

# 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 .....	19/06/2023 17:43 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	16/06/2023 10:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	NEAR SUNTEC TOWER 4 , EXIT G LANE 13
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBD1631C
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	HANSFORT INVESTMENT PTE LTD
Company Reg No .....	1XXXXX712R
Email Address .....	admin.hr@hansfortinvest.com.sg
Mobile Phone No .....	(Phone) +65-90170946
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Nv350
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 .....	2488

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D22MCV0006520

### DRIVER

Name of Driver .....	LI QINXIN
Passport No/FIN .....	GXXXX967T
Date Of Birth .....	17/02/1976
Occupation .....	Outdoor

Date Of Driving Pass .....	08/12/2011
Driving experience .....	11 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88793361
Alt. Phone Number .....	-
Email Address .....	admin.hr@hansfortinvest.com.sg
Address .....	53 SIMS PLACE
Address complement .....	# 12-152
Postcode .....	380053
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? .....	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 .....	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 THE ATTACHED STATEMENT

#### 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 .....	GBD2712X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	EWE POH XIN
Passport No/FIN .....	GXXXXX773U
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

## 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 Authorised 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. The 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.
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.

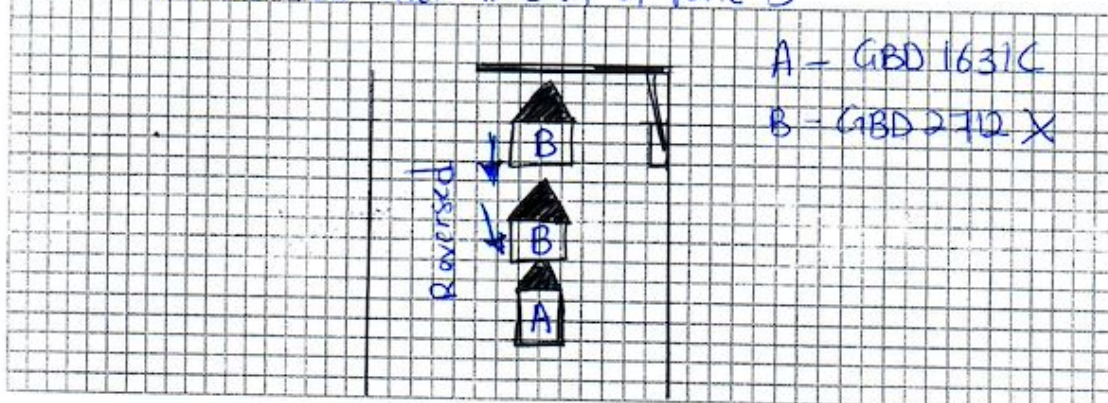


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan Near Sinter Tower 4, Exit G Lane B





Describe Circumstance of the Accident

Please refer to the attached  
police statement  
- P120230617/7015

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Liqing Xin 19/06/23

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

19/06/2023

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

v1.0 2022

2

ON THE ABOVE STATED DATE AND TIME , I WAS DRIVING NEAR SUNTEC TOWER 4 , EXIT G LANE 13. WHILE NEARING TO THE GANTRY , I WAITED FOR THE LORRY GBD2712X TO MOVE FORWARD. THE LORRY DID NOT MOVE FORWARD BUT IT REVERSED AND CAME NEARER AND COLLIDED ONTO MY VEHICLE GBD1631C. I HORNED AND ALERTED THE DRIVER TO WARN HIM MY PRESENCE. HOWEVER, HE REVERSED AND HIT ONTO MY VEHICLE FRONT PORTION. THERE WAS NO ONE INJURED. GBD2712X DRIVER ACKNOWLEDGED THAT HE REVERSED AND HIT MY VEHICLE AND HE LEFT HIS CONTACT DETAILS FOR ME TO CONTACT THEIR WORKSHOP FOR REPAIR WORK.

VEHICLE A – GBD 1631C

VEHICLE B – GBD 2712X

DATE OF ACCIDENT – 16 JUNE 2023

ACCIDENT LOCATION – NEAR SUNTEC TOWER 4 , EXIT G LANE 13



19 June 2023

Li Qing Xin



**SINGAPORE  
POLICE FORCE**



T/20230617/7015

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

3 of 4

Report No. T/20230617/7015

**CONTINUATION OF REPORT**Brief Details.Company Driver's statement:

I was driving and when nearer to the gantry (refer picture of the site), I waited for this lorry to move forward. The lorry did not move forward but it reversed, came nearer and collided onto to my Company van. I horned and alerted the driver so as to warn him my presence (van). However, it reversed and collided onto me. There was no one injured. The reversed party acknowledged that he reversed and hit onto my Company and left his office contact details for me to contact their workshop for repair work. Pictures and details were provided by our Company's Driver.

The attached details and pictures were provided by Company's driver, Mr Li Qingxin.



















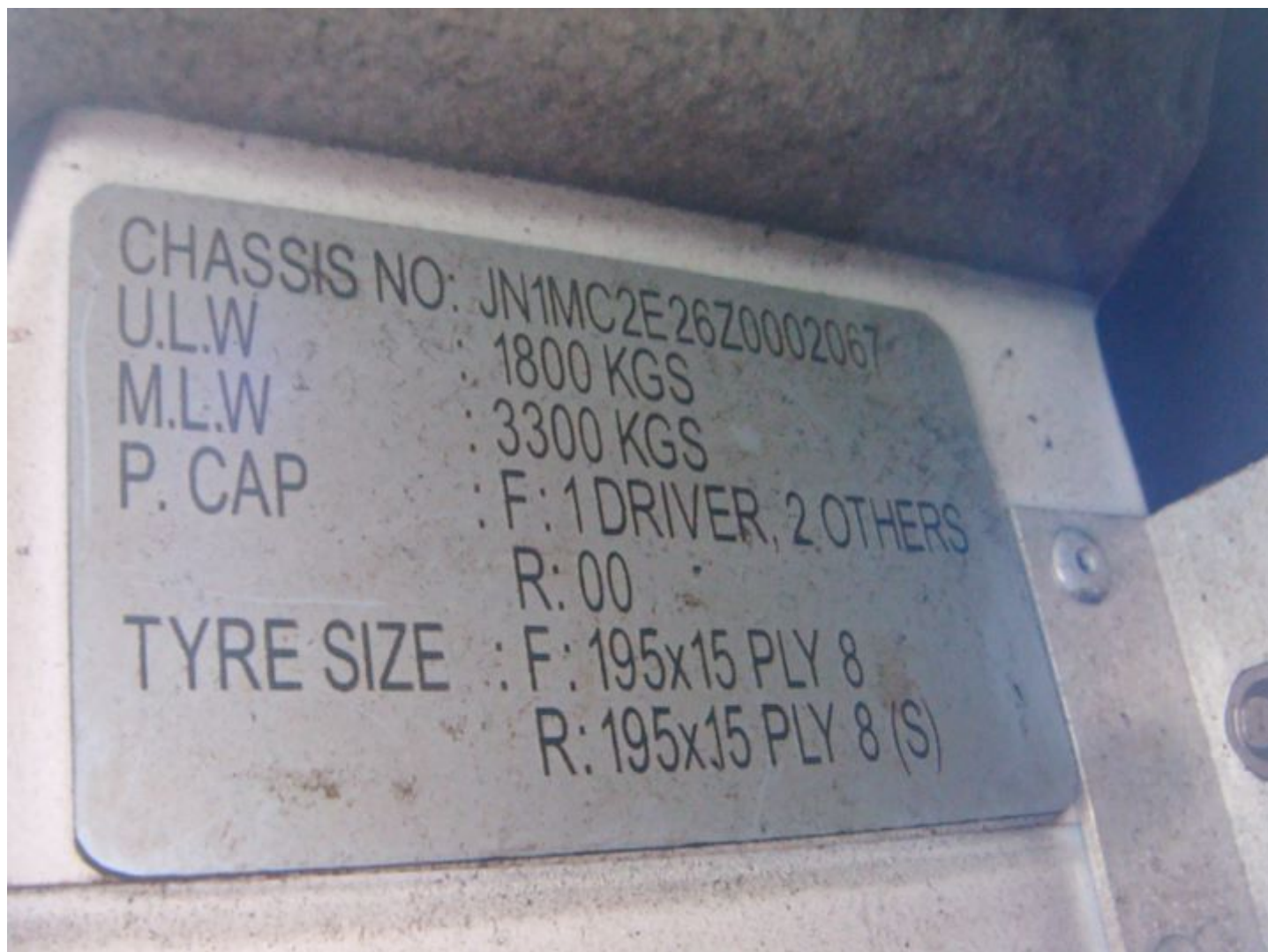













**SINGAPORE  
POLICE FORCE**


T/20230617/7015

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

1 of 4

Report No. T/20230617/7015

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/06/2023 11:37	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 16/06/2023 10:00	Type of Location: Car Park
Location:  TEMASEK BOULEVARD				
Weather: sheltered		Road Surface: Dry		
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	Conditio	No of
GBD1631C	Van			White	Seriously Damaged	0
GBD2712X	Lorry			Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20230617/7015

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

2 of 4

Report No. T/20230617/7015

## CONTINUATION OF REPORT

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBD1631C	INDIA INTERNATIONAL INSURANCE PTE LTD	D22MCV0006520	26/07/2022	25/07/2023

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

**Driver**

Name	EWE POH XIN	ID No.	G6933733Y
Related Vehicle	GBD1631C (Van)	Contact No.	81253683
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Driver</b>			
Name	LI QINGXIN	ID No.	G8196967T
Related Vehicle	GBD2712X (Lorry)	Contact No.	88793361
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>on behalf of Company's driver</b>			
Name	FONG SEOK MUI PATRICIA	ID No.	S7422377Z
Related Vehicle	NIL	Contact No.	93628837
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL





**SINGAPORE  
POLICE FORCE**



T/20230617/7015

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

3 of 4

Report No. T/20230617/7015

**CONTINUATION OF REPORT**Brief Details.Company Driver's statement:

I was driving and when nearer to the gantry (refer picture of the site), I waited for this lorry to move forward. The lorry did not move forward but it reversed, came nearer and collided onto to my Company van. I horned and alerted the driver so as to warn him my presence (van). However, it reversed and collided onto me. There was no one injured. The reversed party acknowledged that he reversed and hit onto my Company and left his office contact details for me to contact their workshop for repair work. Pictures and details were provided by our Company's Driver.

The attached details and pictures were provided by Company's driver, Mr Li Qingxin.



**SINGAPORE  
POLICE FORCE**

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



T/20230617/7015

4 of 4

Report No. T/20230617/7015

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

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

Date/Time:  
17/06/2023 11:37

Classification Of Case:

NP168