

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	09/11/2022 13:01 (SGT)
Reported by	Driver
Date of Accident	08/11/2022 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OUTRAM ROAD LAMPPPOST NO. 3A
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE4680A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	POLLISUM ENGINEERING (PTE) LTD
Company Reg No	198203577M
Email Address	admin@pollisum.com
Mobile Phone No	(Phone) +65-67537600
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Man
Model	Tgs
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	12419

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099559MFVS/32

DRIVER

Name of Driver	WANG GUODONG
Passport No/FIN	G2503369N
Date Of Birth	10/08/1980
Occupation	Outdoor

Date Of Driving Pass	25/02/2015
Driving experience	7 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86202133
Alt. Phone Number	-
Email Address	claudia@pollisum.com
Address	C/O POLLISUM ENGINEERING (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	Collided into Parked Vehicle
Weather Conditions	Drizzling
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	0
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	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
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	GBF789C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-81267188
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	0

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC8445S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	0

SKETCH PLAN

VEH NO: XE 4680A
INSURER: MS FC
DATE OF ACC: 8/11/22 @ 17:30

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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

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

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

Sketch Plan

PLEASE
TURN
OVER

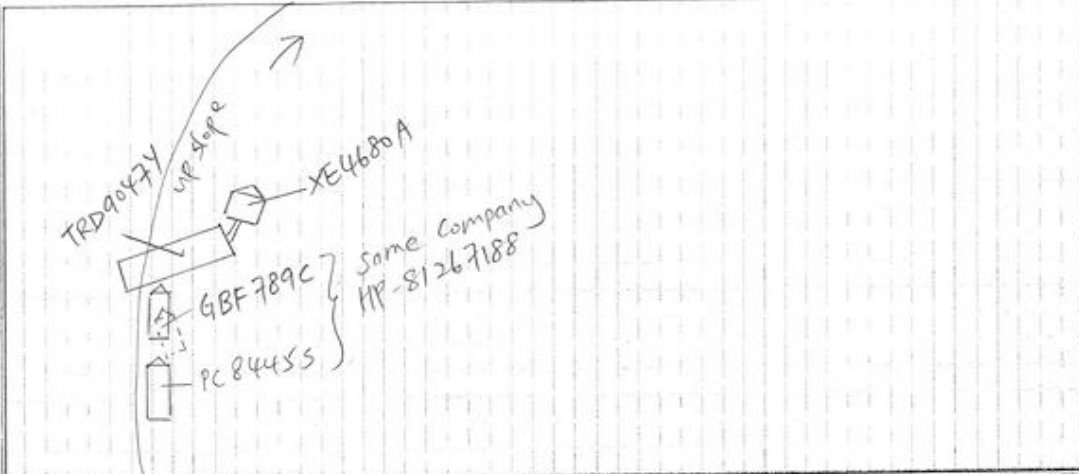
Describe Circumstance of the Accident

** 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



Refer to Police Report No: T/20221109/2000

Declaration

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



Policyholder's Signature / Date & Time

Wany

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

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

h 9/11/22
(45)







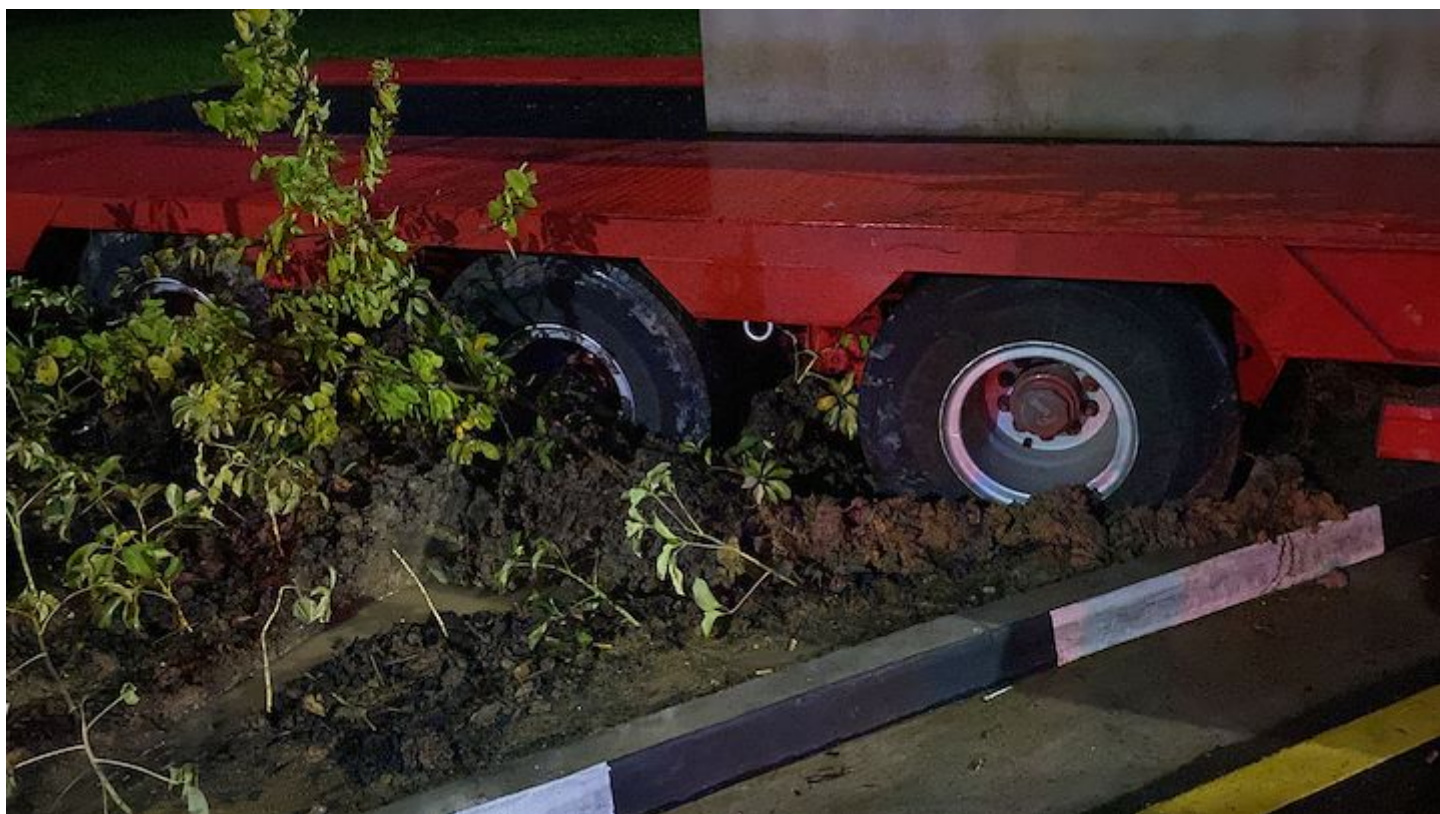














**SINGAPORE
POLICE FORCE**



T/20221109/2000

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20221109/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2022 00:01	Vide Report No.: A/20221108/0102	Station Diary No.: 1
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Informant's Particulars

Name of Informant: WANG GUODONG	Address: APT BLK 111 HO CHING ROAD #02-22 CORPORATION COURT SINGAPORE 610111		
ID Type / ID No.: FIN NO / G2503369N	Contact No.: Home/Office: Mobile: 86202133		
Nationality: CHINESE	Email:		
Sex: Male	Age: 42	Date of Birth: 10/08/1980	Type of Informant: Driver
Race: Chinese	Language: Chinese		Institution / School Name:
Occupation: DRIVER	Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/11/2022 17:30	Type of Location: Bend
Location: OUTRAM ROAD				
Lamp Post Number: 3A				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF789C	Van	NISSAN		White	Slightly Damaged	0
PC8445S	Van	TOYOTA		White	Slightly Damaged	0
TRD9047Y	FLAT BED			Red	Slightly Damaged	0
XE4680A	PRIME MOVER	MAN		White	No Damage	0



**SINGAPORE
POLICE FORCE**



T/20221109/2000

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Nanyang N.P.C
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649482
Tel No: 1800-7929999

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Report No. T/20221109/2000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WANG GUODONG	ID No.	G2503369N
Related Vehicle	XE4680A (PRIME MOVER)	Contact No.	86202133
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 8 Nov 2022 at about 1730hrs, I drove my prime mover bearing registration plate number XE4680A and parked the flatbed bearing registration plate number TRD9047Y at Outram Park towards Chin Swee Road near L/P 3A. Thereafter, I drove XE4680A into the construction site at 1 Pearl Bank for work. Later at about 1830hrs, I came back to attach back TRD9047Y. Unfortunately, I have forgotten to pull the handbrake and resulted XE4680A and TRD9047Y rolled backward on the downslope and hit onto a stationary van, GBF789C and sustained dents and scratches on the front bumper. The back of GBF789C subsequently hit onto the front bumper of another stationary van PC8445S which also sustained dents and scratches. No one was inside the vehicles at the time of incident, and no one was injured. There was Parking Enforcement Officer happened to be there to issue summon for illegal parking vehicles and the officer subsequently called for police. Traffic Police came to the incident location, gave me a case card and advised me to lodge this traffic accident report.



SINGAPORE POLICE FORCE



T/20221109/2000

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Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20221109/2000

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 /

SCCPL THANT THIHA AUNG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/11/2022 00:01

Officer In Charge Of Case:

TP / GIT /

INSP (1) THABAGESH JEYATHESH

Contact No.: 65476178

Classification Of Case:

NP168