

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	07/07/2023 12:35 (SGT)
Reported by	Actual Driver
Date of Accident	23/06/2023 16:45 (SGT)
Exact Location of Accident	Farrer Rd, Singapore
Additional Location Information	TOWARDS QUEENSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF189J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CS CERAMICHE PTE. LTD.
Company Reg No	2XXXXX566M
Email Address	anny@csceramic.com.sg
Mobile Phone No	(Phone) +65-62612688
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	1597

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z23VC05017994

DRIVER

Name of Driver	ZHU BI GANG
Passport No/FIN	GXXXXX831P
Date Of Birth	22/10/1983
Occupation	Outdoor

Date Of Driving Pass	22/02/2022
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91386002
Alt. Phone Number	-
Email Address	junmin147@icloud.com
Address	BLK 403 WOODLANDS STREET 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	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)	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 POLICE REPORT T/20230705/7025

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	GBD4255K
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SENG LOCK GAN
Contact Number	(Phone) +65-97407306
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	ZHU BI GANG
Gender	Male
Phone No	(Phone) +65-91386002
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBF189J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTE:

1. Please read carefully the details of the accident & agree with contents of page.
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 willful misrepresentation or providing of fraudulent information by insurance company will repudiate policy liability.
4. The issuance & acceptance of this Form by insurance companies is an admission of policy liability, as the said information is completed.
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 be 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 insurers who have insured vehicle(s) involved in the accident (all insurer(s) who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers"), the Insurers' law firms/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 making of correspondence, statements, invoices, reports or notices to me which could in due disclosure of certain personal data about me in bring about delivery of the same as well as on the external cover of such personal 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 the accident and the Insurers' law firms/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 law firms/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:




07/07/2023
Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: 6GBF1893
Vehicle B: 6GBD9255K



Refer to police report 1/20230105/7025

Declaration

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

[Signature]
 Date: 5/6/2023
 Name: [Name]

[Signature]
 Date: 5/6/2023
 Name: [Name]



[Signature] 5/6/2023
 Date: 5/6/2023
 Name: [Name]

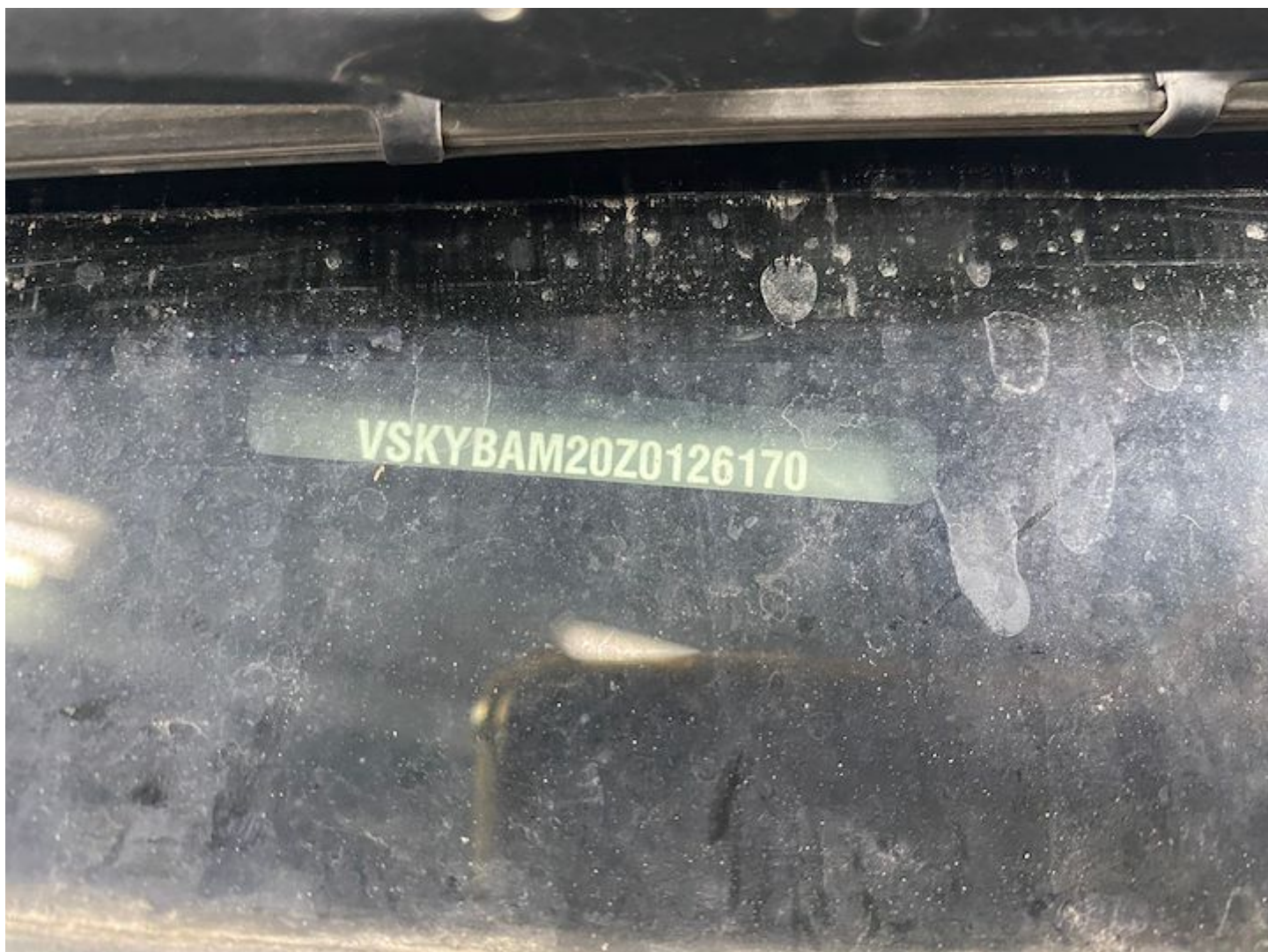



















**SINGAPORE
POLICE FORCE**

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



T/20230705/7025

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Report No. T/20230705/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/07/2023 13:23	Vide Report No.: E/20230623/0090	Station Diary No.:
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Informant's Particulars

Name of Informant: ZHU BIGANG			Address: 403 WOODLANDS STREET 41 #05-98 SINGAPORE 730403		
ID Type / ID No.: FIN NO / G2182831P			Contact No.: Home/Office: Mobile: 91386002		
Nationality: CHINESE			Email: anny@csceramic.com.sg		
Sex: Male	Age: 39	Date of Birth: 22/10/1983	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Construction manager			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/06/2023 16:45	Type of Location: Straight Road
Location: FARRER ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBF189J	Van					0

Details of Person Involved

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



**SINGAPORE
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Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230705/7025

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Report No. T/20230705/7025

CONTINUATION OF REPORT

Driver			
Name	ZHU BIGANG	ID No.	G2182831P
Related Vehicle	GBF189J (Van)	Contact No.	91386002
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	23/06/2023	Date	23/06/2023
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

I was traveling on Farrer Road towards Queensway to attend my meeting. Suddenly, I was hit by something, which caused me and my vehicle to move forward. From my rear mirror, I see a lorry hit my rear, and the truck moves back to the middle lane. Then I stopped on the roadside to check if anything wrong with my vehicle. After my car stopped, only the lorry driver stopped his truck in front of me.

While taking the driver detail, I felt my neck and back side cramp, a pain I could not take. So I call ambulances to bring me to the hospital.



SINGAPORE
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000



T/20230705/7025

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Report No. T/20230705/7025

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
NUR HAFIZAH BINTE NORIZAN
Contact No.: 96189347

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

Date/Time:
05/07/2023 13:23

Classification Of Case:

NP168