

## 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 ..... 18/05/2021 17:46 (SGT)  
Date of Accident ..... 15/05/2021 14:40 (SGT)  
Exact Location of Accident ..... Woodlands Ave 10, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD3406Z

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... Siong Hong Seafood Enterprise Pte ITD  
Company Reg No ..... 201222170D  
Email Address ..... sionghongpteltd@hotmail.com  
Mobile Phone No ..... (Phone) +65-64818986  
Alternative Phone No ..... (Office) +65-64818986

#### 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 - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2982

#### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00083762000  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... Zhang Huan Jiang  
Passport No/FIN ..... G8990435N

Date Of Birth .....	04/05/1977
Occupation .....	Outdoor
Date Of Driving Pass .....	26/11/2009
Driving experience .....	11 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90450854
Alt. Phone Number .....	-
Email Address .....	sionghongpteltd@hotmail.com
Address .....	20 Woodlands Crescent #01-44
Address complement .....	-
Postcode .....	-
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 - Cross Junction
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? .....	Yes
Was any other material 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

#### PASSENGER 1

Name .....	Ang Kim Guan
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

Please refer to police report.

#### 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 .....	YN771M
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 .....	Ang Kim Guan
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	Head injury
Injured person in which vehicle? .....	GBD3406Z
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

### INJURED 2

Name of injured person .....	Zhang Huan Jiang
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	Nose bleed
Injured person in which vehicle? .....	GBD3406Z
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLANIMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation.**
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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:

张煥江

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

18 MAY 2021

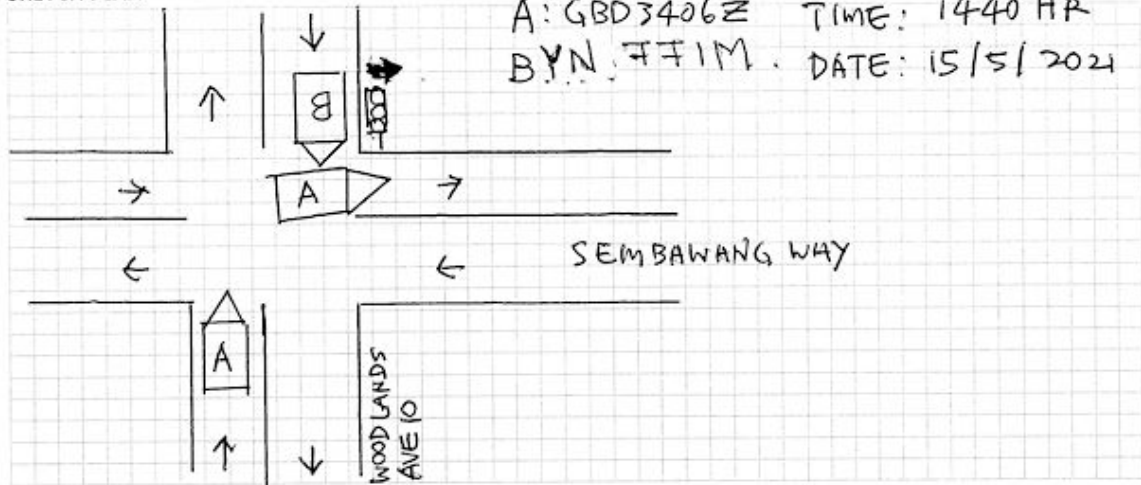
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Angie Soh

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF TO POLICE REPORT

DECLARATION

I/We declare the foregoing particulars are true in every respect.



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

18 MAY 2021  
Reporting Centre Personnel's Signature  
Name: Angie Soh  
NRIC/FIN No.:

















SINGAPORE  
POLICE FORCE



T/20210517/2072

1 of 3

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

Report No. T/20210517/2072

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2021 17:19		Vide Report No.: L/20210515/0097		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ZHANG HUAN JIANG			Address: 20 WOODLANDS CRESCENT #01-44 NORTHOAKS SINGAPORE 738081		
ID Type / ID No.: FIN NO / G8990435N			Contact No.: Home/Office: Mobile: 90450854		
Nationality: CHINESE			Email:		
Sex: Male	Age: 44	Date of Birth: 04/05/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/05/2021 14:40	Type of Location: X-Junction
Location:  WOODLANDS AVENUE 7				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD3406Z		TOYOTA	TOYOTA DYNA 150 MANUAL	Silver		1

## Details of Person Involved

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





SINGAPORE  
POLICE FORCE



T/20210517/2072

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

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Report No. T/20210517/2072

CONTINUATION OF REPORT

<b>Driver</b>			
Name	ZHANG HUAN JIANG		ID No. G8990435N
Related Vehicle	GBD3406Z		Contact No. 90450854
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
<b>Passenger</b>			
Name	ANG KIM GUAN		ID No. S1450636E
Related Vehicle	GBD3406Z		Contact No. 90215596
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	15/05/2021	Date Discharge	15/05/2021
No. of Days granted Medical Leave	05	Degree of Injury	NIL

**Brief Details.**

AT THE ABOVE TIME, DATE AND LOCATION

I WAS AT WOODLANDS AVE 10 X SEMBAWANG WAY X JUNCTION, 2ND CAR WAITING FOR TRAFFIC LIGHT TO TURN GREEN TO TURN. WHEN THE TRAFFIC LIGHT TURNED GREEN ARROW FOR TURNING, I FOLLOWED THE CAR IN FRONT OF ME TO TURN AND I AM VERY SURE THE TRAFFIC LIGHT WAS STILL GREEN ARROW FOR ME TO TURN. MIDWAY AS I WAS TURNING I COULD HEAR A VERY VIOLENT SOUND OF BRAKING, I SAW THE FRONT OF THE LORRY COLLIDING TO THE SIDE OF MY VEHICLE. I SUFFERED SLIGHT NOSEBLEED AND REFUSED CONVEYANCE AND MY PASSENGER WAS CONVEYED TO KHOO TECK PUAT HOSPITAL AND GIVEN 5 DAY MC. MY PASSENGER CAN SERVE AS A WITNESS.

THATS ALL.



SINGAPORE  
POLICE FORCE



T/20210517/2072

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

3 of 3

Report No. T/20210517/2072

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:  
TP /  
SC TAN JUIN QI

*Tan Juin Qi*

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt NG BEIFENG  
Contact No.: 65476845

Authentication Stamp  
NP168

Signature Of Informant:

*张俊江*

Date/Time:  
17/05/2021 17:19

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature:

*SC Tan Qi Tan Juin Qi*





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

Motor Commercial

M2300/C

N SN

AN0675A

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.	DMCVSNW0083762000	Engine No.	1KD2414469
		Cha. No.	JTFAT35Y80K203208
1. Index Mark and Registration Number of Vehicle	G8D34062	AUTOSAFE	*****
2. Name of Policy Holder	SIONG HONG SEAFOOD ENTERPRISE PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	09/09/2020	Excess Sect I.	SS500.00
		EX ON WINDSCREEN	SS100.00
4. Date of Expiry of Insurance	08/09/2021		
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.: DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC LTD * 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: THONG LEE TRADING 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

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☎ 6222 1033

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