

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 08/12/2021 12:39 (SGT)
Date of Accident 11/11/2021 03:15 (SGT)
Exact Location of Accident Toa Payoh Central, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH1442K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HENG HUP HUAT FOODSTUFFS TRADING PTE LTD
Company Reg No 2XXXXX464Z
Email Address charlessongjl@henghuphuat.com
Mobile Phone No (Phone) +65-82380399
Alternative Phone No +65-93897519

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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900254866-01
Cover Note Number -

DRIVER

Name of Driver QIU PENGFEI
Passport No/FIN GXXXX618L

Date Of Birth	11/04/1985
Occupation	Outdoor
Date Of Driving Pass	23/08/2017
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93897519
Alt. Phone Number	-
Email Address	charlessongjl@henghuphuat.com
Address	BLK 538 ANG MO KIO AVENUE 5 #02-4048
Address complement	-
Postcode	560538
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	No Collision
Weather Conditions	Clear
Road Surface	Wet

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?	Yes
Was any other vehicle 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	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211111/2008

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	FF929T
Vehicle Manufacturer	Sym
Vehicle Model	GTS200
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	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN RIDER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FF929T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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.
 - (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.



Qin Pengfei
Policyholder's Signature / Date & Time

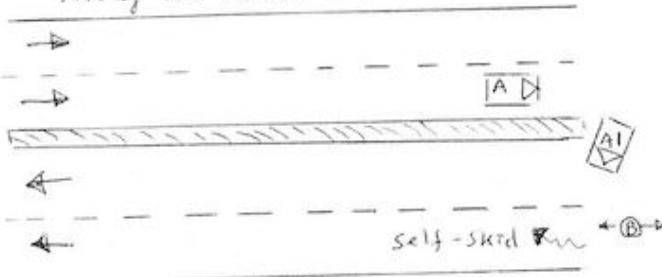


Qin Pengfei
Driver's Signature (if driver is not the policyholder) / Date & Time

08/12/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

Along Teo Payoh Central



* Vch A, A1 => = GBH1442K
* Vch B = FF9291





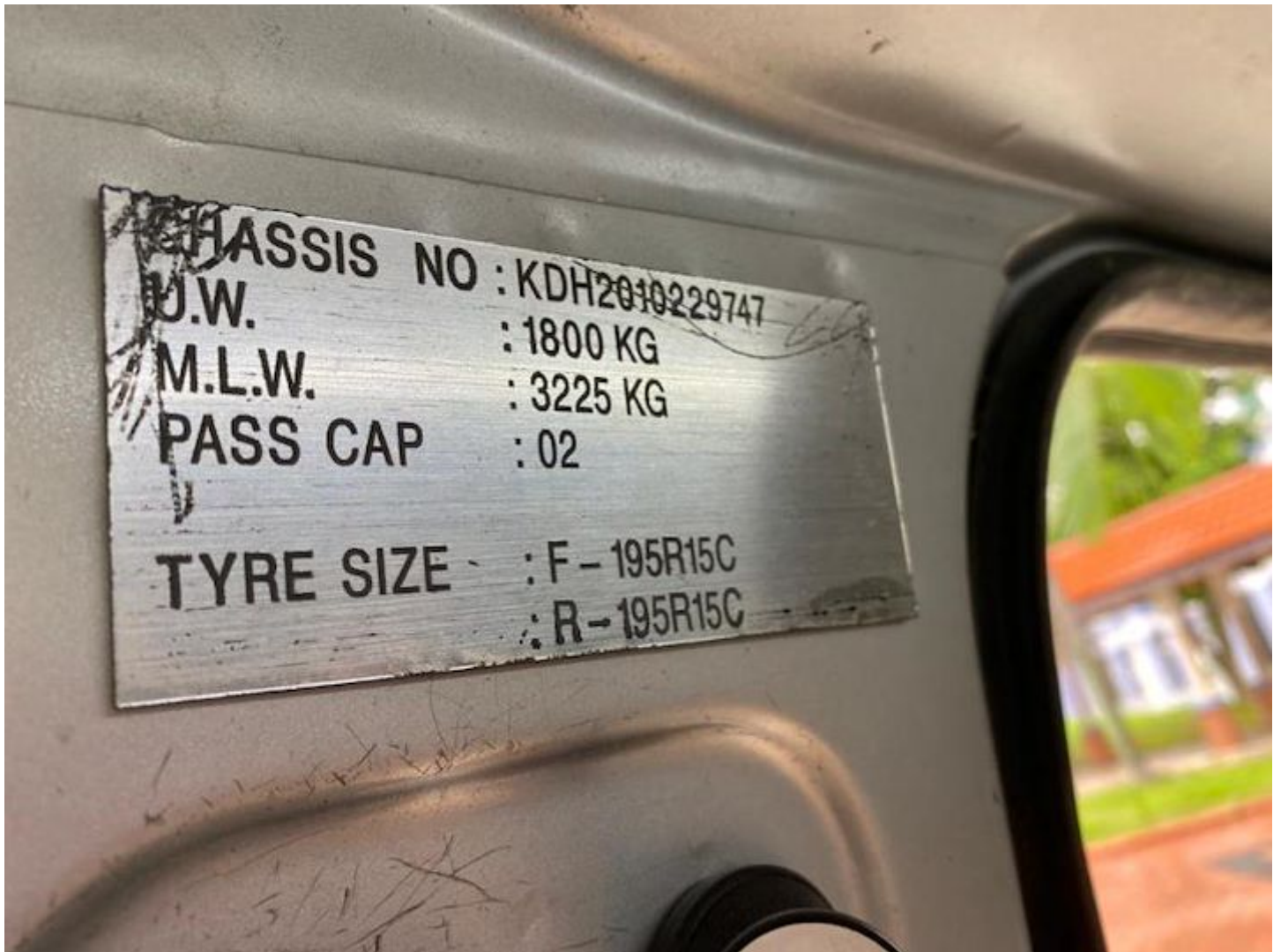













**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999



T/20211111/2008

1 of 3

Report No: T/20211111/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2021 05:03		Vide Report No.: E/20211111/0031		Station Diary No.: 11	
Informant's Particulars					
Name of Informant: QIU PENGFEI			Address: APT BLK 416 ANG MO KIO AVENUE 10 #12-985 TECK GHEE HEARTLANDS SINGAPORE 560416		
ID Type / ID No.: FIN NO / G3294618L			Contact No.: Home/Office: Mobile: 93987519		
Nationality: CHINESE			Email:		
Sex: Male	Age: 36	Date of Birth: 11/04/1985	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DELIVERY			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/11/2021 03:15	Type of Location: Straight Road
Location: TOA PAYOH CENTRAL				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Motorcycle self skid due to driver trying to make a u-turn				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FF929T	Motorcycle	SYM	GTS200	Blue		0
GBH1442K	Van	TOYOTA	HIACE DX 3.0 M	Silver		0

Details of Person Involved

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


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Report No. T/20211111/2008

CONTINUATION OF REPORT

Driver			
Name	QIU PENGFEI	ID No.	G3294618L
Related Vehicle	GBH1442K (Van)	Contact No.	93987519
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 11/11/2021 at around 0315hrs, while I was travelling along Toa Payoh Central on right lane on my vehicle (GBH1442K). I was unfamiliar with the road and was look for a nearest U-Turn. When I was at the pedestrian crossing I thought that it was a U-turn area and continued to turn my vehicle. I wish to state that I did not complete the U-turn and as I noticed there was no U-turn sign. A motorcycle (FF929T) then approached from the opposite direction and I came to a stop. However, the motorcycle was unable to come to a stop in time and self-skidded due to the wet floor. There was no vehicle collision between us. After I saw the motorcyclist self-skidded I parked my vehicle along the road and went to render him help. Subsequently, the Police and Ambulance arrived. The motorcyclist was conveyed to the hospital and the Police attended to me. I do not have in-car camera in my vehicle and I was not injured. I am lodging the report as advised by the Police.



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T/20211111/2008

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Report No. T/20211111/2008

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 2 RYJEAN YEOW ZHEN RUI

4

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SYED MUHAMMAD ISA BIN OMAR
ALHABSHEE
Contact No.: 65476214



Signature Of Informant:

SP 1111 R

Date/Time:
11/11/2021 05:03

Classification Of Case:

SN 168

SIGNATURE