

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	28/03/2023 19:05 (SGT)
Reported by	Actual Driver
Date of Accident	21/03/2023 17:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIONEER ROAD NORTH, NEAR 22/61 BUSSTOP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8844J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EBENEZER NDT SERVICES PTE LTD
Company Reg No	1XXXXX920N
Email Address	SAMSON@EBENEZER.COM.SG
Mobile Phone No	(Phone) +65-88460398
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	DFSK
Model	EC35
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	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5127640729

DRIVER

Name of Driver	LOW WEI ZHAO
NRIC No	SXXXX394C
Date Of Birth	12/11/1995
Occupation	Outdoor

Date Of Driving Pass	25/04/2017
Driving experience	5 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97776729
Alt. Phone Number	-
Email Address	WEIZHAO95@GMAIL.COM
Address	210 BOON LAY PLACE #10-121
Address complement	-
Postcode	640210
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	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?	No
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	EDMUND TAY SI HAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hong Kah South Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005648999
Alt. Police Station Phone No	(Fax) +65-66655797
Police Station Address	Blk 510 Jurong West Street 52 #01-90 Singapore 640510
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	YM8542K
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOW WEI ZHAO
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD8844J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

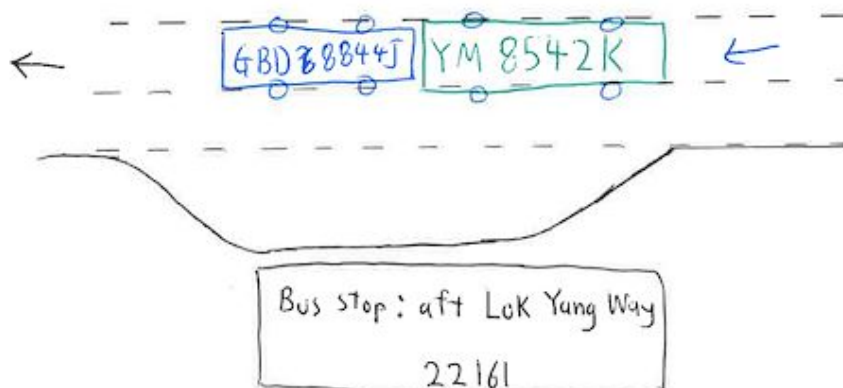
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Pioneer Road North



Describe Circumstances of the Accident

We reached the traffic junction at pioneer road north and came to a complete stop as the traffic light was red. Suddenly, we felt a hit to the back of our van. We quickly came down to make a check and saw that lorry YM8542K had hit onto the rear of the van. The driver informed that he could not stop in time therefore resulting in the collision. After which we exchange particulars and agreed to report to our respective insurance.

Declaration

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




























**SINGAPORE
POLICE FORCE**


T/20230322/2059

1 of 3

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

Report No. T/20230322/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/03/2023 14:13	Vide Report No.:	Station Diary No.: 16
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Informant's Particulars

Name of Informant: LOW WEI ZHAO			Address: APT BLK 210 BOON LAY PLACE #10-121 SINGAPORE 640210		
ID Type / ID No.: NRIC NO / S9541394C			Contact No.: Home/Office: Mobile: 97776729		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 12/11/1995	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: Engineer			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/03/2023 17:55	Type of Location: Straight Road
Location: PIONEER ROAD NORTH				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
GBD8844J	Van				Slightly Damaged	1
YM8542K	Lorry				Slightly Damaged	5

Details of Person Involved

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



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T/20230322/2059

Police Station Of Origin:
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510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

2 of 3
Report No. T/20230322/2059

CONTINUATION OF REPORT

Driver			
Name	LOW WEI ZHAO	ID No.	S9541394C
Related Vehicle	GBD8844J (Van)	Contact No.	97776729
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/03/2023	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Saidi Bin Ali	ID No.	S0541225J
Related Vehicle	YM8542K (Lorry)	Contact No.	94673061
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

Brief Details.

On the 21st March 2023 at about 1755hrs I was driving my company van GBD8844J along Pioneer road North. At the time, only myself and my passenger Edmund were in the van. He was seated on the front passenger seat. It was clear weather with heavy traffic. We reached the traffic junction at pioneer road north and came to a complete stop as the traffic light was red. Suddenly, we felt a hit to the back of our van. we quickly came down to have a look and say that lorry YM8542K had hit onto the rear of the van. The driver informed that he could not stop in time therefore resulting in the collision. Afterwhich we exchanged particulars and agreed to report to our respective insurance.

Upon reaching home, my passenger complained of pain in the shoulder and neck area. He had visited Ng Teng Fong Hospital and was given 3 days of MC. No fractures. I did not suffer any injuries. The damage to the van was a dented and cracked rear. I am not sure on the repair cost.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999



T/20230322/2059

3 of 3

Report No. T/20230322/2059

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
J /
STAFF SGT TAMILMAARAN
S/O LETCHMANAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

Signature Of Informant:

Date/Time:
22/03/2023 14:13

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: SY03233S0007 Vehicle Registration No: GBD8844J
 Name (as shown in NRIC): LOW WEI ZHAO NRIC/FIN/Passport No: SXXXX394C
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 210 BOON LAY PLACE #10-121 Singapore (640210)
 Contact (Tel): _____ Mobile No.: 97776729
 Email Address: WEIZHAO95@GMAIL.COM
 Date of Accident: 21/03/2023 Time of Accident: 17:55
 Place of Accident: PIONEER ROAD NORTH, NEAR 22/61 BUSSTOP
 Insurance Company: Income Insurance Limited

(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:

CHANGE DETAILS

 Policyholder / Driver's Signature
 Date:

DeVela

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:

Date: 21/3/2023

I, Saibi Bin Ali, S0541225J, driving Ym 8542K, admit that
it's my mistake for hitting Ebenezer ~~truck~~^{van} number ~~number~~ van number
GBD 8844J, on 21/3/2023, along Pioneer Road North around
5.55pm.



Saibi Bin Ali