

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 01/09/2022 18:48 (SGT)
Reported by Driver
Date of Accident 24/08/2022 19:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information WOODLANDS ST. 31
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF189J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CS CERAMICHE PTE LTD
Company Reg No 201703566M
Email Address sherieentay@csceramic.com.sg
Mobile Phone No (Phone) +65-62612688
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
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 1461

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Policy Number / Cover Note Number Z22VC05012103

DRIVER

Name of Driver ZHU BIGANG
Passport No/FIN G2182831P
Date Of Birth 22/10/1983
Occupation Outdoor

Date Of Driving Pass	22/02/2022
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91386002
Alt. Phone Number	-
Email Address	jasonchuh2007@gmail.com
Address	BLK 403 WOODLANDS ST. 41 #05-98
Address complement	-
Postcode	730403
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
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	FBT2275G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	HELMI
Contact Number	(Phone) +65-96911653
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: GBF 189 J
INSURER: Lonpac
DATE OF ACC: 24/8/22 @ 19:10

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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

[Signature] 01-09-2022

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

[Signature] 1/9/22

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) (45)

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

Woodlands St. 31

A: GBF 189J
B: FBT 2275G

Refer to Police Report No: T/20220825/2177

Declaration

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



Policyholder's Signature / Date & Time

[Signature] 01-09-2022

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

[Signature] 1/9/22

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



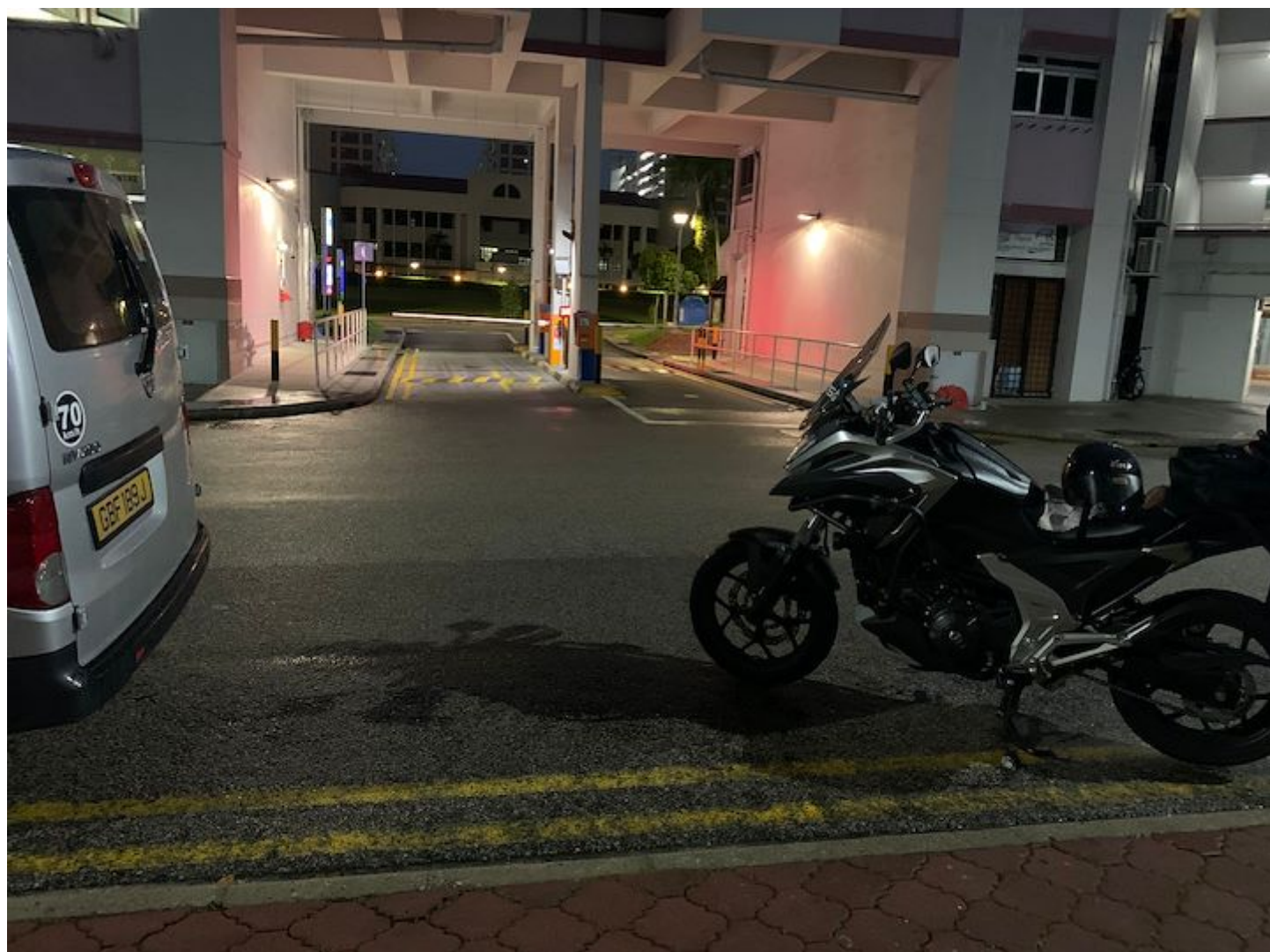




















**SINGAPORE
POLICE FORCE**



T/20220825/2177

1 of 3

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20220825/2177

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/08/2022 12:53	Vide Report No.:	Station Diary No.: 29
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Informant's Particulars

Name of Informant: ZHU BIGANG			Address: APT BLK 403 WOODLANDS STREET 41 #05-98 SINGAPORE 730403	
ID Type / ID No.: FIN NO / G2182831P			Contact No.: Home/Office: Mobile: 91386002	
Nationality: CHINESE			Email: jasonchuh2007@gmail.com	
Sex: Male	Age: 38	Date of Birth: 22/10/1983	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: CONSTRUCTION SITE MANAGER			Driving Licence Information: Class: 3 Date of Expiry: 11/05/2026	

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 24/08/2022 19:10	Type of Location: Car Park
Location: WOODLANDS STREET 31				
Weather: Clear	Road Surface: Dry		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
FBT2275G	Motorcycle	HONDA			Slightly Damaged	0
GBF189J	Van	NISSAN			No Damage	0

Details of Person Involved

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



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Report No. T/20220825/2177

CONTINUATION OF REPORT

Vehicle Owner			
Name	HELMI	ID No.	NIL
Related Vehicle	FBT2275G (Motorcycle)	Contact No.	96911653
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
Driver			
Name	ZHU BIGANG	ID No.	G2182831P
Related Vehicle	GBF189J (Van)	Contact No.	91386002
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 11/05/2026
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 24/08/2022 at 1910hrs, I parked my vehicle (GBF189J) at Block 303 Woodlands Street 31 Carpark and I did not noticed that there is a motorbike parked behind my vehicle and I collided onto the motorbike. As the motorbike fall, I alighted from my vehicle then help to put the motorbike back to position. I then waited for the motorbike owner to come back and shortly after, the motorbike owner arrived.

The motorbike owner then informed me that the motorbike handle bar was damaged and the side stand was broken. Subsequently, we exchange contact details. In the end, we decide to claim insurance. I am lodging this report for record purpose and for my insurance claims. No one was injured during the accident.



**SINGAPORE
POLICE FORCE**



T/20220825/2177

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Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20220825/2177

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 TEO KAI XUN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/08/2022 12:53

Officer In Charge Of Case:
TP / GIA /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Classification Of Case:

NP168