

# 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 ..... 03/01/2022 18:28 (SGT)  
Date of Accident ..... 02/01/2022 22:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBC9913S

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... JSM CONSTRUCTION GROUP PTE LTD  
Company Reg No ..... 2XXXXX019N  
Email Address ..... jianfengli1972@icloud.com  
Mobile Phone No ..... (Phone) +65-86922188  
Alternative Phone No ..... (Office) +65-65657095

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Cabstar  
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? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 3000

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... Z/21/VC00/110429  
Cover Note Number ..... EXP 27.3.2022

### DRIVER

Name of Driver ..... LI JIANFENG  
Passport No/FIN ..... GXXXX926P

Date Of Birth .....	03/09/1972
Occupation .....	Outdoor
Date Of Driving Pass .....	21/10/2009
Driving experience .....	12 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86922188
Alt. Phone Number .....	-
Email Address .....	jianfengli1972@icloud.com
Address .....	BLK 252 CHOA CHUA KANG AVE 2, 04-306
Address complement .....	-
Postcode .....	680252
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 Property
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	No
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 .....	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007659999
Alt. Police Station Phone No .....	(Fax) +65-67644104
Police Station Address .....	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER POLICE REPORT ATTACH

#### ATTACHMENT(S)

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

SKETCH PLAN

1. VEHICLE NO: GBC 99RS  
2. INSURER CO: LONPAC  
3. ACCIDENT DATE & TIME: 02/01/22 22:45 PM

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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' 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.

Policyholder's Signature / Date & Time

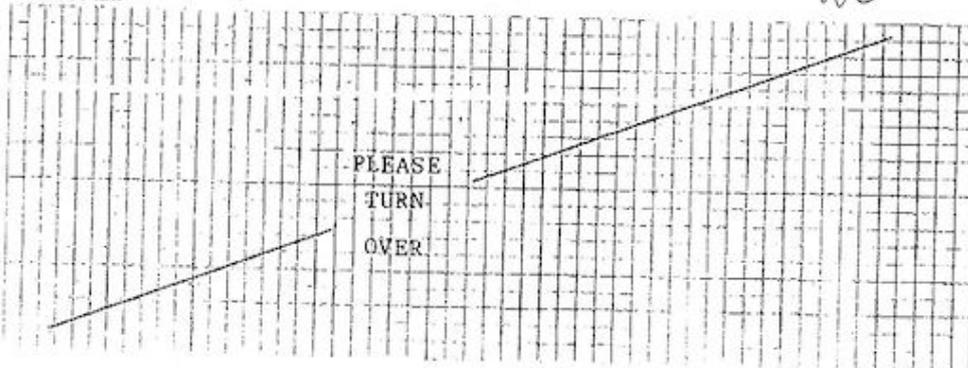
Li Jian Feng 3.01.22

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

[Signature] 2/1/22

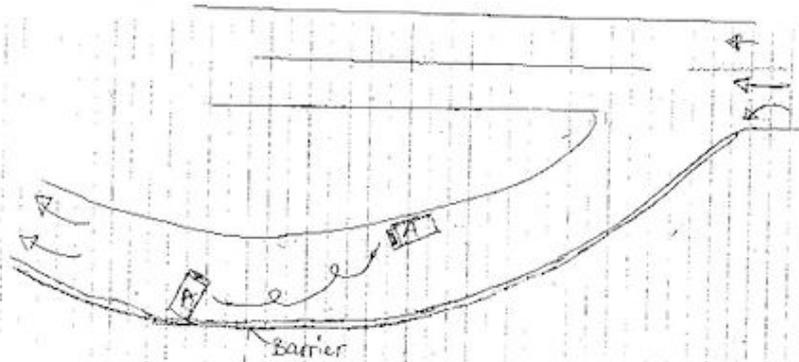
Witnessed by Reporting Centre Personnel [Signature]

Sketch Plan



A: GRC 9913 S

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

NOTE: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

REFUSE TO MAKE 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:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
	Li Jinfeng 3-01-22	[Signature] 3/1/22
<input checked="" type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Claim OD/TP at other workshop ( )		


























**SINGAPORE  
POLICE FORCE**


T/20220103/2014

1 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20220103/2014

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/01/2022 09:46	Vide Report No.: E/20220102/0178	Station Diary No.: 10
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**Informant's Particulars**

Name of informant: LI JIANFENG		Address: APT BLK 252 CHOA CHU KANG AVENUE 2 #04-306 SINGAPORE 680252	
ID Type / ID No.: FIN NO / G7250926P		Contact No.:	Mobile: 86922188
Nationality: CHINESE		Email:	
Sex: Male	Age: 49	Date of Birth: 03/07/1972	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: CONSTRUCTION		Driving Licence Information: Class: 3,4,5	Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/01/2022 22:45	Type of Location: Bend
Location: PAN-ISLAND EXPRESSWAY			
Weather: Raining	Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. at Passage
GBC9913S	Lorry				Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
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T/20220103/2014

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SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20220103/2014

## CONTINUATION OF REPORT

Driver			
Name	LI JIANFENG	ID No.	G7250926P
Related Vehicle	GBC9913S (Lorry)	Contact No.	86922188
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 02/01/2022 at about 2245hrs, I was driving my vehicle (GBC9913S) along PIE towards BKE. While I was driving along the slip road of BKE, I applied onto the brakes of my vehicle and my vehicle skidded due to the wet floor. My vehicle then collided into the left side barricade which caused the barricade to be dented.

My vehicle suffered from a huge dent on the front right. No one was injured. Ambulance and Traffic police attended to me reference to E/20220102/0178.

This is the first time such incident happened to me. I am lodging this report as instructed by the traffic police officer.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



T/20220103/2014

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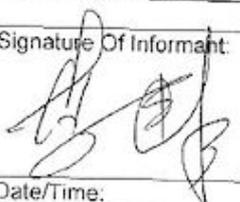
Report No. T/20220103/2014

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 DARRYL LIM JUN DE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/01/2022 09:46
Officer In Charge Of Case: TP / GIT / Staff Sgt MURTHI MOHAMMAD BIN ABDUL RAHMAN  Contact No.: 65476201 	Classification Of Case:
<div style="border: 1px solid black; padding: 5px; text-align: center;">           SIGNATURE       </div>	