

## 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 First Submission .....	05/11/2024 14:20 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	19/10/2024 16:33 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PASIR RIS STREET 21
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GY5048R
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	KINGVIEW ENGINEERING PTE LTD
Company Reg No .....	199201563H
Email Address .....	MAIN@KINGVIEW.COM.SG
Mobile Phone No .....	(Phone) +65-90628180
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Dyna
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 .....	Auto
CC .....	2982
Vehicle Fuel .....	-
First Registration 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 .....	DMCVSNW00021222408

#### DRIVER

Name of Driver .....	WU KUM SENG
NRIC No .....	S0038372D
Date Of Birth .....	07/02/1953
Occupation .....	Outdoor
Driving Pass Date .....	18/12/1972
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	51 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92323508
Alt. Phone Number .....	-
Email Address .....	MAIN@KINGVIEW.COM.SG
Address .....	35 JALAN MULIA
Address complement .....	-
Postcode .....	368639
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 - 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? .....	-
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 .....	PASSENGER
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Changi Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005872999
Alt. Police Station Phone No .....	(Fax) +65-65872900
Police Station Address .....	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 ..... SBG3333J  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
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) ..... -

## Describe Circumstances of the Accident

Refer to Police Report

## 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



**SKETCH PLAN****IMPORTANT NOTICE**

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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' 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.

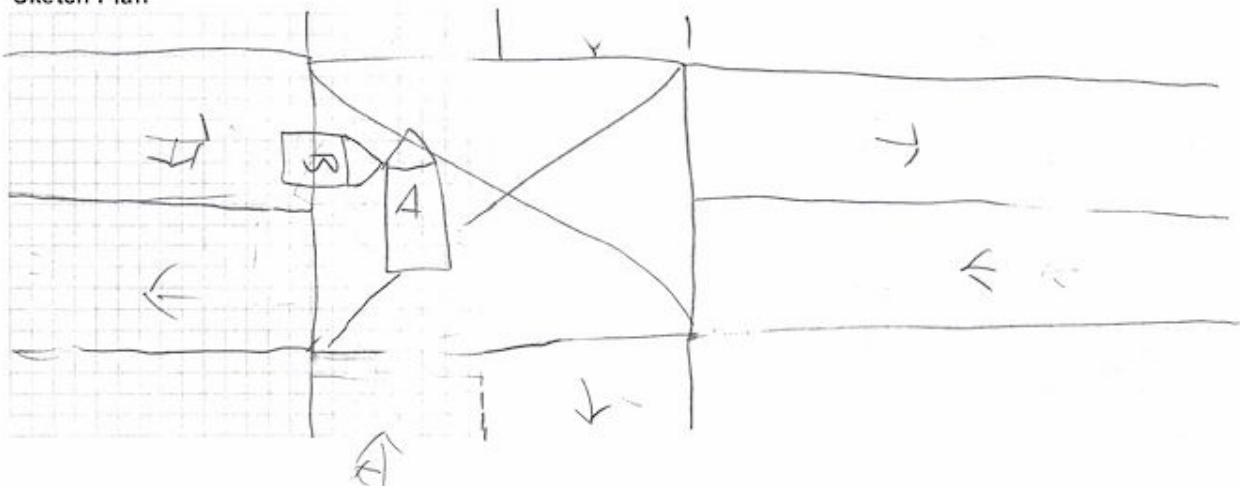


Policyholder's Signature / Date & Time

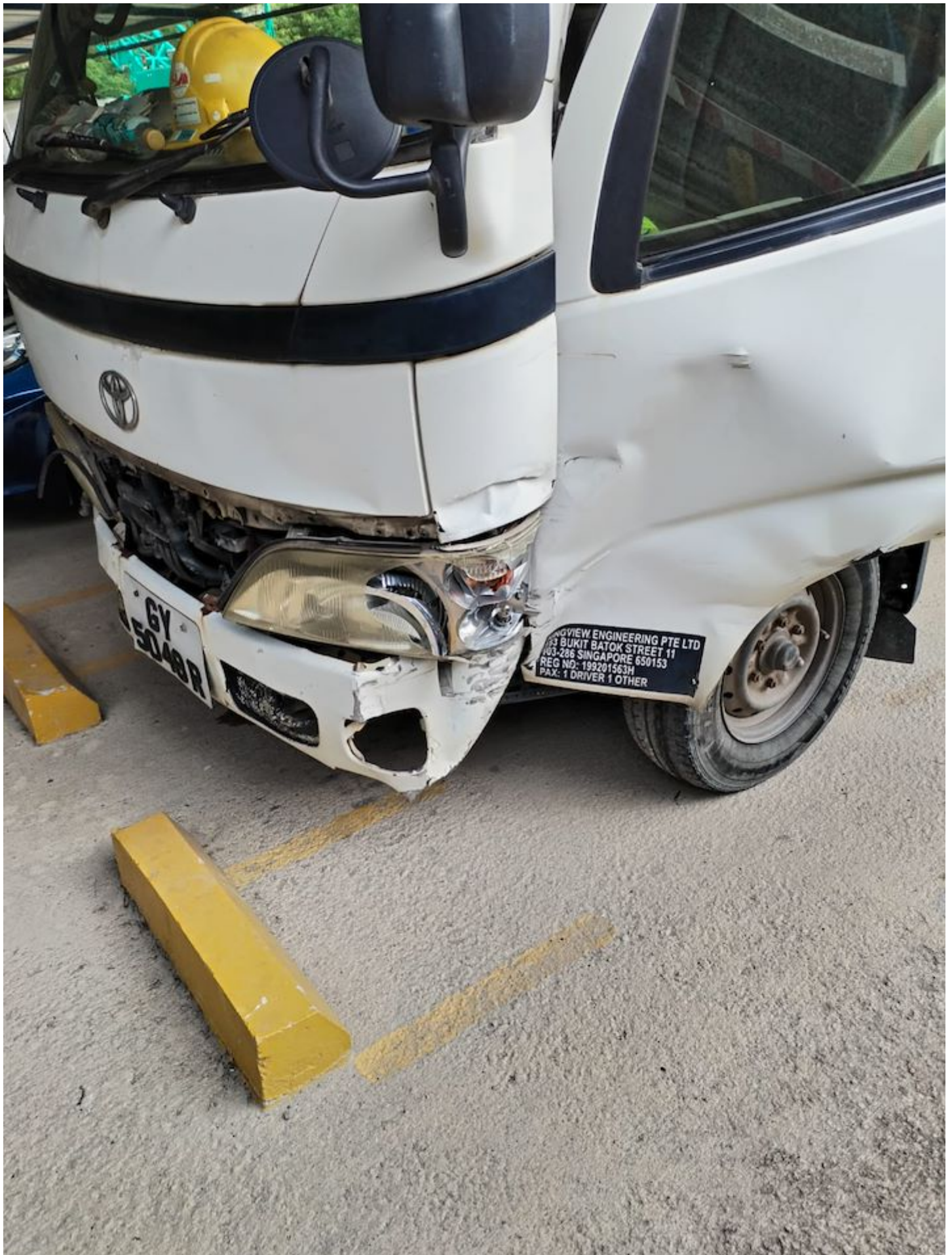
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

**Sketch Plan**

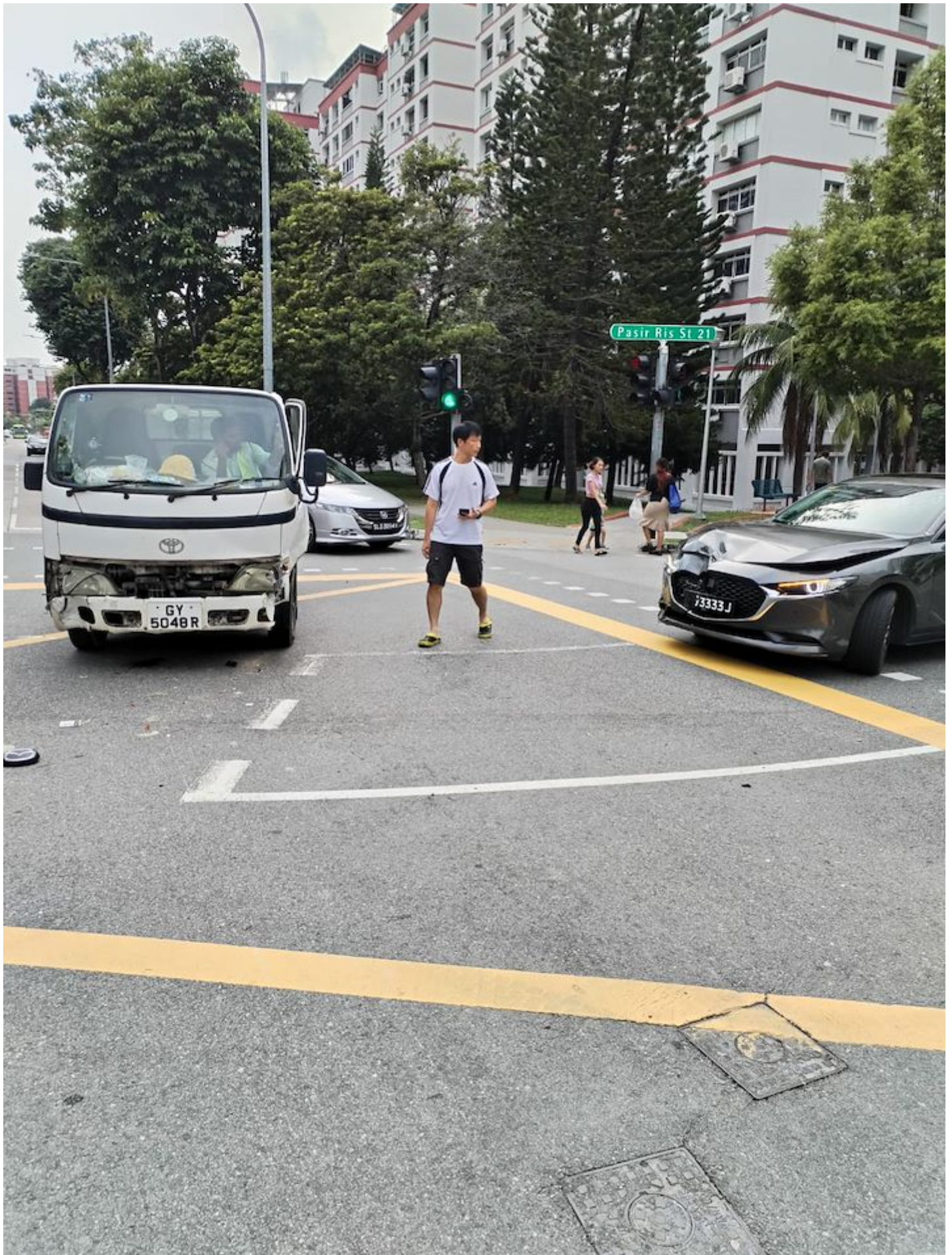




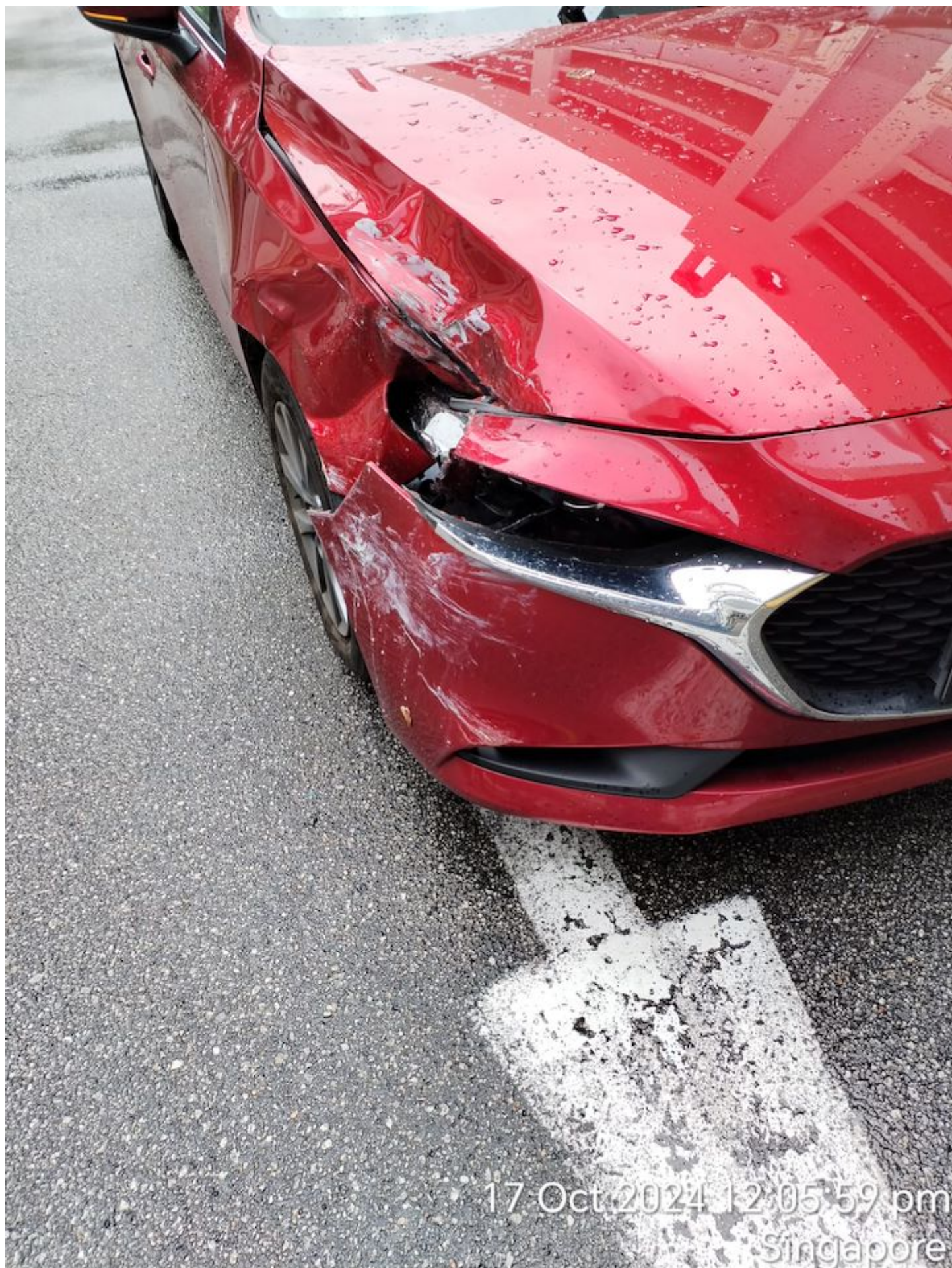




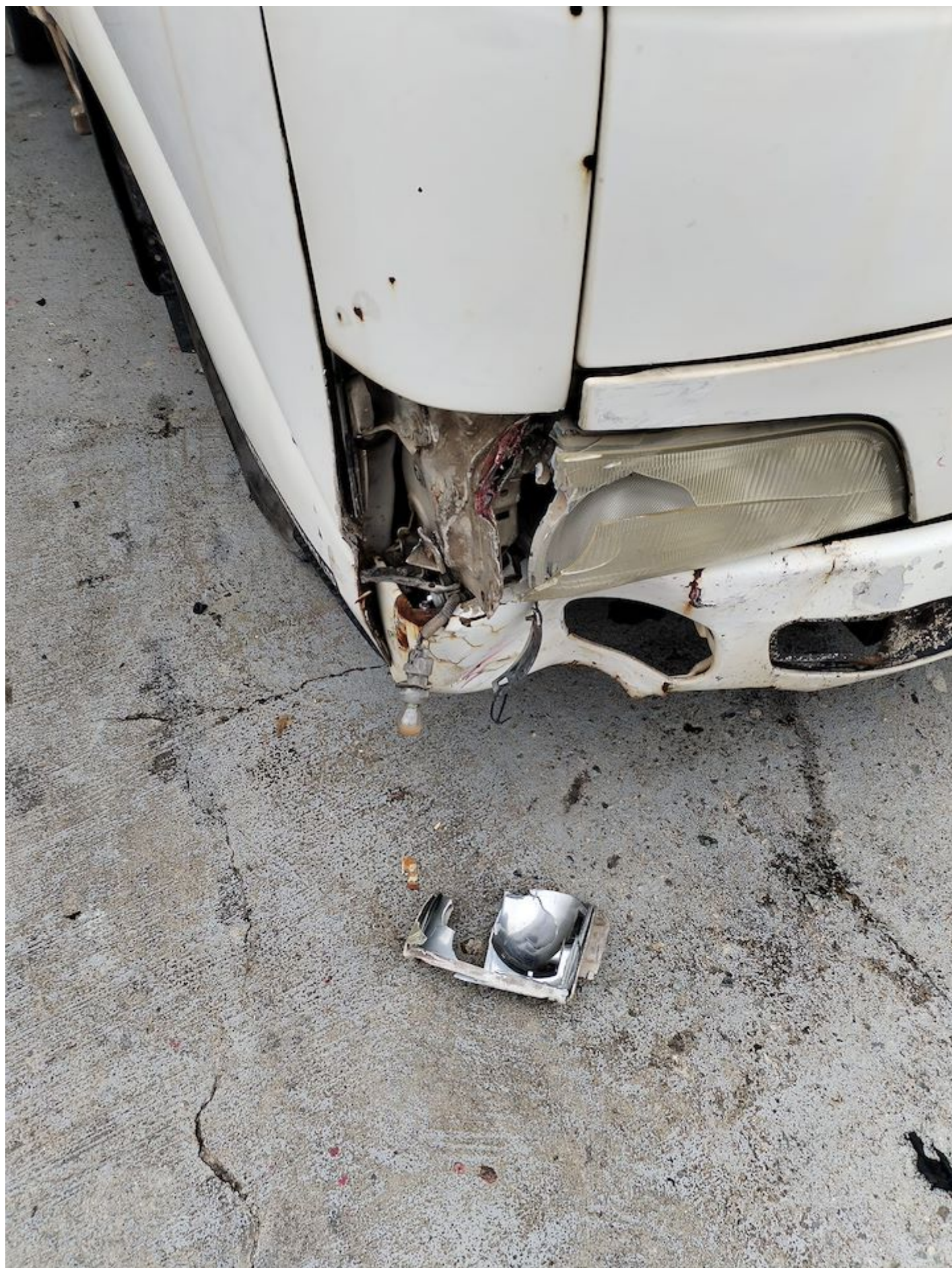








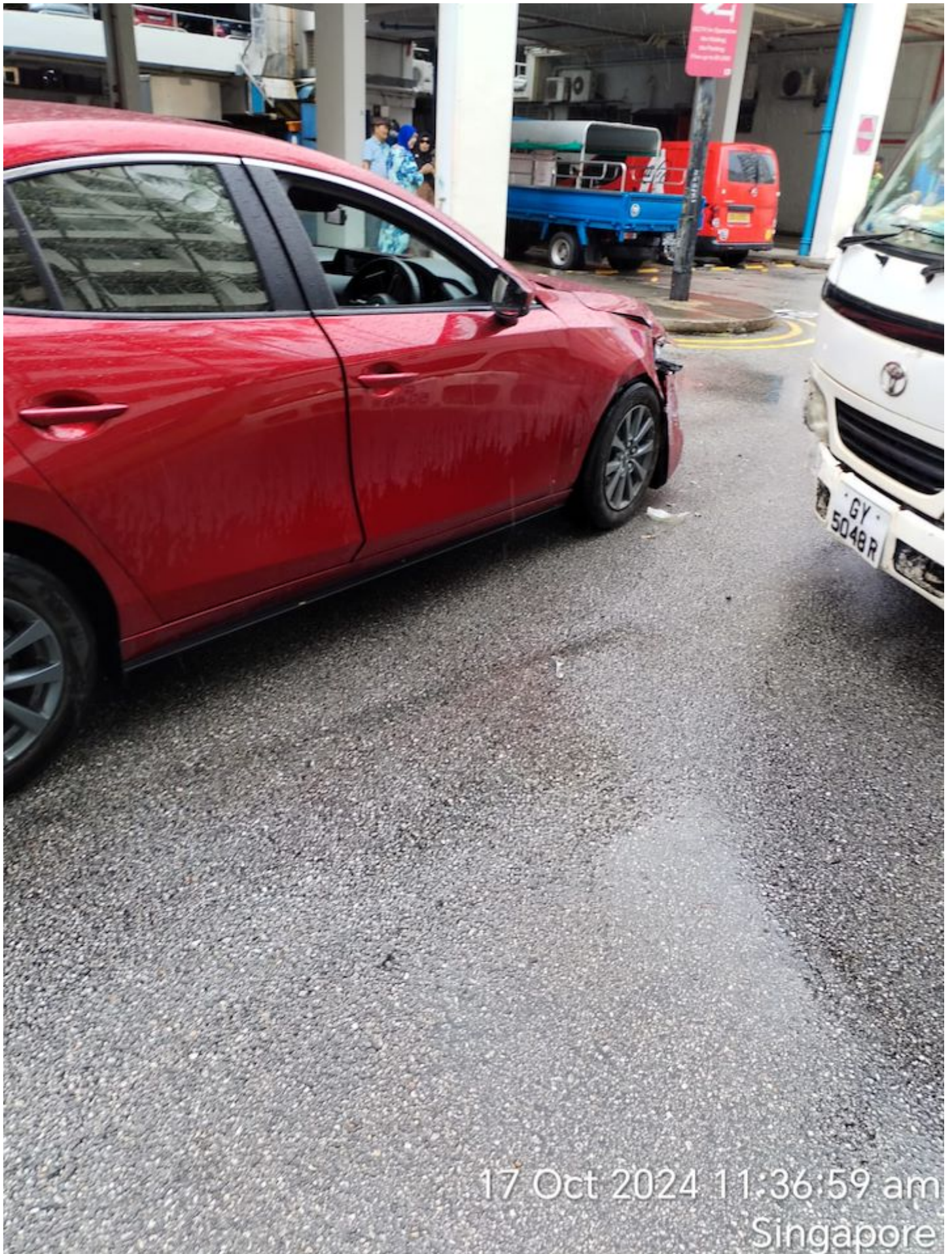












17 Oct 2024 11:36:59 am  
Singapore





17 Oct 2024 11:37:37 am  
Singapore









**SINGAPORE  
POLICE FORCE**



T/20241019/2044

1 of 3

Report No. T/20241019/2044

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/10/2024 18:44	Vide Report No.:	Station Diary No.: 26
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**Informant's Particulars**

Name of Informant: WU KUM SENG			Address: 35 JALAN MULIA SINGAPORE 368639	
ID Type / ID No.: NRIC NO / S0038372D			Contact No.:	Mobile: 92323508
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 71	Date of Birth: 07/02/1953	Type of Informant: Driver	
Race: Chinese			Language:	
Occupation: Lorry driver			Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 19/10/2024 16:40	Type of Location: T-Junction
Location:  PASIR RIS STREET 21				
Weather:		Road Surface:		
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GY5048R	Lorry	TOYOTA		White	Slightly Damaged	1
SBG3333J	Motor car	MAZDA		Grey	Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999



T/20241019/2044

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Report No. T/20241019/2044

## CONTINUATION OF REPORT

Signature of Officer Recording The  
G /  
SGT 1 MOHAMMED SHAFUDIN  
BIN MOONSHI KAMARUDIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
SUPT (1A) CHUA SOON KEONG  
Contact No.: 65476030

NP168

Signature Of Informant:

Date/Time:  
19/10/2024 18:44

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



T/20241019/2044

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

2 of 3

Report No. T/20241019/2044

**CONTINUATION OF REPORT**

Driver			
Name	WU KUM SENG		ID No. S0038372D
Related Vehicle	NIL		Contact No. 92323508
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On the date and time mentioned above, I was involved in an accident at Pasir ris St 21, T-Junction. I was driving a white Toyota lorry (GY5048R) along Pasir ris st 21 and the traffic light was at green when I step onto the accelerator to go through the T-Junction. A Grey Mazda car (SBG3333J) on my left side was driving straight at the same time and his front bumper hit my left passenger door. Both my headlights and bumper are damaged. My left passenger door is also damaged that the metal is hitting on the left tyre. As for the Mazda car, his front bumper is damaged as well as his plate no. Both lorry and car are still able to drive. No injury and no one are conveyed by ambulance.



中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

## CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MZ300/C

R SN

AN0397A

Gov. Type:F

CERTIFICATE No.	DMCVSNW00021222408	Engine No.: 5L5580269 Cha. No.: JTFUF34Y503010434
1. Index Mark and Registration Number of Vehicle	GY5048R	
2. Name of Policy Holder	KINGVIEW ENGINEERING PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01/05/2024 (00:00:00)	
4. Date of Expiry of Insurance	30/04/2025	
5. Persons or Classes of Persons entitled to drive*	Any person who is driving on the Policyholder's order or with their permission.  Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
6. Limitations as to use:	(1) Use in connection with the Policyholder's business. (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. (3) Use for social, domestic or pleasure purposes.  The Policy does not cover: (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.	
HIRE PURCHASE CO.: INDEX CREDIT PTE LTD AS HP OWNER * Limitations rendered inoperative by Section 5 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.		

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: INDEX AGENCY PTE LTD  
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com



經緯工程私人有限公司  
**KINGVIEW ENGINEERING PTE LTD**  
Specialising in Pipe Jacking and Tunneling Work

Our Ref: KV/GC/24/083

17 Oct 2024

To Whom It May Concern

Dear Sir/Mdm,

VEHICLE NO: GY5048R

We hereby authorised Mr Wu Kum Seng, NRIC No. S0038372D to made accident report on behalf of company.

He also authorised to drive this vehicle.

Thank you.

Yours faithfully



Koh Lay Hoon (Ms)  
Director



Blk 153 Bukit Batok Street 11, #03-286, Singapore 650153  
Tel: 6899 6848 Fax: 6899 6863 E-mail: main@kingview.com.sg  
RCB No: 199201563H GST Reg No: M2-0105821-0

