

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 12/05/2022 10:30 (SGT)
Date of Accident 14/03/2022 00:15 (SGT)
Exact Location of Accident Serangoon Ave 2, 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 charlesongjl@gmail.com
Mobile Phone No (Phone) +65-93987519
Alternative Phone No +65-93987519

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 2754

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900254866-02
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 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93987519
Alt. Phone Number	-
Email Address	charlesongjl@gmail.com
Address	BLK 416 ANG MO KIO AVENUE 10 #12-985
Address complement	TECK GHEE HEARTLANDS
Postcode	560416
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 Pedestrian
Weather Conditions	Clear
Road Surface	Dry

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

PASSENGER 1

Name	HO SENG PIN
Gender	Male

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/20220314/2010

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	-
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	UNKNOWN PEDESTRIAN
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 PEDESTRIAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	-
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.

(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

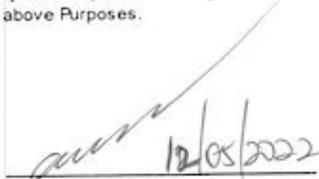
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



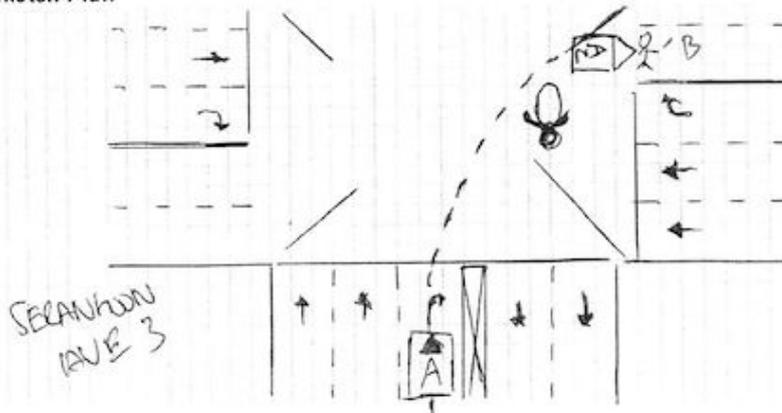

Policyholder's Signature / Date & Time




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


 12/05/2022
 Witnessed by Reporting Centre Personnel

Sketch Plan



SERANJUN AVE 2
 : Motor
 (B)  : Pedestrian
 (A) GRH 1442K

Describe Circumstances of the Accident

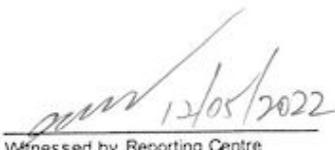
AS per Police Report. 7/20220314/2010

Declaration

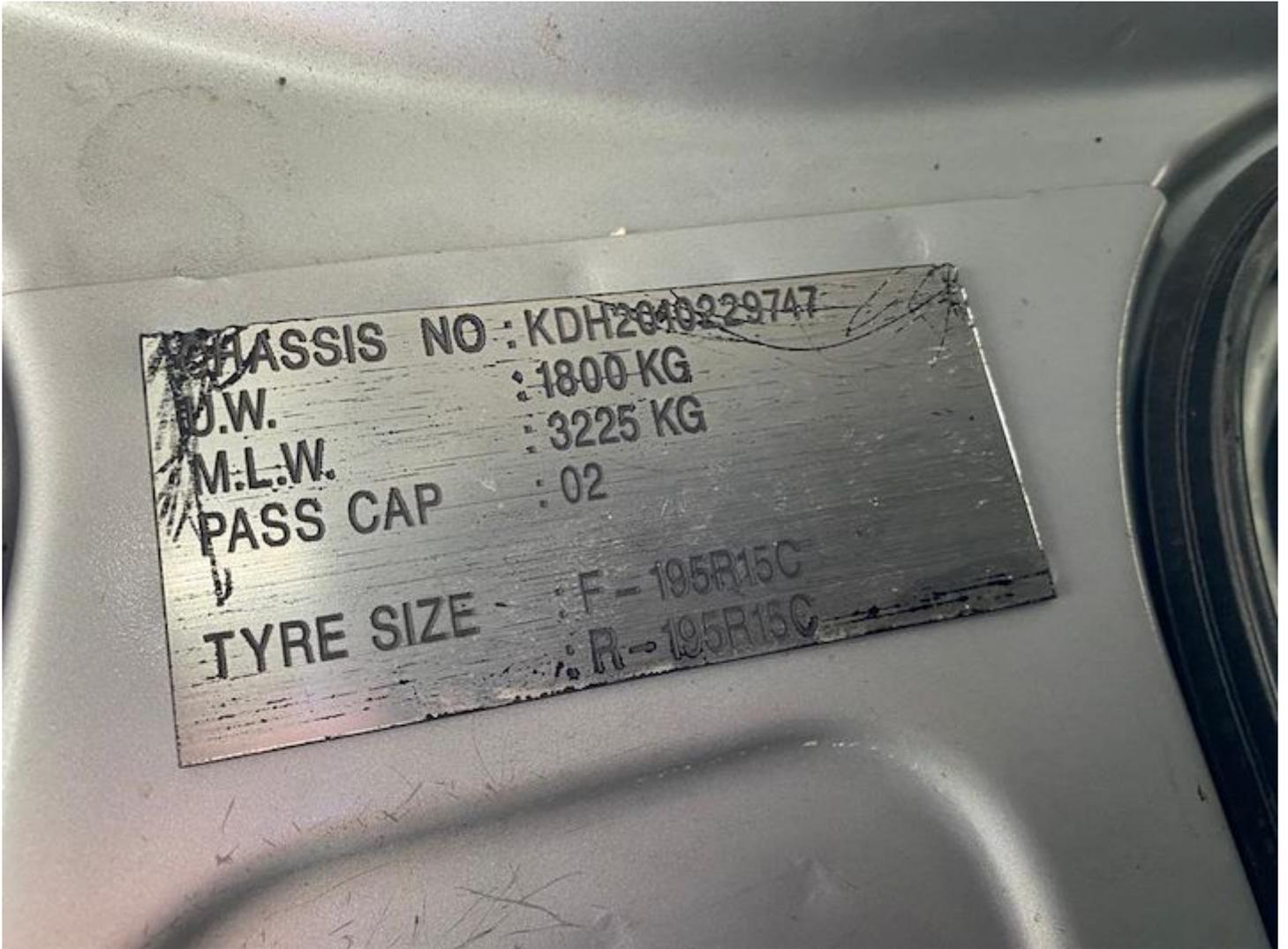
We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

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

 12/05/2022
Witnessed by Reporting Centre Personnel




















**SINGAPORE
POLICE FORCE**


T/20220314/2010

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Report No. T/20220314/2010

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2022 03:53	Video Report No.:	Station Diary No.: 14
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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.:	Mobile: 93987519
Nationality: CHINESE		Home/Office:	
Sex: Male		Age: 36	Date of Birth: 11/04/1985
Race: Chinese		Type of Informant: Driver	
Occupation: DELIVERY DRIVER		Language:	Institution / School Name:
Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/03/2022 00:15	Type of Location: Bend
Location: SERANGOON AVENUE 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH1442K	Van	TOYOTA	HIACE DX 3.0 M	Silver	No Damage	1

Details of Person Involved

Any Pedestrian Involved: Yes	Use of Pedestrian Crossing: Used
No. of Pedestrians Injured: 1	



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Community Building SINGAPORE 319194
Tel No: 1800-2519999



T/20220314/2010

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Report No. T/20220314/2010

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
Passenger			
Name	HO SENG PIN		ID No. G2986224P
Related Vehicle	GBH1442K (Van)		Contact No. 86167093
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

Brief Details.

On 14/03/2022 at 0015hrs, I was driving my company van turning right from Serangoon Avenue 3 to Serangoon Avenue 2 towards Nex Shopping Mall direction. As the traffic light turned green, I proceeded to make a right turn. I was at lane 1 (right most lane) and I observed that a motorbike which was travelling straight at my opposite direction was riding at a fast speed. As such, I paid attention to the motorbike while driving forward to make the right turn.

Out of a sudden, I hit against a female pedestrian crossing the road. The pedestrian crossing was green. I immediately got off my vehicle with my passenger to render my assistance and assist her to the side of the road.

Police and ambulance was called to the scene. The pedestrian was believed to be conveyed to Sengkang Hospital. My van does not have a working in car camera system. My vehicle did not sustain any damage. I am lodging this report as informed by the police.

I am currently staying at Blk 538 Ang Mo Kio Ave 5 #02-4048 Singapore 560538, and have updated MOM regarding the address.



**SINGAPORE
POLICE FORCE**



T/20220314/2010

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Report No. T/20220314/2010

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

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 ROLAN LEE KOON
LENG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
STAFF SGT LEE GUANG HUI
Contact No.: 65476423

Signature Of Informant:

Date/Time:
14/03/2022 03:53

Classification Of Case:

NP168

SINGAPORE
POLICE FORCE
SN 168

SIGNATURE