

# 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 Actual 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 ..... 08/08/2022 16:00 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 05/08/2022 13:00 (SGT)  
Exact Location of Accident ..... Turf Club Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP644L

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TIONG LIAN FOOD PTE LTD  
Company Reg No ..... 2XXXXX109M  
Email Address ..... estrpt66@gmail.com  
Mobile Phone No ..... (Phone) +65-62666166  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Hino  
Model ..... XZU710R-HKFM53  
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 ..... 4009

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Policy Number / Cover Note Number ..... Z21VC05009232

### DRIVER

Name of Driver ..... WANG ZHAOTAO  
Passport No/FIN ..... GXXXX152Q  
Date Of Birth ..... 30/04/1972  
Occupation ..... Outdoor

|  |                      |
|--|----------------------|
| Date Of Driving Pass .....   | 17/07/2009           |
| Driving experience .....   | 13 YEARS AND 1 MONTH |
| Gender .....   | Male                 |
| Mobile Number .....  | (Phone) +65-82903314 |
| Alt. Phone Number .....  | -                    |
| Email Address .....  | estrpt66@gmail.com   |
| Address .....  | 202 PANDAN LOOP      |
| Address complement .....   | -                    |
| Postcode .....   | 128390               |
| 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 - Head on collision |
| 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? .....  | 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 .....   | -   |

#### DETAILS OF POLICE ACTION

|   |                                  |
|---|----------------------------------|
| Was the accident reported to the police? .....  | Yes                              |
| Police Station Name .....                       | Traffic Police                   |
| Police Station Phone No .....                   | (Phone) +65-65470000             |
| Alt. Police Station Phone No .....              | (Fax) +65-65474900               |
| Police Station Address .....                    | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? ..... | No                               |
| If yes, against whom? .....                     | -                                |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220805/7032

#### 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 ..... | FBK6317R |
| Vehicle Manufacturer .....        | -        |
| Vehicle Model .....               | -        |
| 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) .....     | -          |

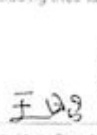
## INJURED PERSONS DETAILS

### INJURED 1

|   |                |
|---|----------------|
| Name of injured person .....                              | UNKNOWN RIDER  |
| Gender .....  | -              |
| Phone No .....  | -              |
| Address .....   | -              |
| Address Complement .....                                  | -              |
| Post Code .....   | -              |
| Approximate Age Years Old .....                           | -              |
| Injuries Sustained .....                                  | SERIOUS INJURY |
| Injured person in which vehicle? .....                    | FBK6317R       |
| Were seat belts worn? .....                               | -              |
| Was this injured conveyed to hospital by ambulance? ..... | Yes            |

**IMPORTANT NOTICE**

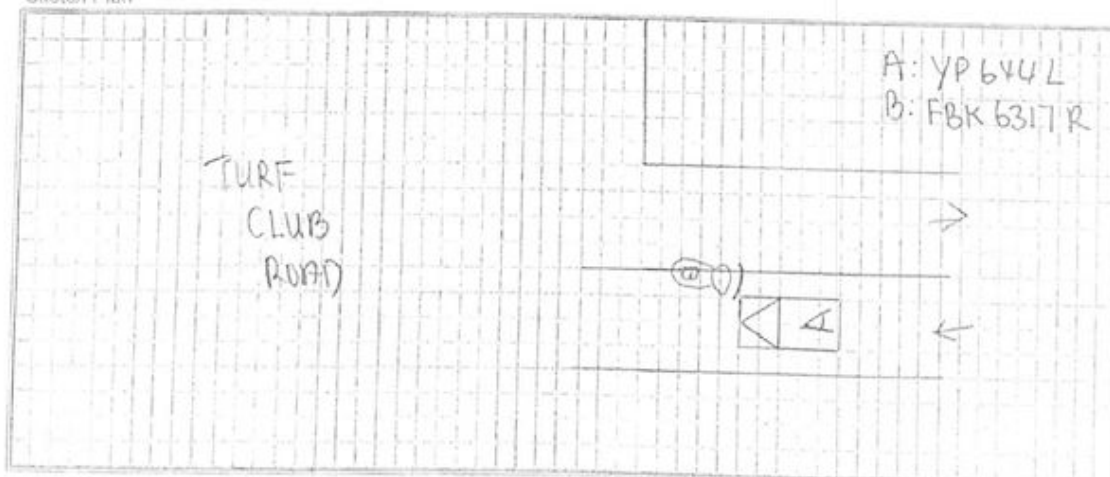
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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) 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.
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)  
  
 17.01.2022

Driver's Signature (if driver is not the policyholder) / Date & Time  
  
 17.01.2022


Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)  
  
 17.01.2022

**Sketch Plan**



Describe Circumstance of the Accident

Refer to police report: T/20220805/7032



Declaration

(We declare that the 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  
 (Name as in NRIC/ID card)











































**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20220805/7032

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Report No: T/20220805/7032

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                    |
|--|-------------------------------------|--------------------|
| Date/Time Report Made:<br>05/08/2022 19:52 | Vide Report No.:<br>E/20220805/0090 | Station Diary No.: |
|--|-------------------------------------|--------------------|

**Informant's Particulars**

|   |            |                              |  |                            |
|---|------------|------------------------------|--|----------------------------|
| Name of Informant:<br>WANG ZHAOTAO      |            |                              | Address:<br>41 TEBAN GARDENS ROAD #03-346 SINGAPORE 600041 |                            |
| ID Type / ID No.:<br>FIN NO / G6528152Q |            |                              | Contact No.:<br>Home/Office: Mobile: 82903314              |                            |
| Nationality:<br>CHINESE                 |            |                              | Email:<br>wangzhaotao@yahoo.com                            |                            |
| Sex:<br>Male                            | Age:<br>50 | Date of Birth:<br>30/04/1972 | Type of Informant:<br>Driver                               |                            |
| Race:<br>Chinese                        |            |                              | Language:<br>English                                       | Institution / School Name: |
| Occupation:<br>Driver                   |            |                              | Driving Licence Information:<br>Class: Date of Expiry:     |                            |

**General Information of the Accident**

|  |                           |                                 |   |                                 |
|--|---------------------------|---------------------------------|---|---------------------------------|
| Type of Accident:                                    | Injury Attended by Police | Drink Drive: No                 | Date/Time of Accident: 05/08/2022 13:00 | Type of Location: Straight Road |
| Location:  |                           |                                 |   |                                 |
| TURF CLUB ROAD                                       |                           |                                 |   |                                 |
| Weather: Clear                                       |                           | Road Surface: Dry               | Road Speed Limit:                       |                                 |
| Traffic Flow: Two Way                                |                           | Traffic Control: Not Controlled | Traffic Volume: No Traffic              |                                 |
| Type of Collision: Between Moving Vehicles - Head On |                           |                                 | Anyone conveyed by ambulance: Yes       |                                 |

**Details of Vehicle Involved**

| Vehicle No.                 | Type       | Make   | Model | Color | Condition        | No of |
|-----------------------------|------------|--------|-------|-------|------------------|-------|
| FBK6317R<br>(Not-Accurate)- | Motorcycle | DUCATI |       |       | Slightly Damaged | 0     |
| YP644L                      | Lorry      | HINO   |       | White | Slightly Damaged | 0     |



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20220805/7032

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Report No. T/20220805/7032

**CONTINUATION OF REPORT**

|                                   |                |                                   |                                   |
|-----------------------------------|----------------|-----------------------------------|-----------------------------------|
| <b>Details of Person Involved</b> |                |                                   |                                   |
| Any Pedestrian Involved: No       |                |                                   |                                   |
| No. of Pedestrians Injured: NIL   |                | Use of Pedestrian Crossing: NA    |                                   |
| <b>Driver</b>                     |                |                                   |                                   |
| Name                              | WANG ZHAOTAO   | ID No.                            | G6528152Q                         |
| Related Vehicle                   | YP644L (Lorry) | Contact No.                       | 82903314                          |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL            | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL            | Degree of                         | NIL                               |
| <b>Rider</b>                      |                |                                   |                                   |
| Name                              | Unknown Rider  | ID No.                            | NIL                               |
| Related Vehicle                   | NIL            | Contact No.                       | NIL                               |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL            | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL            | Degree of                         | Serious                           |

**Brief Details.**

On the above-mentioned date and time, I was travelling in Turf Club Road. I was driving straight at a low speed. Out of a sudden, a motorcycle came into my lane from the opposite direction. I applied brakes but the rider could not stop in time nor get back to her own lane and so collided onto my vehicle. I alighted and realised the rider had gotten up and rest on the side of the road. The rider's fingers were bleeding. A passerby called the ambulance and the rider was conveyed to the hospital.

Traffic police attended the scene and I was given an Acknowledge Slip and informed to lodge a police report within 24 hours.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20220805/7032

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Report No. T/20220805/7032

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
KOH WEI JIE  
Contact No.: 97303412

This report is lodged at Ayer Rajah NPP Kiosk 1  
NP168

Signature Of Informant:

The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
05/08/2022 19:52

Classification Of Case:





**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: SN08228 Vehicle Registration No: YP 6442  
 Name (as shown in NRIC): Wahli Uthman NRIC/FIN/Passport No: GXXXXX1524  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 8290 3314  
 Email Address: \_\_\_\_\_  
 Date of Accident: 05/08/2022 Time of Accident: 13:00  
 Place of Accident: Turf Club Road  
 Insurance Company: Lowpac

**(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:

Email Address To ESIRPT66@gmail.com  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Actual Driver's Signature  
 Date:

26/08/2022  
 Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card):  
 Date: