

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 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. 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 Report	21/05/2019 10:12
Date Of Accident	17/05/2019 03:20
Exact Location Of Accident	KEPPEL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5615M
Insured/Policyholder	
Name Of Registered Owner	M/S HENG KEE WET MARKET PTE LTD
Co Reg No	201609554M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87971380
Alternative Phone No	OFFICE-87971380

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3029861900
Cover Note Number	

Driver

Name of Driver	ZHENG SHUAI
Passport No/FIN	G8631846L
Date Of Birth	14/02/1991
Occupation	OUTDOOR
Date Of Driving Pass	05/07/2018
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82512239
Fax Number	
Contact Number	OFFICE-82512239
EEmail Address	NOEMAIL

Address	15 WOODLANDS LOOP #01-46
Postcode	738322
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190517/2060.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	RAILING
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



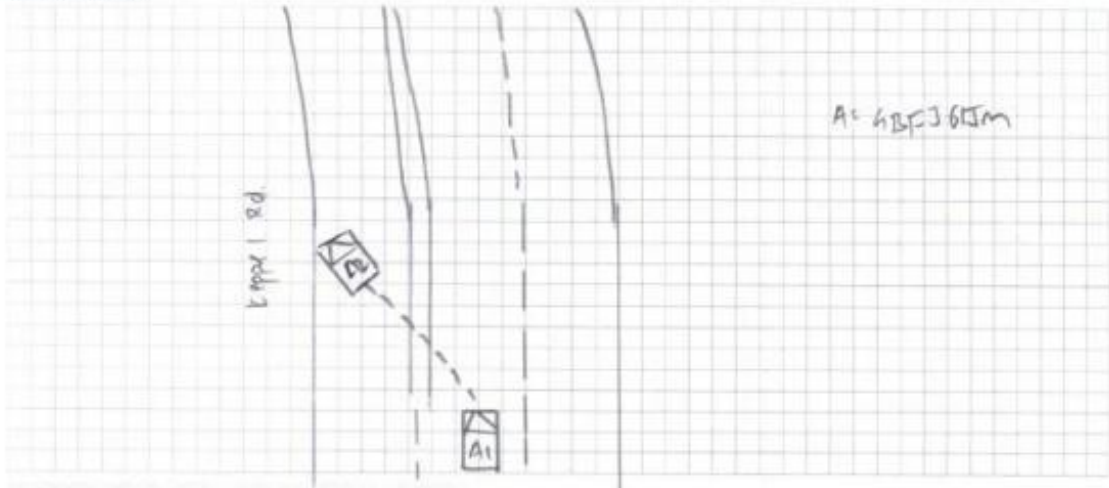
Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to : 11/11/2017 Police report 7/12/2017/2017.

DECLARATION

I/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:

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

SPR-11/11/2017 (11/11/2017)

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C.
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20190517/2060

1 of 3

Report No: T/20190517/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2019 12:50	Vide Report No.:	Station Diary No.: 57
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Informant's Particulars

Name of Informant: ZHENG SHUAI			Address: APT BLK 684 hougang avenue 8 #01-977 SINGAPORE 530684	
ID Type / ID No.: FIN NO / G8631846L			Contact No.: Home/Office: Mobile: 82512239	
Nationality: CHINESE			Email:	
Sex: Male	Age: 28	Date of Birth: 14/02/1991	Type of Informant: Driver	
Race: Chinese			Language: Mandarin	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/05/2019 03:20	Type of Location:
Location: Along Road 1 KEPPEL ROAD			
along Keppel road			
Weather: Heavy rain	Road Surface: Wet	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings		Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF5615M	Van	TOYOTA			Slightly Damaged	1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190517/2060

2 of 3

Report No. T/20190517/2060

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Driver			
Name	ZHENG SHUAI	ID No.	G8631846L
Related Vehicle	NIL	Contact No.	82512239
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/5/2019 at about 0320hrs, I am driving my van bearing GBF5615M along Keppel Road. It was raining heavily at that point of time, suddenly while driving, my van skidded and hit onto the railing that was on my left. There was no damaged to the railing, however due to the collision the front bumper was dented in and the two headlight broke. I was not injured, I did not called for police nor ambulance. While I was waiting for the tow truck, ambulance and police arrived. I was not conveyed. The police officer only took down my particulars and did not give me any reference number.

I do not have any CCTV installed.

I am lodging this report for record purpose.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190517/2060

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20190517/2060

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 LEE JIA YI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/05/2019 12:50

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No: 65476394

Authentication Stamp

NP168

Classification Of Case:

5N / 23



Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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