109

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/01/2021 14:55	Vide Report No.:	Station Diary No.: 41
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Informant's Particulars

Name of Informant: ZHOU CHANGSHENG	Address: APT BLK 22 BALAM ROAD #01-136 BALAM GARDENS SINGAPORE 370022	
ID Type / ID No.: FIN NO / G5438338Q	Contact No.:	Mobile: 91789598
Nationality: CHINESE	Email:	
Sex: Male	Age: 40	Date of Birth: 25/02/1980
Race: Chinese	Language: Chinese	Institution / School Name:
Occupation: maintenance technician	Driving Licence Information: Class: 2B,3	Date of Expiry:
Type of Informant: Driver		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/01/2021 12:45	Type of Location: LOADING BAY
Location: ORCHARD ROAD				
Weather: UNKNOWN		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ1972L	Van				Seriously Damaged	0
YN7527G	Lorry					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210113/2109

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20210113/2109

CONTINUATION OF REPORT

Driver			
Name	ZHOU CHANGSHENG	ID No.	G5438338Q
Related Vehicle	GBJ1972L (Van)	Contact No.	91789598
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	0	ID No.	0
Related Vehicle	YN7527G (Lorry)	Contact No.	0
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 12/01/2021 at about 1118hrs, everything was intact when I parked my grey company NISSAN van, GBJ1972L at the loading and unloading bay, unknown lot, basement of Shaw House. On the same day at about 1500hrs, I returned to my vehicle and discovered that my left front headlight was dented. Subsequently, I proceeded to view the in-car camera footage and saw that on 12/01/2021 at about 1247hrs, there was a 14-foot lorry, YN7527G reversing towards my vehicle. After my vehicle vibrated, the driver stopped and took a look behind before driving off. So far, no one left any contact number for me to call and I do not have any witnesses. Nobody was inside the vehicle when the incident happens.

**SINGAPORE
POLICE FORCE**

T/20210113/2109

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20210113/2109

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 /
Staff Sgt HEAP ZHI YONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt NEO ZHI YUAN
Contact No.: 65476079

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:
13/01/2021 14:55

Classification Of Case: