

# 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 Submission ..... 06/04/2021 17:22 (SGT)  
Date of Accident ..... 04/04/2021 00:30 (SGT)  
Exact Location of Accident ..... TPE, Singapore  
Additional Location Information ..... ALONG CTE TOWARDS TPE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBJ1106X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... WING SOON FOOD MANUFACTURER PTE LTD  
Company Reg No ..... 2XXXXX992D  
Email Address ..... david@wingsoon.com  
Mobile Phone No ..... (Phone) +65-64432119  
Alternative Phone No ..... +65-86884111

### 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? ..... Yes  
Vehicle Category ..... Goods vehicle  
Transmission ..... Auto  
CC ..... 1416

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNA00120712001  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KHO ZI TING  
NRIC No ..... SXXXX307B

Date Of Birth .....	24/11/1992
Occupation .....	Outdoor
Date Of Driving Pass .....	05/10/2018
Driving experience .....	2 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97958079
Alt. Phone Number .....	-
Email Address .....	ZOE@WINGSOON.COM
Address .....	APT BLK 845 TAMPINES STREET 83 #08-158
Address complement .....	-
Postcode .....	520845
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 .....	Collided into Property
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other material or property damaged? .....	No
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tampines Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005871999
Alt. Police Station Phone No .....	(Fax) +65-65871699
Police Station Address .....	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER ATTACHED POLICE REPORT

#### ATTACHMENT(S)

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

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	KHO ZI TING
Address .....	BLK 845 TAMPINES STREET 83 #08-158
Address Complement .....	-
Post Code .....	520845

Approximate Age Years Old .....	29
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBJ1106X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes



Describe Circumstances of the Accident

As per police Report No: T/2021D405/2026  
dated 05/04/2021 @ 12:22.

I am the manager of the company and making this report on behalf as the driver is on medical leave and unable to do the report personally.

HUANG YONGDA  
S821H577B  
86884111

Declaration

We declare the foregoing particulars are true in every respect.

永順食品製造私人有限公司  
Wing Soon Food Manufacturer Pte Ltd  
Reg No. 201118992D  
06/04/2021 12:20.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

















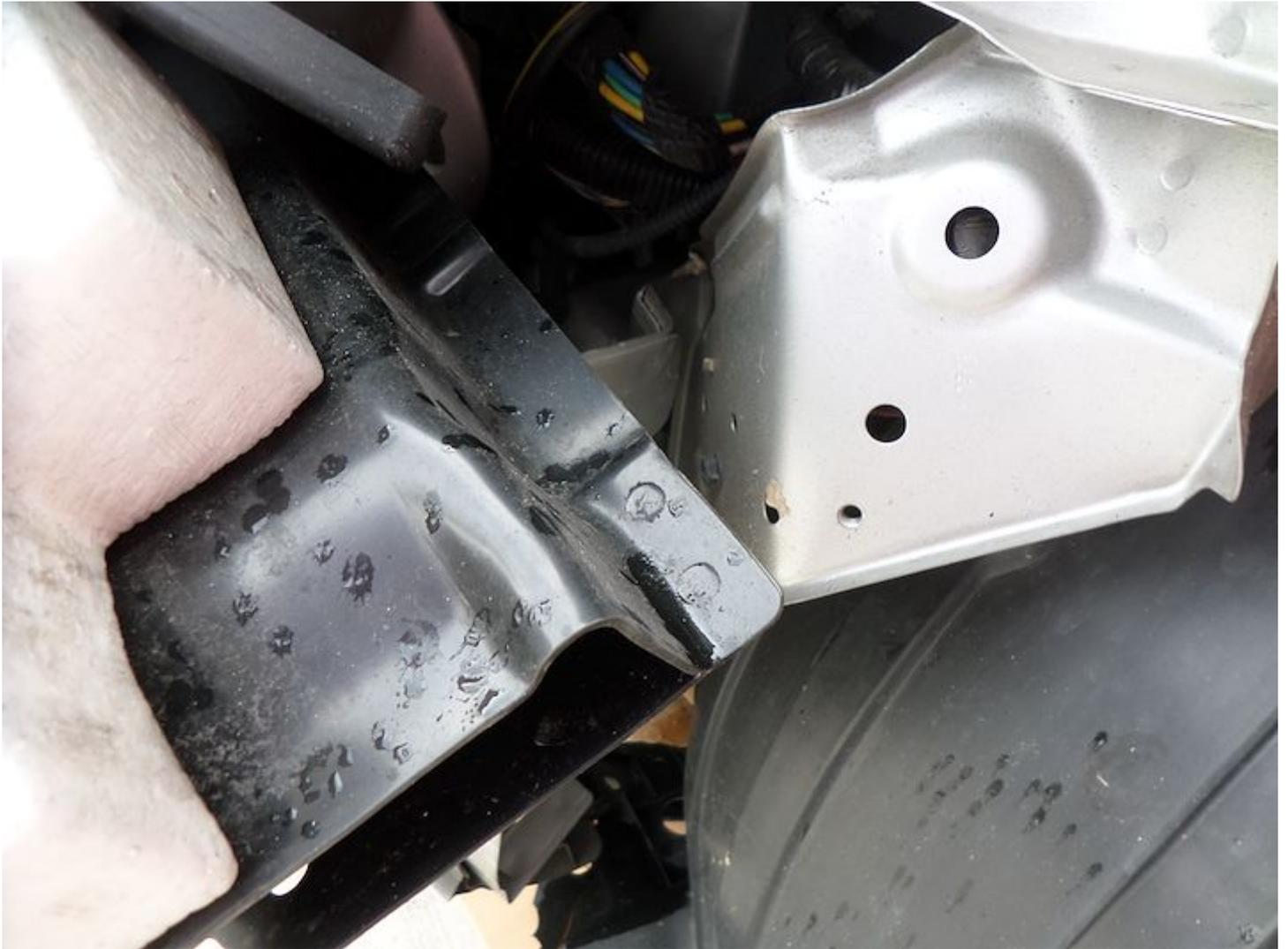






















**SINGAPORE  
POLICE FORCE**



T/20210405/2026

1 of 3

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20210405/2026

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/04/2021 12:22	Vide Report No.:	Station Diary No.: 38
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**Informant's Particulars**

Name of Informant: KHO ZI TING		Address: APT BLK 845 TAMPINES STREET 83 #08-158 SINGAPORE 520845	
ID Type / ID No.: NRIC NO / S9243307B		Contact No.:	Mobile: 97958079
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 28	Date of Birth: 24/11/1992	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SALES EXECUTIVE		Driving Licence Information: Class: 3A	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/04/2021 12:30	Type of Location: Bend
Location: TAMPINES EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ1106X	Van				Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
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T/20210405/2026

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20210405/2026

**CONTINUATION OF REPORT**

Driver			
Name	KHO ZI TING		ID No. S9243307B
Related Vehicle	GBJ1106X (Van)		Contact No. 97958079
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	04/04/2021	Date Discharge	04/04/2021
No. of Days granted Medical Leave	15	Degree of Injury	NIL

**Brief Details.**

On 04/04/2021 at about 0030hrs, I was driving vehicle bearing plate number GBJ1106X along Central Expressway. At that time, I did not have any passenger on board. Traffic was empty and road surface was wet.

I had exited to Tampines Expressway, and as I was driving along the bend leading to Tampines Expressway, my vehicle lost control and had skidded. I tried to brake however to no avail. My vehicle had crashed into the wall on my right side.

I alighted from the vehicle to assess the damages, however blacked out. I was conveyed to hospital.

I received 15 days of Hospitalization leave. There is no in car camera installed in my vehicle.



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T/20210405/2026

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Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

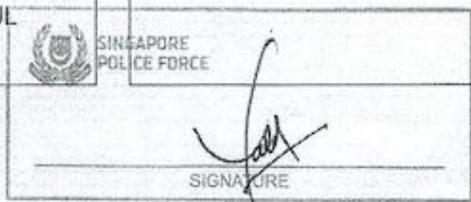
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Report No. T/20210405/2026

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: G / Sgt 3 MOHAMED FADHLY BIN MOHAMED AYOP	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/04/2021 12:22
Officer In Charge Of Case: TP / GIT / Staff Sgt MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476201	Classification Of Case:
Authentication Stamp NP168	 SINGAPORE POLICE FORCE SIGNATURE



中国太平  
CHINA TAIPING

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

Motor Commercial

MZ300/C

R SN

AN0394A

Cov. Type: C

**CERTIFICATE OF INSURANCE**

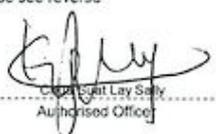
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

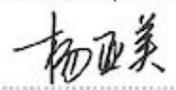
CERTIFICATE No.	DMCVSNA00120712001	Engine No.: HR16137185D Cha. No.: VM20130163
1. Index Mark and Registration Number of Vehicle	GBJ1106X	AUTOSAFE =====
2. Name of Policy Holder	Wing Soon Food Manufacturer Pte Ltd	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27/12/2020 (00:00:00)	Excess Sect I . S\$450.00 EX ON WINDSCREEN . S\$100.00
4. Date of Expiry of Insurance	26/12/2021	
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. : HITACHI CAPITAL SINGAPORE PTE LTD AS HP OWNER * Limitations rendered inoperative by Section 8 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:   
Lay Sally  
Authorised Officer

  
Lay Sally  
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

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