

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 25/10/2021 18:45 (SGT)
Date of Accident 23/10/2021 14:00 (SGT)
Exact Location of Accident KJE, Singapore
Additional Location Information ALONG KJE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP7592G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner AAK LOGISTICS SERVICES PTE LTD
Company Reg No 201325787M
Email Address peijuan_lee@aakls.com
Mobile Phone No (Phone) +65-66650190
Alternative Phone No (Office) +65-66650190

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fuso
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 7545

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00124042101
Cover Note Number -

DRIVER

Name of Driver ZHANG CHUANWU
Passport No/FIN G2298290M

Date Of Birth	22/10/1987
Occupation	Outdoor
Date Of Driving Pass	29/04/2015
Driving experience	6 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85462518
Alt. Phone Number	-
Email Address	peijuan_lee@aakls.com
Address	BLK 975 JURONG WEST ST 93
Address complement	#09-403
Postcode	640975
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	Side Swipe
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

PASSENGER 1

Name	COLLEAGUE
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO TRAFFIC ACCIDENT REPORT NO. T/20211023/2089

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO IS WITH THE COMPANY
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF3457K
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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)	-

SKETCH PLAN

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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



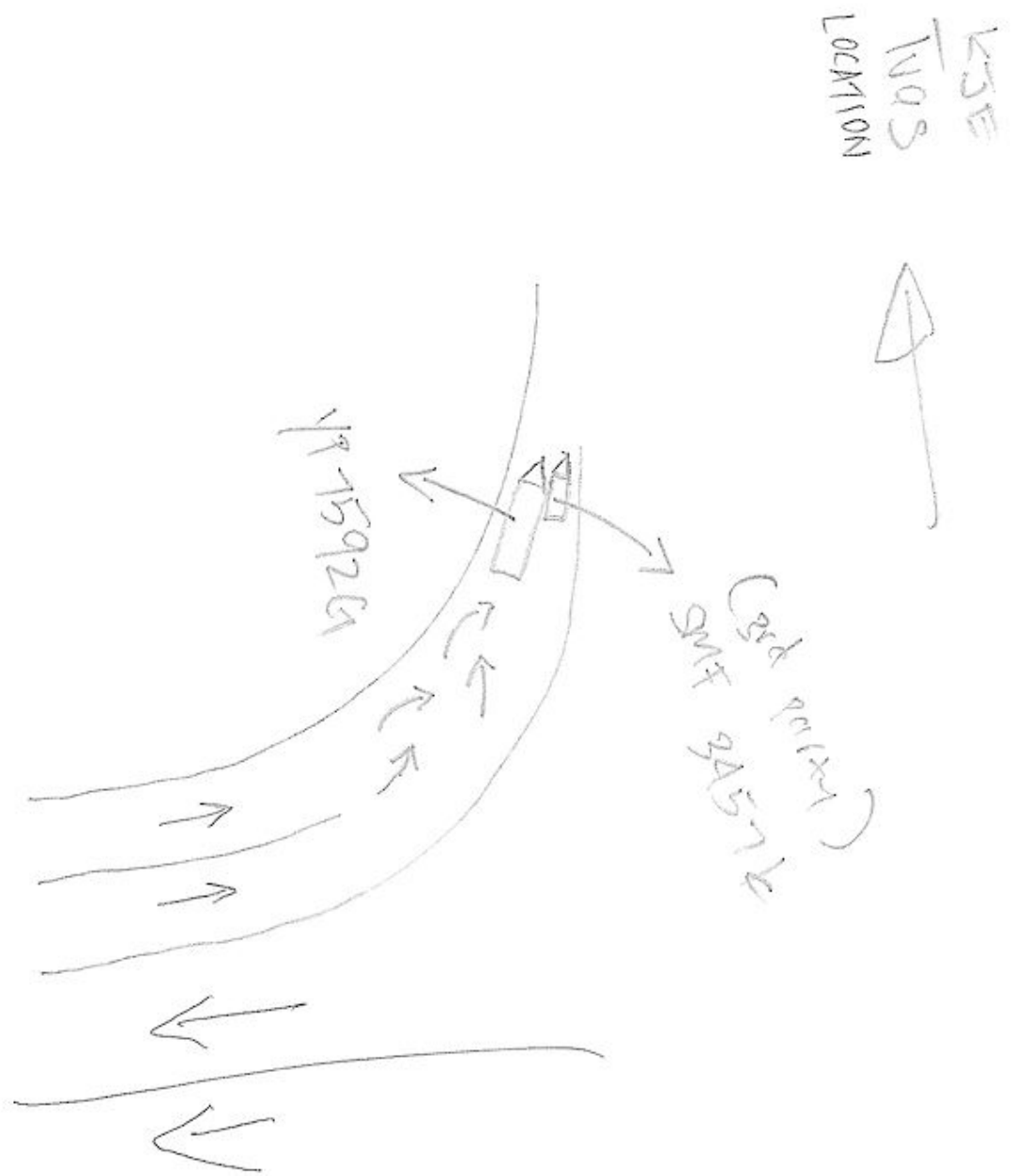
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

REFER TO SKETCH ATTACHED



Describe Circumstances of the Accident

Refer to Traffic Accident Report No. 1/2021/023/9089

Zhang Chuanwu	
NAME (Owner / In-charge / Driver)	
AIRC no. 02298290M	
Vehicle No. VP35926	
Will send my above stated damaged vehicle to:	
Company name: BAK WORKSHOP	Company Stamp for Company registered vehicle
For the vehicle damage, repairs and insurance claims.	
BAK had clearly informed me on new G&T rules.	
I received an Assessment and exchanged a Goldbell Engineering and Insurance Ltd. signed an Assessment Report.	



Company Stamp for Company registered vehicle

Zhang Chuanwu
Signature of Owner / In-charge / Driver

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

















Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

Traffic Police

AMENDMENT

Name: Zhang Chuan Wu	Traffic Accident Report no: T/20211023/2089
Address: Blk 975 Jurong West Street 93 #09-403 S(640975)	Accident Date / Time: 23/10/2021 at 1400hrs
FIN NO: G2298290M	Vehicle(s) involved: V1) YP7592G (Complainant's vehicle) V2) SMF3457K
Contact no: 85462518	
Date of Amendment: 23/10/2021	

Dear Sir / Madam

I wish to amend as follows:

Reference to the Traffic report which I lodged on -/- (Vide:-)
I wish to amend the type of collision from " Between Moving Vehicles – Head to Side " to " Between Moving Vehicles – Side to Side "
I am also able to provide the sketch plan and have submitted a copy for traffic police.
That is all.



**SINGAPORE
POLICE FORCE**



T/20211023/2089

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20211023/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2021 22:21		Vide Report No.:		Station Diary No.: 130	
Informant's Particulars					
Name of Informant: ZHANG CHUANWU			Address: APT BLK 975 Jurong West Street 93 #09-403 SINGAPORE 640975		
ID Type / ID No.: FIN NO / G2298290M			Contact No.: Home/Office: Mobile: 85462518		
Nationality: CHINESE			Email:		
Sex: Male	Age: 34	Date of Birth: 22/10/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/10/2021 14:00	Type of Location: Flyover
Location: KRANJI EXPRESSWAY				
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 Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMF3457K	Car	MERCEDES BENZ	E250 CGI A	Beige	Slightly Damaged	0
YP7592G	Lorry	MITSUBISHI	FUSO FM65FM2R DEB	White	Slightly Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20211023/2089

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20211023/2089

CONTINUATION OF REPORT

Driver			
Name	ZHANG CHUANWU		ID No. G2298290M
Related Vehicle	NIL		Contact No. 85462518
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHNG GUAN AIK		ID No. S0080050C
Related Vehicle	NIL		Contact No. 90271751
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location I had just finish my delivery job at NTUC Bukit Panjang Plaza and I was on my way back to distribution centre at Joo Khoo. I was driving my lorry bearing the plate number YP7592G straight from Woodland Road into KJE towards Tuas. My lorry was hit at the front right of my driver's side by a car bearing the plate number SMK3457K. The other party hit onto my after a left bend which was a merging lane. I was already at the single lane when the other party hit my lorry. The other party failed to formed up at the merging lane and made reckless overtaking at the single lane caused the incident. I applied brake and sounded my horn after I saw the other party on my right side. My lorry was damaged at the front right of the driver's door, the other party's car sustained damages on the left rear passenger door to his bumper. There was no injury between both party. I am lodging this report for insurance claim purposes. I have picture and in car camera video footage for this accident.



**SINGAPORE
POLICE FORCE**



T/20211023/2089

Station Of Origin:
 yang N.P.C
 rong West Avenue 5 SINGAPORE
 182
 No: 1800-7929999

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Report No. T/20211023/2089

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 certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report

! MUHAMMAD NUR HAKIM
 SABIRIN

Signature Of Interpreter:
 applicable

Officer In Charge Of Case:
 GIA /

Signature Of Informant:

Hung Chuan

Date/Time:
 23/10/2021 22:21

Classification Of Case: