SA1T248T0005 / Automotive Repair Centre Pte Ltd ENTRY DATE & TIME: 29/08/2024 13:29 (SGT) SUBMITTED BY: Lin Shujuan VERSION: 1 (29/08/2024 13:29 (SGT))



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 witholding 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 First Submission 29/08/2024 13:29 (SGT) Reported by Actual Driver Date of Accident 28/08/2024 14:50 (SGT) Exact Location of Accident Singapore Additional Location Information **LORONG 25A GEYLANG** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GY4910H

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **CHOP YAK ANN** Company Reg No 00182200D

Email Address KERHTIANCHUAN@GMAIL.COM

Mobile Phone No (Phone) +65-62650341

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Tovota Model **DYNA 2.5 M**

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

No - Reporting only your vehicle? Vehicle Category Goods vehicle

Transmission Manual 2494

Vehicle Fuel First Regisration Date

Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNW00027932301

DRIVER

Name of Driver	KERH TIAN CHUAN
NRIC No	S1728399E
Date Of Birth	08/10/1965
Occupation	Outdoor
Driving Pass Date	27/12/1985
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	38 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87275349
Alt. Phone Number	-
Email Address	KERHTIANCHUAN@GMAIL.COM
Address	BLK 257 BANGKIT ROAD #04-53
Address complement	-
Postcode	670257
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	NO
verified registration realiser of other verified owned by briver	-
Insurance Company of Other Vehicle Owned by Driver	_
, ,	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Major/Minor Rd
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?	110
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	•
Original language used in the statement	-
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-
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CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN AND POLICE REPORT.	
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ATTACHMENT(S)

Are accident photos available for attachment?

FOR THE ATTENTION OF CHINA TAIPING INSURANCE, THE COMPANY WILL ONLY BE ABLE TO PASS THEIR DRIVER THE LOA AND COMPANY STAMP TO UPLOAD IN THE REPORT/ REPORTING SYSTEM ON 30/08/2024. THEREFORE OUR WORKSHOP WILL ASSIST TO SUBMIT THE GIA REPORT FIRST AND WE SHALL UPDATE THE REPORT / REPORTING SYSTEM WITH THE NECESSARY DOCUMENTATION ONCE AVAILABLE.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN7187X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ZHANG BO
NRIC No	S8182323E
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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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 GA Records Management Centre established by the General Insurance Association of Singapore (GA) 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)

Lunderstand, 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 law yers/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' law yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

	Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel	
2	LOCAL	ION	
Story X - Value X - X - X - X - X - X - X - X - X - X	, Loston	G 2514 REYCHNG	
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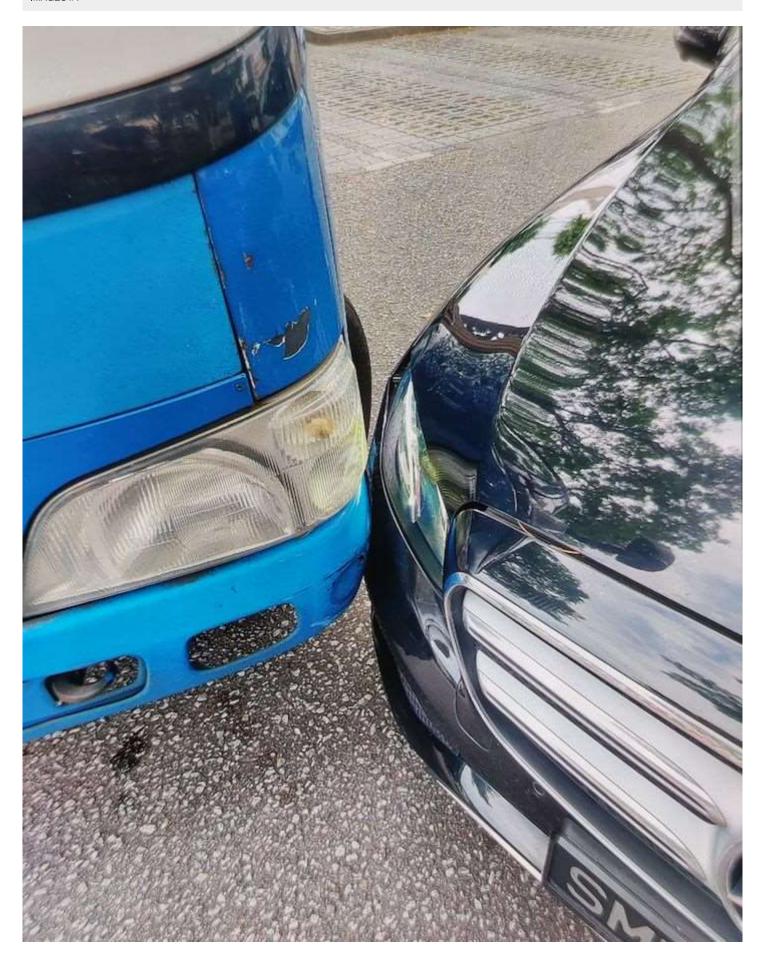


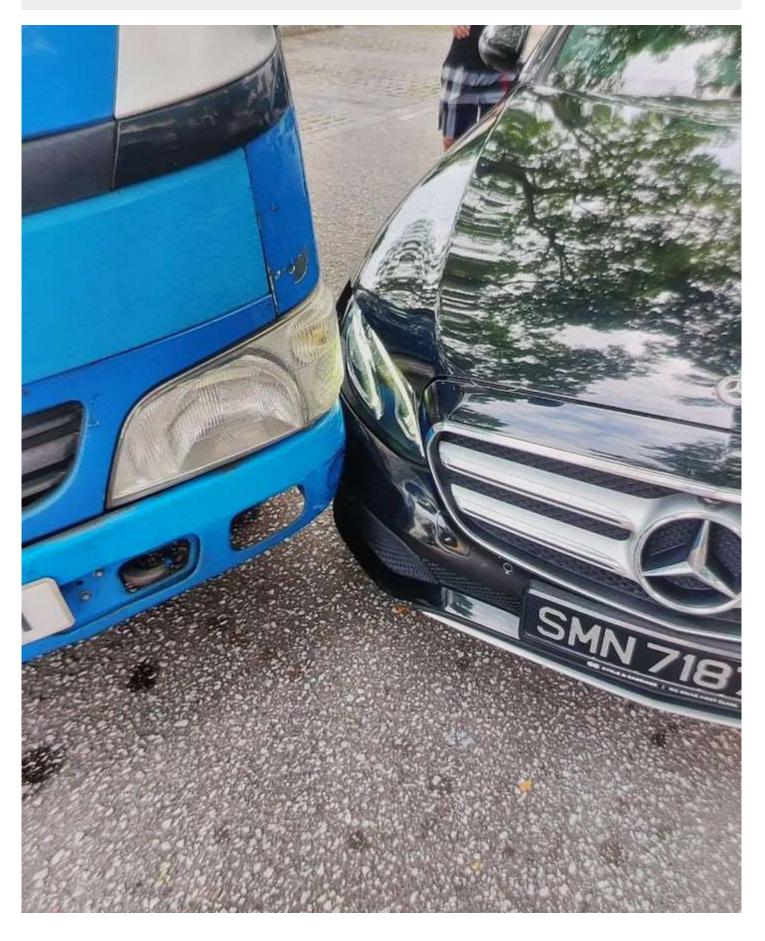


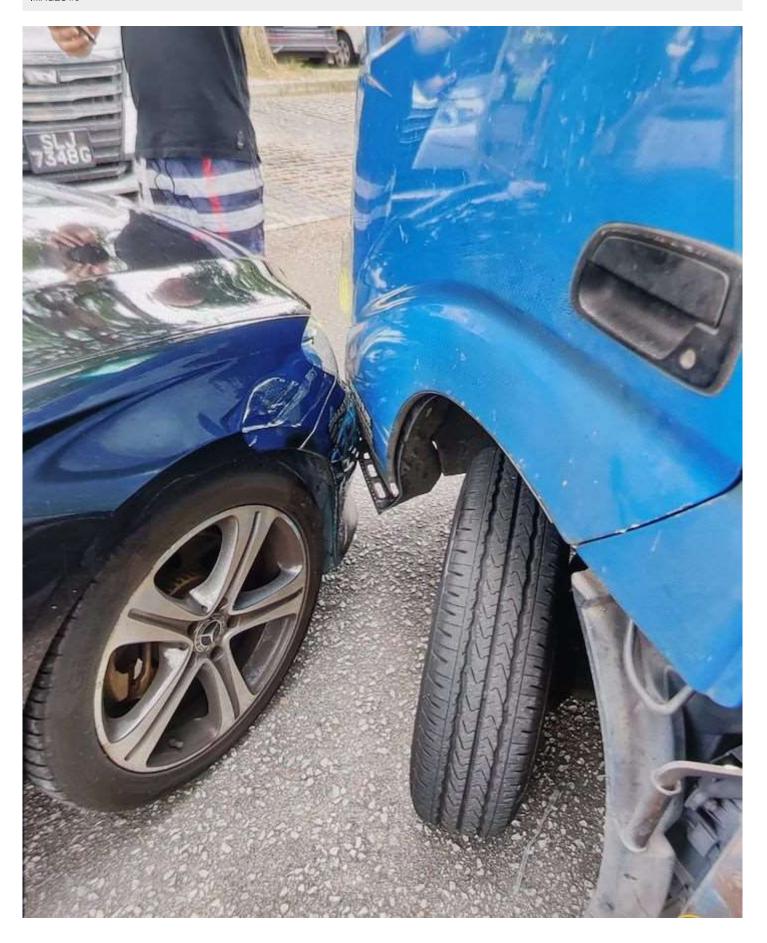


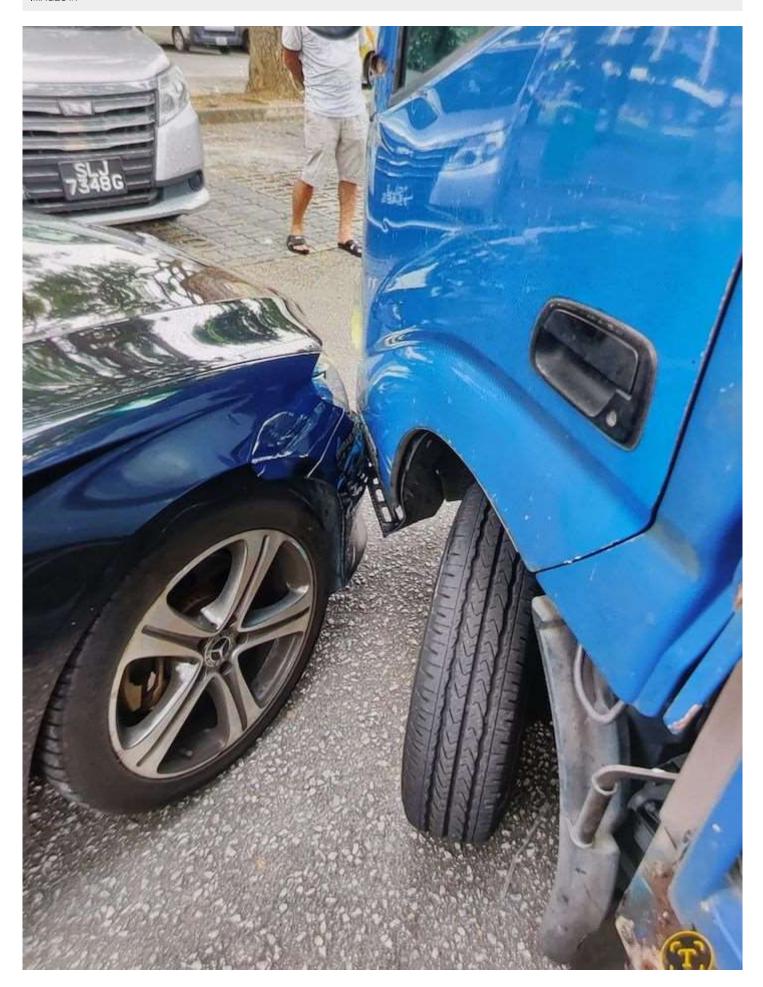




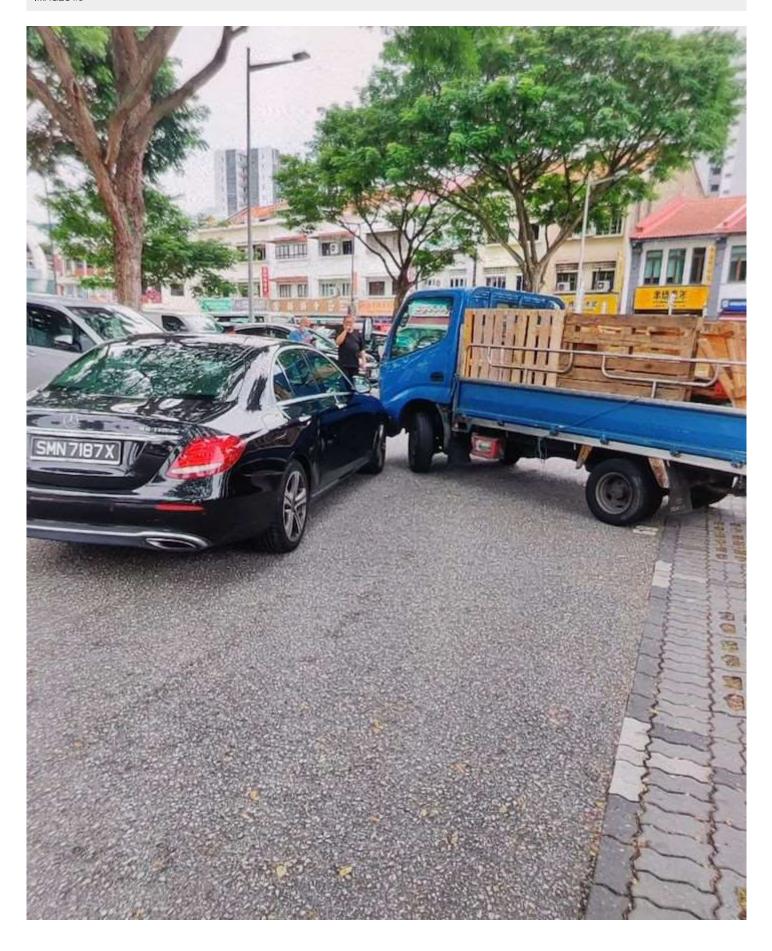


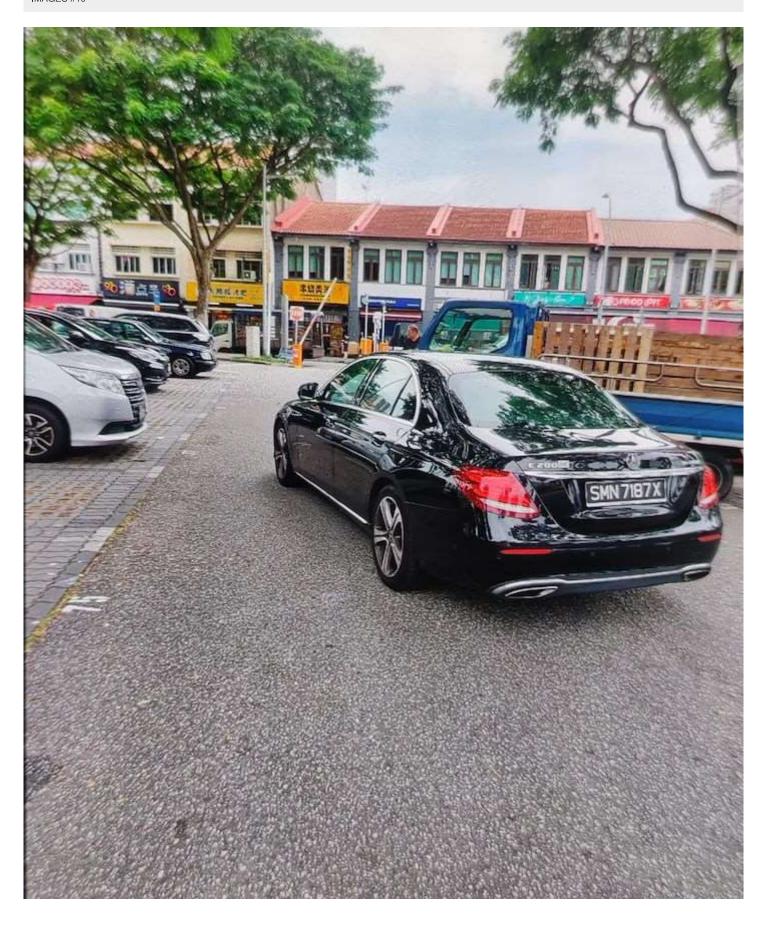


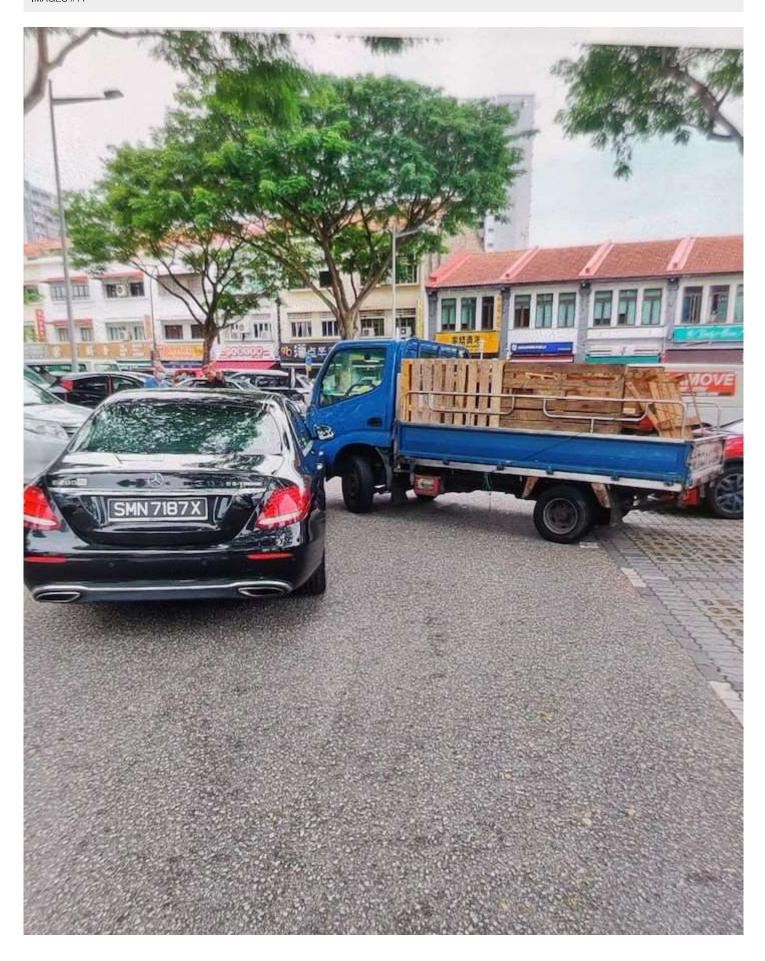
















Police Station Of Origin:

Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

Report No. T/20240828/2083

REPORT OF A TRAFFIC ACCIDENT

	124 18:21	/lade;	Vide Report No.:	Station Diary No.; 79		
Informa	nt's Partic	ulars				
Name of Informant: KERH TIAN CHUAN			Address: 257 BANGKIT ROAD #04-53 SINGAPORE 670257			
ID Type / ID No.: NRIC NO / S1728399E			Contact No.: Home/Office: Mobile: 87275349			
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age: 58	Date of Birth: 08/10/1965	Type of Informant: Driver			
Race: Chinese			Language:			
Occupation: DELIVERY DRIVER		R	Driving Licence Information: Class: 3,4 Date of Expiry:			

Seneral Inform	nation of the Accide	ent				
Type of Accident:	Non-Injury Others	Drin Driv No	66	Date/Time of Accident: 28/08/2024 14:50	Type of Location: Open space Carpark	
Location: LORONG 25/	A GEYLANG					
Weather: Clear		Road Surfa	ce:			
Traffic Flow:		The last A train and the last a	Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis	ion: ring Vehicles - Head (On			Anyone conveyed by ambulance: No	

Details of V	ehicle Involve	od		1	I a mi	No of December
Vehide No.	Type	Make	Model	Color	Conditio	No of Passenge
GY4910H	Lorry	TOYOTA	Dyna	Blue	Slightly Damaged	1
SMN7187X	Motor car	MERCEDES BENZ	E200	Black	Slightly Damaged	2

Details of Person Involved	
Any Pedestrian Involved: No	Land Contract NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

2 of 3 Report No. T/20240828/2083

CONTINUATION OF REPORT

Driver						
Name	KERH TIAN CHUAN		ID No.		S1728399E	
Related Vehicle	GY4910H (Lorry)			Contac	t No.	87275349
Hospital/Clinic	NIL					Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL D			Discharge NIL		
No. of Days gran				Degree of NIL		
Driver						
Name	ZHANG BO		ID No.		S8182323E	
Related Vehicle	SMN7187X (Motor car)		Contact No.		NIL	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Dis		NIL	
Date Heatment	nted Medical Leave	NIL	Degree o	of	NIL	

Brief Details.

On 28/08/2024 at around 1450hrs, I was at Lorong 25A Geylang Open Space carpark delivering fish products to one of my clients. I then alighted from the vehicle to assist my partner with unloading the necessary fish products that is meant to be delivered to my client. At around 1500hrs, I then got on my vehicle and exited the lot (lot no. 89) of the open space carpark when suddenly, I felt a heard a knocking sound and stopped immediately. I wish to state that when I started to turn, I did not see any vehicles.

I then alighted the vehicle and checked on the damages to find the damages light (light scrap and slight bend) on both vehicles. I then retrieved the particulars of the other driver except his phone number and left the carpark.

No damages to government property, no ambulance was called, and no police was called to scene. I then informed my boss who informed me to lodge a police report regarding this incident.



Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999



Report No. T/20240828/2083

CONTINUATION OF REPORT

Signature of Officer Recording The SGT 2 FREDERICK FOO ZHI WEI

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP/GIA/ SR STAFF SGT LEE GUANG HUI Contact No.: 65476414

Signature Of Informant:



Date/Time: 28/08/2024 18:21

Classification Of Case:

NP168