

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 20/05/2021 17:32 (SGT)
Date of Accident 28/04/2021 16:20 (SGT)
Exact Location of Accident New Upper Changi Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB694M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LIHONG PLASTIC TRADING
Company Reg No 52972469c
Email Address lihongplastic@hotmail.com
Mobile Phone No (Phone) +65-97705093
Alternative Phone No +65-97705093

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model FB70BB1SRDEA
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 2977

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 2070091940
Cover Note Number -

DRIVER

Name of Driver MENG ZHAOLIANG
NRIC No G3369054T

Date Of Birth	05/04/1982
Occupation	Outdoor
Date Of Driving Pass	27/09/2017
Driving experience	3 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86155579
Alt. Phone Number	-
Email Address	lihongplastic@hotmail.com
Address	BLK 740 BEDOK RESERVOIR ROAD #01-3157
Address complement	-
Postcode	470740
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 - Head to Rear
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?	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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210428/2105.

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	FBS1838U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	VEH B RIDER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBS1838U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

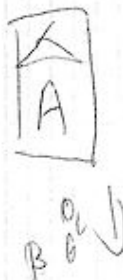
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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



Describe Circumstances of the Accident

refer to police report

Declaration

We declare the foregoing particulars are true in every respect.

COMPULSORY
INSURANCE
FOR ALL DRIVERS

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

















**SINGAPORE
POLICE FORCE**



T/20210428/2105

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20210428/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/04/2021 17:49		Vide Report No.:		Station Diary No.: 88	
Informant's Particulars					
Name of Informant: MENG ZHAOLIANG			Address: APT BLK 26 TOA PAYOH EAST #06-164 KIM KEAT VILLE SINGAPORE 310026		
ID Type / ID No.: FIN NO / G3369054T			Contact No.: Home/Office: Mobile: 86155579		
Nationality: CHINESE			Email:		
Sex: Male	Age: 39	Date of Birth: 05/04/1982	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/04/2021 16:20	Type of Location: Car Park
Location: NEW UPPER CHANGI ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: REAR TO HEAD				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS1838U	Motorcycle	YAMAHA	MT15 MANUAL	Green	Slightly Damaged	0
GBB694M	Lorry	MITSUBISHI	FB70BB1SR DEA	White	No Damage	0



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T/20210428/2105

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2 of 3

Report No. T/20210428/2105

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date time and place, I was driving my vehicle number bearing plate number GBB694M and I was at Blk 208 new upper changi road exiting the carpark at the point of time. As I inched forward to the carpark gantry, the gantry did not open so I tried to reverse slowly for the first time for a small distance and the gantry did not open. So I tried again and reverse slightly more and suddenly I heard a bang and also sounds of horn.

I immediately alighted my vehicle and checked on what is going on. I then realized that I had hit onto a motorcycle while reversing but thankfully he did not fall off his bike. I made a check on the motorcyclist and I observed that he is not injured. I wish to state that I am not injured as well. I then exchanged particulars with the rider and took photo of the damages.

I then made a check on my vehicle and there is no damage to my vehicle. I observed that there is slight damage on his motorcycle. The motorcycle's mudguard is damaged, front headlight and also scratches on the rims as well.

I wish to state that there is no paramedics that attended to the scene, no government property damaged and no traffic police at scene.



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T/20210428/2105

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3 of 3

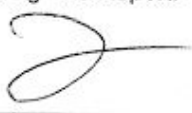


Report No. T/20210428/2105

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 / Sgt 2 TAN ZHI XIANG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/04/2021 17:49
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476229 * 	Classification Of Case:
Authentication Stamp NP168	

Name of Policyholder : LIHONG PLASTIC TRADING
 Period of Insurance : 25 Jun 2020 To 24 Jun 2021
 Engine No. : 4M42A58242
 Chassis No. : FB70BBA10506

Vehicle No. : GBB694M
 Policy No. : 2070091940
 Endorsement No. :
 Issued Date : 10 Jun 2020

ABOUT THE COVER

Make/Model : MITSUBISHI FB70BB1SRDEA 1.7 ton [Lorry]
 Engine Capacity/Tonnage : 1.7 Tonnage Sum Insured : NA
 Driver Restriction : NA Off Peak Car : No
 First Year of Registration : 2008
 Insuring with COE/PAF : NA
 Person or Classes of Persons Entitled to Drive* :
 a) Any person who is driving on the Policyholder's order or with their permission.
 b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

Age Condition : All Age Condition

Limitation as to use* :

- 1) Use in connection with the Policyholder's business.
- 2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
- 3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle. c) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Section 2
 Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

For Approved Reporting Centres, please contact our 24-hour accident emergency hotline at +65 6336 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG S/G Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 169), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500378000

THOMSON CREDIT (S) PTE LTD

310 THOMSON ROAD

SINGAPORE 307657 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

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