

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	05/07/2022 18:46 (SGT)
Reported by	Driver
Date of Accident	05/07/2022 09:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS AVE 5 TOWARDS SLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6175U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PETS' STATION HOLDING PTE LTD
Company Reg No	200002037E
Email Address	lyn.yong@petsstation.com.sg
Mobile Phone No	(Phone) +65-63631121
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
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	Manual
CC	2488

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5120363327-01

DRIVER

Name of Driver	XUE LIMING
Passport No/FIN	G8433429X
Date Of Birth	30/09/1972
Occupation	Outdoor

Date Of Driving Pass	13/02/2009
Driving experience	13 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81384199
Alt. Phone Number	-
Email Address	lyn.yong@petsstation.com.sg
Address	BLK 514 WOODLANDS DR 14 #05-129
Address complement	-
Postcode	730514
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	3
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JMD1563
Vehicle Category	Private car

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK132X
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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)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JMD1563
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GBK132X DRIVER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBK132X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

VEH NO: G8D 61754
 INSURER: NTUL
 DATE OF ACC: 05/07/22 0920HRS

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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.
- (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.

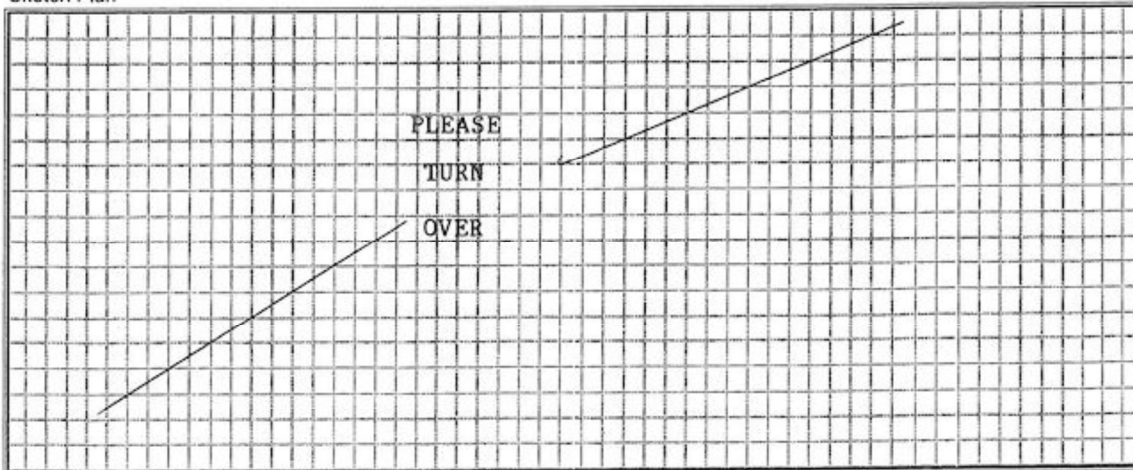


Policyholder's Signature / Date & Time

30/ 5/7/22/
 Driver's Signature (if driver is not the policyholder) / Date & Time

(WL) 5/7/22
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) etudn

Sketch Plan



Describe Circumstance of the Accident

** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE

Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy (☒) Claim Third party () Reporting Only

() Claim OD/ TP at other workshop (_____)

Sketch Plan

ATTACHED TO POLICE REPORT

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

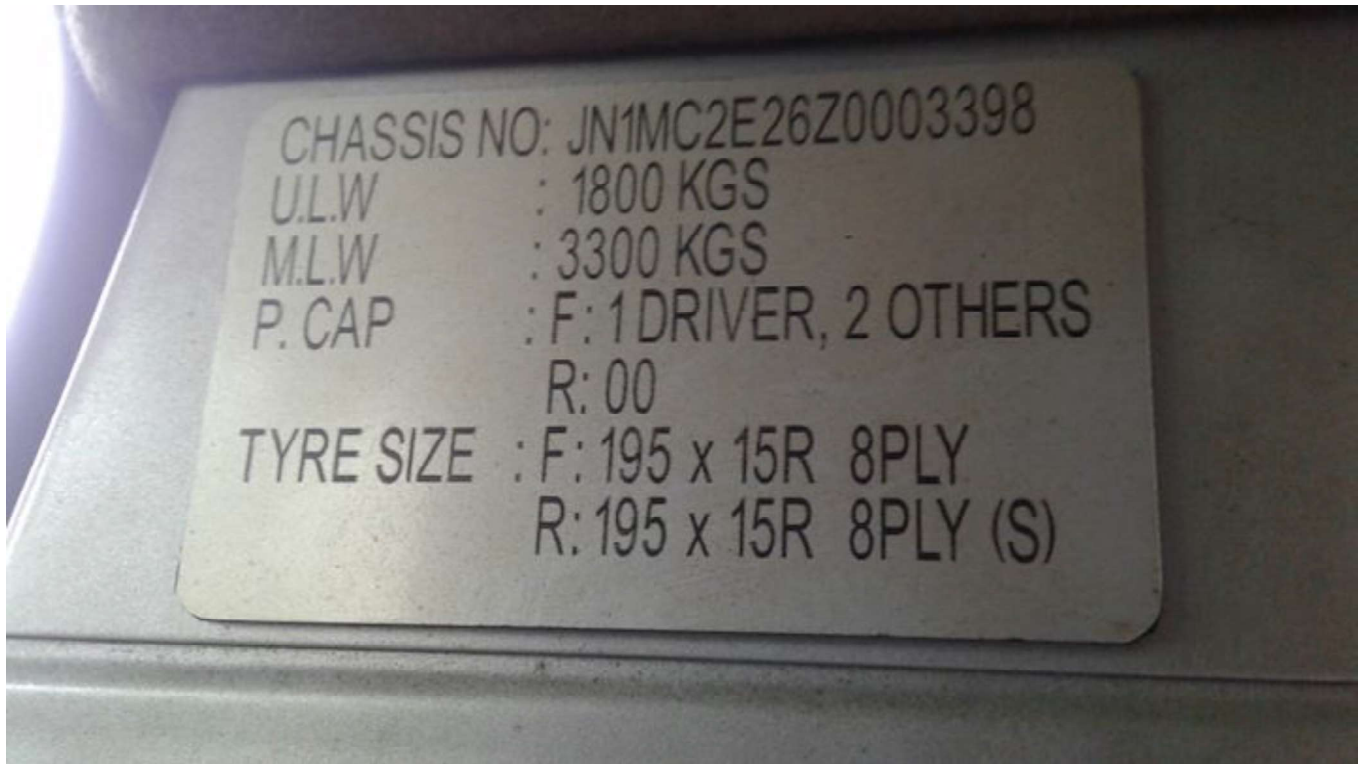
[Signature] 5/7/22
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] (WL)
5/7/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) *[Signature]*

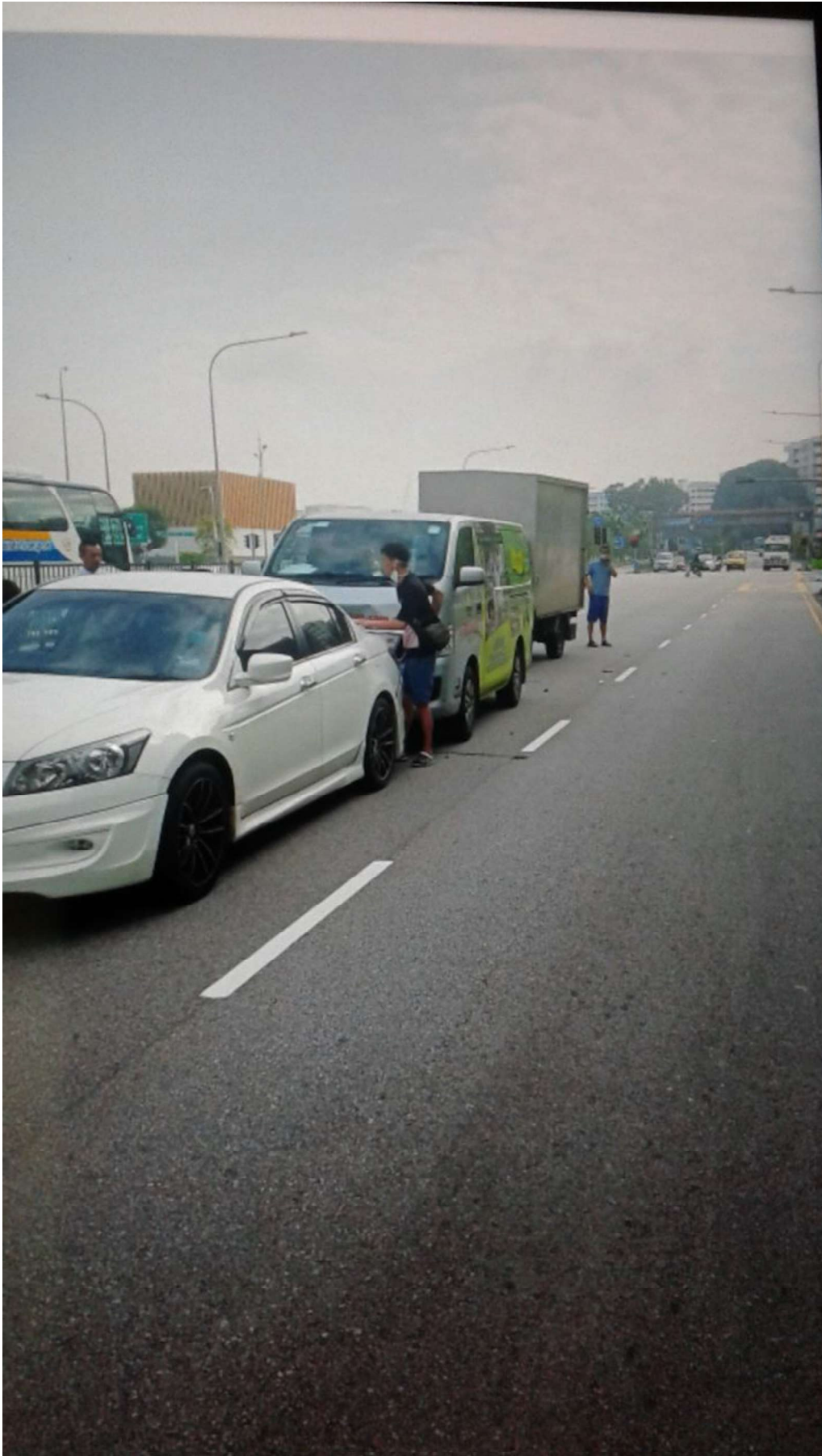








CHASSIS NO: JN1MC2E26Z0003398
U.L.W : 1800 KGS
M.L.W : 3300 KGS
P. CAP : F: 1 DRIVER, 2 OTHERS
R: 00
TYRE SIZE : F: 195 x 15R 8PLY
R: 195 x 15R 8PLY (S)







**SINGAPORE
POLICE FORCE**



T/20220705/2068

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20220705/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/07/2022 15:33		Vide Report No.: L/20220705/0052		Station Diary No.: 71	
Informant's Particulars					
Name of Informant: XUE LIMING			Address: APT BLK 514 WOODLANDS DRIVE 14 #05-129 SINGAPORE 730514		
ID Type / ID No.: FIN NO / G8433429X			Contact No.: Home/Office: Mobile: 81384199		
Nationality: CHINESE			Email:		
Sex: Male	Age: 49	Date of Birth: 30/09/1972	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3,4		Date of Expiry: 12/05/2025

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/07/2022 09:20	Type of Location: Straight Road
Location: WOODLANDS AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Colour	Condition	No. of Passenger
GBD6175U	Van				Seriously Damaged	0
JMD1563	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: Nil	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220705/2068

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Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20220705/2068

CONTINUATION OF REPORT

Driver			
Name	XUE LIMING	ID No.	G8433429X
Related Vehicle	GBD6175U (Van)	Contact No.	81384199
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: 12/05/2025
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 05/07/2022 at about 0920hrs, I was driving my delivery van bearing plate number GBD6175U along Woodlands Ave 5 towards SLE. At the point of time, I was waiting at the traffic junction for the traffic light to turn green. When the traffic light turn green, I started to drive off. All of a sudden, I felt a huge impact from the rear of my delivery van. The impact is so huge that it pushed my van forward and it hit the rear of the vehicle in front of me.

We came out of the vehicle to make a check. The back door of my delivery van was fully dent in. The Malaysia vehicle bearing JMD1563 which was in front of me has a dent at the rear bumper and the vehicle that hit me, its vehicle front bumper was dent in. Traffic police came shortly after to interview all parties. I was given a case card by the traffic police officer reference to L/20220705/0052 and was advised to proceed to any nearby police station to lodge a police report. I do not have the other two driver particulars.

Ambulance came and the driver of the vehicle that hit me was being conveyed to a nearby hospital. I had also reported this accident to my company. There is no in-car camera inside my company van.


**SINGAPORE
POLICE FORCE**

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Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20220705/2068

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Report No. T/20220705/2068

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:

L /
SGT 2 TOH CHAI TEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/07/2022 15:33

Officer In Charge Of Case:

TP / GIT /
SGT 3 MUHAMMAD ISMAIL BIN AMZAH
Contact No.: 65476185

Classification Of Case:

NP168