

## 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 ..... 24/08/2022 19:04 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 23/08/2022 14:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CANBERRA STREET  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YN7250D

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... DAISHO (S) PTE LTD  
Company Reg No ..... 199303928G  
Email Address ..... angela@daisho.com.sg  
Mobile Phone No ..... (Phone) +65-65551717  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Canter  
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 ..... Auto  
CC ..... 2998

#### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... D22MTPCVE000221

#### DRIVER

Name of Driver ..... GONG MINGQUAN  
Passport No/FIN ..... G8669130U  
Date Of Birth ..... 24/10/1977  
Occupation ..... Outdoor

Date Of Driving Pass .....	18/03/2019
Driving experience .....	3 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83995852
Alt. Phone Number .....	-
Email Address .....	qilusanshao@163.com
Address .....	C/O DAISHO (S) PTE LTD
Address complement .....	-
Postcode .....	-
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 to Rear
Weather Conditions .....	DRIZZLING
Road Surface .....	Wet

#### 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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	COLLEAGUE
Gender .....	Male

#### 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 TO POLICE REPORT ATTACHED.

#### 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 .....	FBR3257M
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	MOHAMMED FHAIRIL BIN SAMSUDIN
NRIC No .....	S8712954C
Contact Number .....	(Phone) +65-83667811
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

SKETCH PLAN

VEH NO : YN 7250 D  
 INSURER : SOMPO  
 DATE OF ACC : 23/08/22 1450 PM

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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:

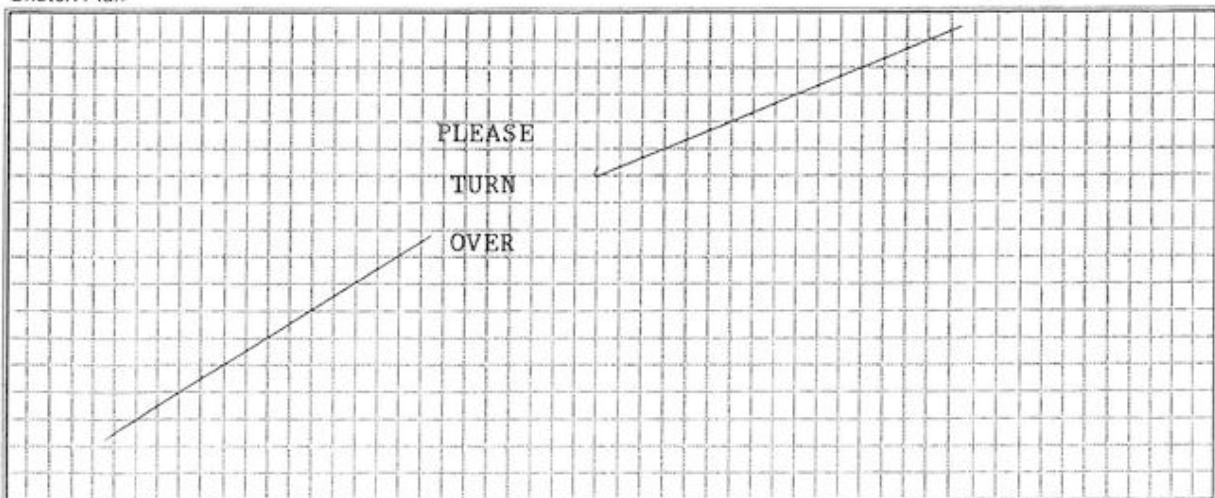
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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

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

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

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

24.08.22

(WL)

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**SINGAPORE  
POLICE FORCE**



T/20220823/2087

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

1 of 3

Report No. T/20220823/2087

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/08/2022 18:02		Vide Report No.: L/20220823/0079		Station Diary No.: 92	
<b>Informant's Particulars</b>					
Name of Informant: GONG MINGQUAN			Address:		
ID Type / ID No.: FIN NO / G8669130U			Contact No.: Home/Office: Mobile: 83995852		
Nationality: CHINESE			Email:		
Sex: Male	Age: 44	Date of Birth: 24/10/1977	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/08/2022 14:50	Type of Location: Straight Road
Location:  CANBERRA STREET				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR3257M	Motorcycle				Slightly Damaged	0
YN7250D	Lorry				Slightly Damaged	1



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2 of 3

Report No. T/20220823/2087

**CONTINUATION OF REPORT**

**Brief Details.**

On 23/08/2022 at about 1445hrs, I was driving along Canberra Street at the most right lane. While approaching the traffic light, a motorcycle which were in front of me brake and wanted to make a U-turn. It is not a allow to U-turn at the location. The motorcycle did not signal or anything before he stop. I applied brake however, the floor was wet hence, my vehicle could not stop in time and collided onto the motorcycle.

I alight from my vehicle and made a check on the rider. The rider is not injure and we exchanged particulars and the rider just rode off. I made a check on my vehicle and found that there is a small dent at the front of my vehicle. I wish to informed that I and my passenger is not injured. There is no in car camera inside my lorry.



**SINGAPORE  
POLICE FORCE**



T/20220823/2087

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

3 of 3

Report No. T/20220823/2087

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 3 DESMOND ANG JUN HAO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/08/2022 18:02
Officer In Charge Of Case: TP / GIT / STAFF SGT NUR ADELINA BINTE MOHAMMAD FUAT Contact No.: 65476066	Classification Of Case:

NP168



Daisho (S) Pte Ltd  
56 Woodlands Terrace Singapore 738464  
Tel: +65 6555 1717, Fax: +65 6555 2727  
Company Registration No: 199303928G

24 August 2022

**TO WHOM IT MAY CONCERN**

Dear Sir / Mdm

This is to authorize our driver Mr Gong Mingquan of Work Permit No: 0 77905014 to make a report on behalf of our company for an accident happened on 23 August 2022 between our Company vehicle no. YN7250 D and a motorbike no. FBR3257M.

Kindly assist and inform him if there are any action need to be taken.

Thank you.

Yours faithfully  
DAISHO (S) PTE LTD

A handwritten signature in black ink, appearing to be 'Angela Yeo', written over a dotted line.

Angela Yeo  
Administrator

