

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	26/04/2021 11:54 (SGT)
Date of Accident	22/04/2021 20:10 (SGT)
Exact Location of Accident	Tampines Ave 5, Singapore
Additional Location Information	TWDS TAMPINES AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB9359Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHENG HONG GEOMANCY TRADING
Company Reg No	5XXXX996E
Email Address	REPORTING@MYCAR.SG
Mobile Phone No	(Phone) +65-94374655
Alternative Phone No	+65-94374655

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	1500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00095472000
Cover Note Number	-

DRIVER

Name of Driver	WANG HUIQI, IRENE
NRIC No	SXXXX253G

Date Of Birth	10/12/1991
Occupation	Indoor
Date Of Driving Pass	04/10/2013
Driving experience	7 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94374655
Alt. Phone Number	-
Email Address	REPORTING@MYCAR.SG
Address	BLK 108 WOODLANDS STREET 13 #09-170 SINGAPORE
Address complement	-
Postcode	730108
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FINN KOH EN
Gender	Female

PASSENGER 2

Name	HENG KIAN LENG LAWRENCE
Gender	Male

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

REFER TO POLICE REPORT T/20210423/7037

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	SHD5166G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WANG HUIQI, IRENE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBB9359Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	HENG KIAN LENG, LAWRENCE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBB9359Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	FINN KOH EN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBB9359Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

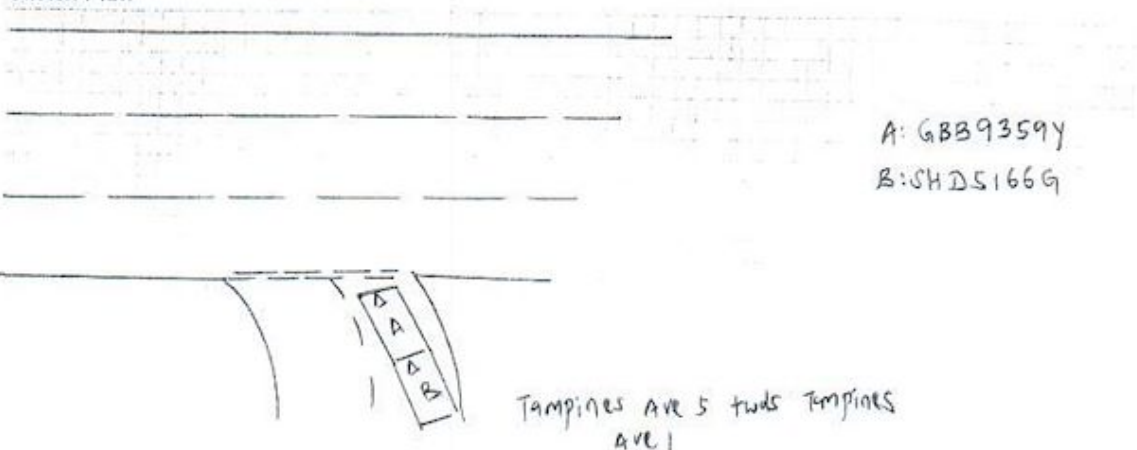
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving 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' 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to attached statement.

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

Witnessed by Reporting Centre Personnel

Accident statement

I stopped my vehicle before the stopping line to check oncoming vehicles on my right before I can proceed forward. Out of sudden, I felt an impact of my vehicle and realized that vehicle (B) SHD5166G collided rear portion of my vehicle.























**SINGAPORE
POLICE FORCE**



T/20210423/7037

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

1 of 3

Report No. T/20210423/7037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/04/2021 19:16		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WANG HUIQI, IRENE			Address: 108 WOODLANDS STREET 13 #09-170 SINGAPORE 730108		
ID Type / ID No.: NRIC NO / S9145253G			Contact No.: Home/Office: Mobile: 98311279		
Nationality: SINGAPORE CITIZEN			Email: IRENEWANGHQ@GMAIL.COM		
Sex: Female	Age: 29	Date of Birth: 10/12/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: self employed			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/04/2021 20:10	Type of Location: slip road
Location: TAMPINES AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBB9359Y	Van					2
SHD5166G	taxi					1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210423/7037

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

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Report No. T/20210423/7037

CONTINUATION OF REPORT

Driver			
Name	WANG HUIQI, IRENE		ID No. S9145253G
Related Vehicle	GBB9359Y (Van)		Contact No. 98311279
Hospital/Clinic	ROYAL MEDICAL CENTRE		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	23/04/2021	Date	NIL
No. of Days granted Medical Leave	01	Degree of	Slight
Passenger			
Name	HENG KIAN LENG, LAWRENCE		ID No. S8941378H
Related Vehicle	GBB9359Y (Van)		Contact No. NIL
Hospital/Clinic	ROYAL MEDICAL CENTRE		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	23/04/2021	Date	NIL
No. of Days granted Medical Leave	02	Degree of	Slight
Passenger			
Name	FINN KOH EN		ID No. S9800462I
Related Vehicle	GBB9359Y (Van)		Contact No. NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	23/04/2021	Date	23/04/2021
No. of Days granted Medical Leave	10	Degree of	Slight

Brief Details.

I stopped my vehicle before the stopping line to check oncoming vehicles on my right before I can proceed forward. Out of sudden, I felt an impact of my vehicle and realized that vehicle (B) SHD5166G collided rear portion of my vehicle.



**SINGAPORE
POLICE FORCE**

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



T/20210423/7037

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Report No. T/20210423/7037

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
TAN JEOK LENG
Contact No.: 65476151

Authentication Stamp
NP168

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

Date/Time:
23/04/2021 19:16

Classification Of Case:

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY
(ACRA)

bizfile⁺

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY
DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of CHENG HONG GEOMANCY TRADING (52967996E)

Date: 23/04/2021

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA210423186367

DATE : 23/04/2021

This is computer generated. Hence no signature required.



Authentication No. : C21301491J

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ACCOUNTING AND CORPORATE REGULATORY AUTHORITY
(ACRA)

INFORMATION RESOURCES

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Business Profile (Business) of CHENG HONG GEOMANCY TRADING (52967996E)

Date: 23/04/2021

The Following Are The Brief Particulars of :

Name of Business	: CHENG HONG GEOMANCY TRADING
Former Name(s) if any	: CHENGHONG WAH TRADING
Date of Change of Name	: 07/02/2007
UEN	: 52967996E
Registration Date	: 29/04/2002
Commencement Date	: 25/04/2002
Status of Business	: Live
Status Date	: 30/04/2019
Renewal Date	: 04/03/2021
Expiry Date	: 29/04/2022
Renewal via GIRO	: NO
Constitution of Business	: Sole-Proprietor
Principal Place of Business	: 6001 BEACH ROAD #02-37 GOLDEN MILE TOWER SINGAPORE (199589)
Date of Change of Address	: 31/03/2016

Principal Activities

Activities (I)	: DEPARTMENT STORES (47191)
Description	:
Activities (II)	: ASTROLOGY, PALMISTRY AND OTHER FORTUNE TELLING SERVICES (98093)
Description	:

Particulars of Authorised Representative(s)

Name	ID	Nationality/Citizenship	Address	Address Source	Date of Appointment
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Business Profile (Business) of CHENG HONG GEOMANCY TRADING (52967996E)

Date: 23/04/2021

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Citizenship Place of Incorporation/ Origin/Registration	Address	Address Source	Date of Entry Position
LOH FOOK WAH	S0014130E	SINGAPORE CITIZEN	429 WOODLANDS STREET 41 #05-250 SINGAPORE (730429)	ACRA	16/09/2014 Owner

Withdrawn Partner(s)

Name	ID	Nationality/Citizenship Place of Incorporation/ Origin/Registration	Address	Address Source	Date of Entry Position	Date of Withdrawal
CHEE YIT LING	S2598094H	SINGAPORE CITIZEN	429 WOODLANDS STREET 41 #05-250 SINGAPORE (730429)	ACRA	25/04/2002 Owner	29/05/2006
CHEE YIT LING	S2598094H	SINGAPORE CITIZEN	429 WOODLANDS STREET 41 #05-250 SINGAPORE (730429)	ACRA	07/02/2007 Owner	16/09/2014
LOH FOOK WAH	S0014130E	SINGAPORE CITIZEN	429 WOODLANDS STREET 41 #05-250 SINGAPORE (730429)	ACRA	29/05/2006 Owner	07/02/2007

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

Note :

- The information contained in this product is collated from lodgements filed with ACRA, and/or information collected by other government sources.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

Authentication No. : C21301491J

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