

# 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 .....	08/03/2021 17:19 (SGT)
Date of Accident .....	05/03/2021 11:30 (SGT)
Exact Location of Accident .....	Woodlands Rd, Singapore
Additional Location Information .....	JUNCTION OF SENJA WAY
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBC2322T
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	VEGETARIAN WORLD FOOD PTE LTD
Company Reg No .....	2XXXXX348K
Email Address .....	vegetarianworldfoods@gmail.com
Mobile Phone No .....	(Phone) +65-83354003
Alternative Phone No .....	(Office) +65-62871771

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
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 .....	AIG
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	1900235192-01
Cover Note Number .....	-

### DRIVER

Name of Driver .....	DONG WENQIANG
Passport No/FIN .....	GXXXX407L
Date Of Birth .....	16/10/1989
Occupation .....	Outdoor

Date Of Driving Pass .....	27/02/2019
Driving experience .....	2 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-83354003
Alt. Phone Number .....	-
Email Address .....	vegetarianworldfoods@gmail.com
Address .....	6 TAGORE DRIVE #01-08
Address complement .....	-
Postcode .....	787623
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 .....	Collision - Cross Junction
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JTE6980
Vehicle Category .....	Motorcycle

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Panjang Neighbourhood Police Centre
Police Station Address .....	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210305/2061

#### 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 .....	JTE6980
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle

Name of Driver .....	LEE WEI SOON
Passport No/FIN .....	GXXXX001M
Contact Number .....	(Phone) +65-88497181
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	LEE WEI SOON
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	JTE6980
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

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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.
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.

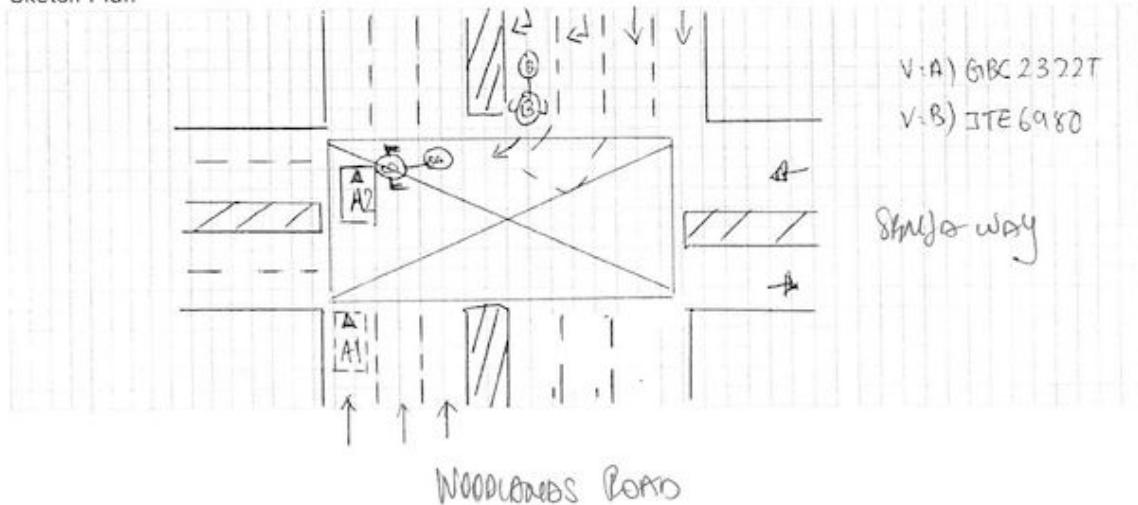


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

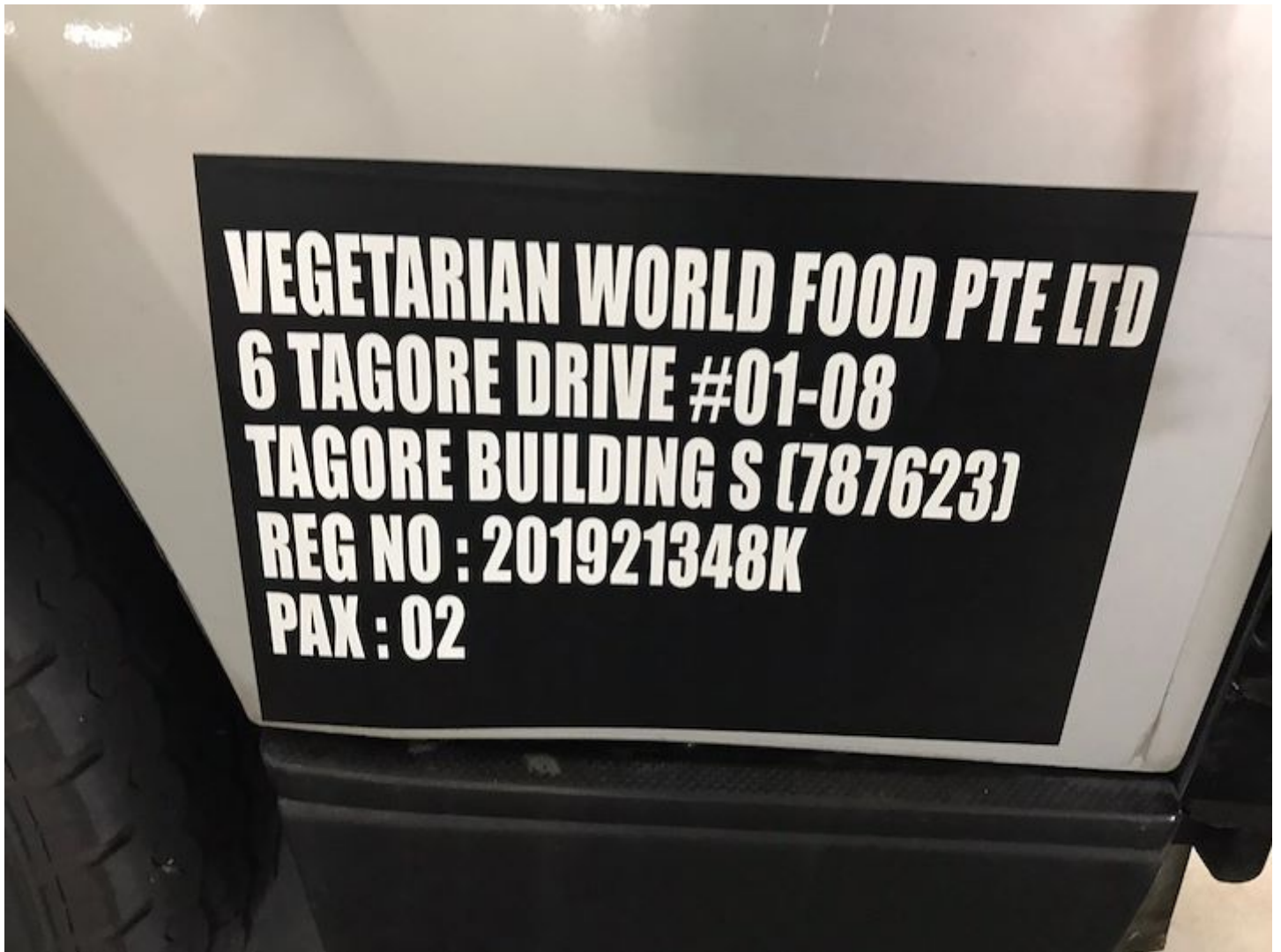




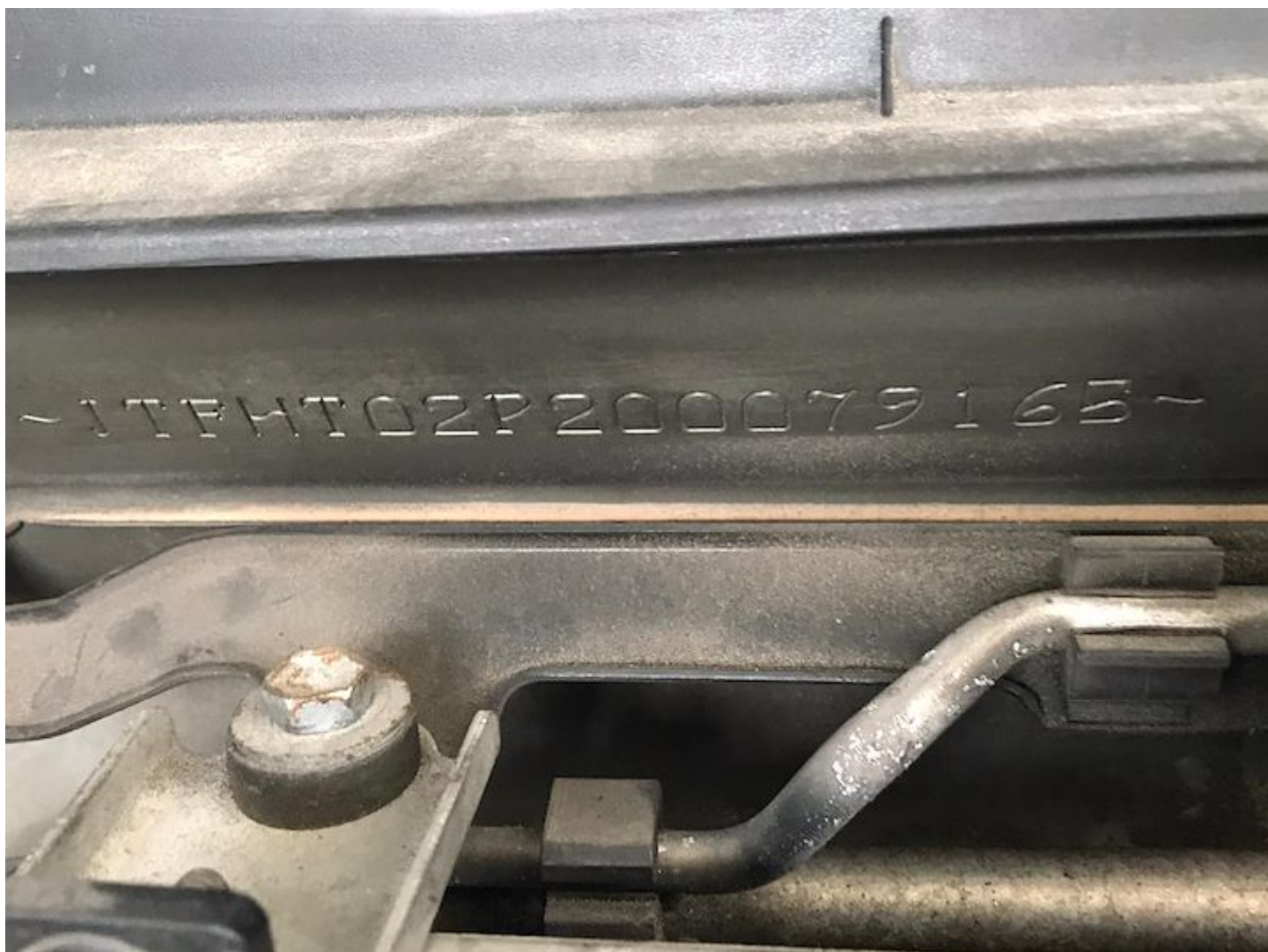






























**SINGAPORE  
POLICE FORCE**



T/20210305/2061

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20210305/2061

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/03/2021 14:41		Vide Report No.: J/20210305/0063		Station Diary No.: 59	
<b>Informant's Particulars</b>					
Name of Informant: DONG WENQIANG			Address:		
ID Type / ID No.: FIN NO / G8726407L			Contact No.: Home/Office: Mobile: 83354033		
Nationality: CHINESE			Email:		
Sex: Male	Age: 31	Date of Birth: 16/10/1989	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DELIVERY DRIVER			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: 05/03/2021 11:30	Type of Location:
Location: SENJA WAY				
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
GBC2322T	Van				Slightly Damaged	0
JTE6980	Motorcycle				Slightly Damaged	0

**Details of Person Involved**

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





**SINGAPORE  
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Police Station Of Origin:  
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1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20210305/2061

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	DONG WENQIANG		ID No. G8726407L
Related Vehicle	GBC2322T (Van)		Contact No. 83354033
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
<b>Rider</b>			
Name	LEE WEI SOON		ID No. G2221001M
Related Vehicle	JTE6980 (Motorcycle)		Contact No. 88497181
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	Slight

**Brief Details.**

On 5th March 2021 at around 11:30AM I was driving along Woodlands Road (towards Upper Bukit Timah Road) on the third lane at about 50KM/HR, intending to go straight. I maintained my speed at the traffic light as it was still green. The traffic light only turned amber when I crossed the stop line, at the halfway point of the yellow box I observed at motorbike (JTE6980) to my right coming towards me. I immediately performed emergency brake and attempted to avoid hitting the motorbike, by steering to my left. Unfortunately, it was too late and my van collided with said motorbike. The impact of the collision caused the rider (Mr Lee Wei Soon) to fall from the bike. I immediately alighted my vehicle and went over to check on him. By the time I got down, the rider was already standing up. The rider informed me that he was ok. I took pictures of the incident and the rider proceeded to pick up his motorbike and push it to the side.

My van suffered damages of broken right headlight, and cracked front-right bumper. The motorbike had broken right brake lever, scratches and cracks on right side cover-set. Ambulance service arrived shortly after, followed by a Traffic Police officer. There are no damages to government property and I have no injuries. My van has a front facing camera, the footage of which the TP officers have retrieved from me. Traffic Police officer advised both parties to lodge a report at the nearest NPC.



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T/20210305/2061

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Report No. T/20210305/2061

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20210305/2061

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Report No. T/20210305/2061

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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:

J /

Sgt 2 NAZRUL CHIN

*NAZRUL CHIN*

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Authentication Stamp

NP168

*NAZRUL CHIN*

Signature Of Informant:

*鍾文強*

Date/Time:

05/03/2021 14:41

Classification Of Case: