

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 21/12/2021 10:22 (SGT)
Date of Accident 17/12/2021 18:05 (SGT)
Exact Location of Accident 221 Boon Lay PI, Singapore 640221
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH8141H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FOODON LOGISTICS PTE LTD
Company Reg No 201808752K
Email Address kenneth.ong@neogroup.com.sg
Mobile Phone No (Phone) +65-85158971
Alternative Phone No (Office) +65-81984667

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
Transmission Auto
CC 2982

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number B 400000909 MKF
Cover Note Number -

DRIVER

Name of Driver LIU LEI
Work Permit No G3382451W

Date Of Birth	22/06/1984
Occupation	Outdoor
Date Of Driving Pass	07/02/2018
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85158971
Alt. Phone Number	-
Email Address	kenneth.ong@neogroup.com.sg
Address	BLK 667C JURONG WEST STREET 65 #04-141
Address complement	-
Postcode	643667
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 - Opening Door of 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

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	YP4833G
Vehicle Manufacturer	-
Vehicle Model	-
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIU LEI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN AT CHEST AREA AND GIVEN 3 DAYS MC
Injured person in which vehicle?	GBH8141H
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.

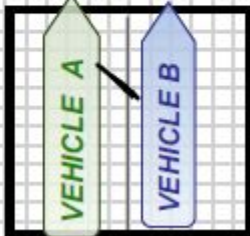
<p>_____ Policyholder's Signature / Date & Time</p>	<p>_____ Driver's Signature (if driver is not the policyholder) / Date & Time</p>	<p>_____ Witnessed by Reporting Centre Personnel</p>
<p>20/11/2022</p>	<p>20/11/2022 / 1930Hrs</p>	<p>B. N. N.</p>

Sketch Plan

A GB4841H

B 4P4833G

201 Broom van same company



Describe Circumstances of the Accident

REFER TO POLICE REPORT.

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

Witnessed by Reporting Centre Personnel

20/1/14 / 19/3/14

18/1/14

























SINGAPORE POLICE FORCE

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2021 20:19

Vide Report No.:

Station Diary No.: 131

Informant's Particulars

Name of Informant: LIU LEI

Address: APT BLK 667C Jurong West St 65 #04-141 SINGAPORE 643667

ID Type / ID No.: FIN NO / G3382451W

Contact No.: Home/Office: Mobile: 85158971

Nationality: CHINESE

Email:

Sex: Male Age: 37 Date of Birth: 22/06/1984

Type of Informant: Vehicle Owner

Race: Chinese

Language:

Institution / School Name:

Occupation: DELIVERY MAN

Driving Licence Information: Class: 2B,3

Date of Expiry:

General Information of the Accident

Type of Accident: Injury Others

Drink Drive: No

Date/Time of Accident: 17/12/2021 18:05

Type of Location: Car Park

Location: BOON LAY PLACE

Weather: Cloudy

Road Surface: Wet

Road Speed Limit:

Traffic Flow: Two Way

Traffic Control: Not Controlled

Traffic Volume: Light

Type of Collision: Moving Vehicle Against - Parked Vehicle

Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH8141H	Lorry				Slightly Damaged	0
YP4833G	Lorry					1

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA


**SINGAPORE
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2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



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Report No. T/20211220/2088

CONTINUATION OF REPORT

Vehicle Owner			
Name	LIU LEI	ID No.	G3382451W
Related Vehicle	GBH8141H (Lorry)	Contact No.	85158971
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	18/12/2021	Date Discharge	18/12/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight


Brief Details.

On 17/12/2021 at about 1805hrs, I parked my vehicle: GBH8141H at car park lot number 120 within 221 Boon Lay Place carpark. While I was getting out of my van and was about to close the van door, the lorry, with car plate number: YP4833G which was parked beside me suddenly moved out from his parking lot without seeing that I was there. Hence, his vehicle collided onto my vehicle's door which caused it to slam against me, which caused my chest to be caught in between the driver's seat door.


I then motioned for him to alight from his vehicle, which he did and he subsequently said something to me which I did not understand and left.

I went to seek medical treatment as my chest area had some pain and was given 03 days of MC.

I am here to lodge a police report under the instruction of my insurance company to claim against the other vehicle's owner.

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Nanyang N.P.C.
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999




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Report No: T/20211220/2088

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 / SCSGT(1) NG YU SOON	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/12/2021 20:19
Officer In Charge Of Case: TP / AEIT / Insp (1) BOON YEN KIAN Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168	 SIGNATURE



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA0G21CL0003 Vehicle Registration No: GBH8141H
 Name (as shown in NRIC): NRIC/FIN/Passport No:
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Singapore ()
 Contact (Tel): Mobile No.:
 Email Address:
 Date of Accident: 17/12/2021 Time of Accident: 18:05hrs
 Place of Accident: 221 Boon Lay Pl, Singapore 640221
 Insurance Company:

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- CHANGE TO THIRD PARTY CLAIM


 Policyholder / Driver's Signature
 Date:


 Reporting Centre Personnel's Signature
 Name: KAVI
 NRIC/FIN No.:
 Date: 21.12.2021

GIARMC Addendum Form