

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 30/11/2021 15:05 (SGT)
Date of Accident 23/11/2021 12:35 (SGT)
Exact Location of Accident Admiralty Rd W, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP7494G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner T ZONE TOWING PTE. LTD.
Company Reg No 2XXXXX018C
Email Address scotchhere123@gmail.com
Mobile Phone No (Phone) +65-96665566
Alternative Phone No +65-89429997

VEHICLE PARTICULARS

Manufacturer Isuzu
Model NQR75UK5A
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 5193

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00110722100
Cover Note Number -

DRIVER

Name of Driver CHEN CHUANFU
Passport No/FIN GXXXX982N

Date Of Birth	02/12/1977
Occupation	Outdoor
Date Of Driving Pass	08/01/2020
Driving experience	1 YEAR AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89429997
Alt. Phone Number	-
Email Address	scotchhere123@gmail.com
Address	BLK 727 YISHUN STREET 71 #02-91
Address complement	-
Postcode	760727
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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 vehicle or property damaged?	Yes
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	Bukit Merah East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002369999
Alt. Police Station Phone No	(Fax) +65-62204360
Police Station Address	391 New Bridge Road Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20211123/2135

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	XD8343C
Vehicle Manufacturer	Man
Vehicle Model	Tgs
Vehicle Variant	-
Vehicle Colour	White

Vehicle Category	Commercial vehicle
Name of Driver	NENABI BIN ALI
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	CHEN CHUANFU
Gender	Male
Phone No	(Phone) +65-89429997
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YP7494G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

2021/09/20 10:08

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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 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 have disclosure of certain personal data about me to bring about delivery of the cars as well as on the external cover of any vehicle/any 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/also 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.



chen chuan sui

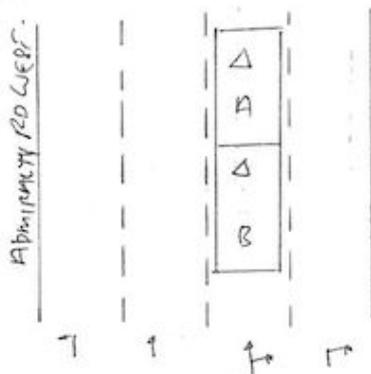
20/09/2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A) YP7494G
B) XD8343C

Describe Circumstances of the Accident

ON THE STATED DATE AND TIME, I WAS STATIONARY WAITING FOR THE TRAFFIC.

OUT OF NOWHERE, I FELT A HUGE IMPACT FROM THE REAR. I WENT DOWN AND SAW VEH # HIT ONTO MY VEH.

POLICE REPORT 7/2021/1123/2135

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

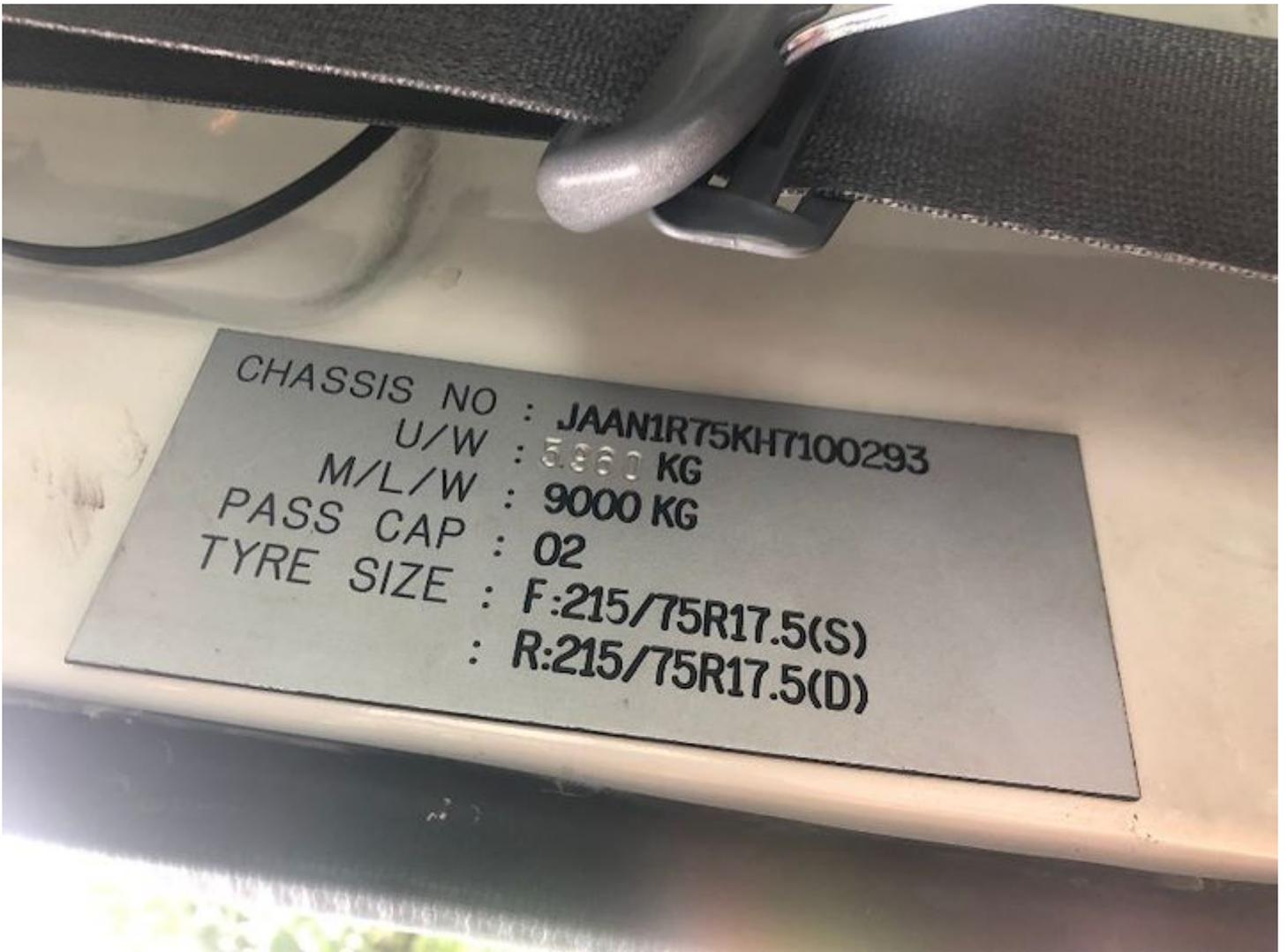
chenchuan fu

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

30/4/2021

Witnessed by Reporting Centre Personnel
















**SINGAPORE
POLICE FORCE**


T/20211123/2135

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

1 of 3
Report No. T/20211123/2135

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2021 23:13	Vide Report No.:	Station Diary No.: 123
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Informant's Particulars

Name of Informant: CHEN CHUANFU		Address: APT BLK 107 Spottisewoode Park #16-122 SINGAPORE 080107	
ID Type / ID No.: FIN NO / G8787982N		Contact No.: Home/Office: Mobile: 89429997	
Nationality: CHINESE		Email:	
Sex: Male	Age: 43	Date of Birth: 02/12/1977	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 2B,3,4	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/11/2021 12:30	Type of Location: T-Junction
Location: ADMIRALTY ROAD			
Weather: Raining		Road Surface: Dry	Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	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	Condition	No of Passenger
XD8343C	Lorry	MAN	TGS 26.320 6X4 BB	White	Slightly Damaged	0
YP7494G	Lorry	ISUZU	NQR75UK5 A	White	Slightly Damaged	0

Details of Person Involved

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



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Report No. T/20211123/2135

CONTINUATION OF REPORT

Driver			
Name	CHEN CHUANFU	ID No.	G8787982N
Related Vehicle	NIL	Contact No.	89429997
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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	Nenabi Bin Ali	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
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 23/11/2021 at 1230hrs, I was involved in a traffic accident with another individual by the name of Nenabi Bin Ali, who was driving the vehicle XD8343C.
I was driving my company lorry, YP7494G along Admiralty Road West. My vehicle had come to a complete stop at the traffic light before the T-Junction, which was showing an amber light. My vehicle was then hit from the rear by another vehicle, XD8343C.
After the collision, both myself and the driver of XD8343C, Nenabi, exited our vehicles. We exchanged personal information, took pictures of the damage done to both our vehicles, and then continued driving our separate ways.
Both myself and Nenabi suffered no injuries from the collision. Both vehicles suffered minor damages as my vehicle's rear was scratched and XD8343C's front was scratched with the right front headlight cracked. The incident was not attended by traffic police or paramedics. After informing my company about the traffic accident, my boss advised me to lodge a traffic accident report.



**SINGAPORE
POLICE FORCE**



T/20211123/2135

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A 391 New Bridge Road Police Cantonment
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Tel No: 1800-2369999

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Report No. T/20211123/2135

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 A/ SCCPL CHEN XIANGRUI <i>Ca</i>	Signature Of Informant: <i>Chen Xiangrui</i>
Signature Of Interpreter: Not applicable	Date/Time: 23/11/2021 23:13
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:

Authentication Stamp
NP168





IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0921BU0004 Vehicle Registration No: YP 7494G
 Name (as shown in NRIC): CHAN CHUAN FU NRIC/FIN/Passport No: GXXXX 982N
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: _____ Time of Accident: _____
 Place of Accident: _____
 Insurance Company: _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

TP VEHICLE NUMBER TO XD8343C ON SKETCH

Policyholder / Driver's Signature
Date:

[Signature]
 Reporting Centre Personnell's Signature
 Name: [Signature]
 NRIC/FIN No.: _____
 Date: _____