

# 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 ..... 10/01/2022 13:42 (SGT)  
Date of Accident ..... 07/01/2022 18:30 (SGT)  
Exact Location of Accident ..... Woodlands Ave 2, Singapore  
Additional Location Information ..... TOWARDS WOODLANDS AVENUE 7  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLH2934H

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CHENG XIN TRADING (S) PTE LTD  
Company Reg No ..... 2XXXXX354N  
Email Address ..... careyburberry@gmail.com  
Mobile Phone No ..... (Phone) +65-93843133  
Alternative Phone No ..... (Office) +65-69803326

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
Variant ..... ALTIS  
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 ..... Auto  
CC ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00264482100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... FU ZHONGQIANG  
Passport No/FIN ..... cXXXXXXXXXXXXXXXXXXXXX.com

Date Of Birth .....	17/11/1986
Occupation .....	Outdoor
Date Of Driving Pass .....	01/08/2014
Driving experience .....	7 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93843133
Alt. Phone Number .....	-
Email Address .....	careyburberry@gmail.com
Address .....	BLK 345 CLEMENTI AVENUE 5 #03-86
Address complement .....	-
Postcode .....	120345
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 - Change/cross lane
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	STEVE LAI
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Woodlands Division Headquarters
Police Station Phone No .....	(Phone) +65-18004660000
Police Station Address .....	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT L/20220107/7046

#### 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 .....	SMG9402Z
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	FU ZHONGQIANG
Gender .....	Male
Phone No .....	(Phone) +65-93843133
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLH2934H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

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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.



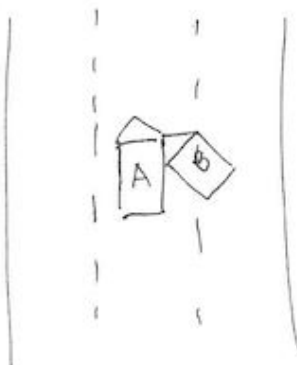
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

Woodlands Ave 2 Towards  
Woodland Ave 7



Vehicle A - SJH2934H  
Vehicle B - SM69402Z

Describe Circumstances of the Accident

Refer to the police report no. L/2022 0107/7046.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 10/01/2022  
Witnessed by Reporting Centre Personnel


















**SINGAPORE  
POLICE FORCE**


L/20220107/7046

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**POLICE REPORT (NP299)**

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Report No. L/20220107/7046

Date/Time Report Made 07/01/2022 22:39	Vide Report No.	Station Diary No.
Name Of Informant FU ZHONGQIANG	Address 345 CLEMENTI AVENUE 5 #03-86 SINGAPORE 120345	
ID Type / ID No. FIN NO / G6443449M	Contact No. Home/Office:	Mobile: 93843133
Nationality CHINESE	Email Address CAREYBURBERRY@GMAIL.COM	
Occupation Sales Manager	Sex Male	Age 35
Institution/School Name	Date of Birth 17/11/1986	Race Chinese
Date/Time Of Incident 07/01/2022 18:30	Location Of Incident WOODLANDS AVENUE 2	

**Brief details.**

On the stated date and time, I was driving my vehicle SLH2934H along the middle of 3 lanes along Woodlands Ave 2 towards Woodlands Ave 7 when SMG9402Z abruptly swerved into my vehicle's path from the right.

I immediately jammed on my brakes but was unable to avoid the collision.

The front portion of SMG9402Z crashed into the right portion of my vehicle as my vehicle rocked violently sideways.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/01/2022 22:39
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



L/20220107/7046

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220107/7046

I knocked my right elbow and right knee against the driver's door as a result of the accident.

After the accident, I also started feeling aches and stiffness over my neck, right shoulder and lower back areas.

My passenger, Steve Lai, also complained that he suffered some injuries.

After we parted ways, the pain over my body got increasingly worse and as such, I proceeded to Intemedical Kovan, which was near to where I was, for treatment.

I was given 3 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/01/2022 22:39
Officer In-Charge Of Case:	Classification Of Case: