

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 10:51 (SGT)
Date of Accident 07/01/2022 15:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE TOWARDS CHANGI BEFORE TAMPINES AVE 5 EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF5319T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TOPAIR ENGINEERING PTE. LTD.
Company Reg No 2XXXXX861G
Email Address wecare@topair.com.sg
Mobile Phone No (Phone) +65-98272858
Alternative Phone No +65-98272858

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
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 2488

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00143962102
Cover Note Number -

DRIVER

Name of Driver SUN QIANGSHENG
Passport No/FIN GXXXX446R

Date Of Birth	22/09/1976
Occupation	Outdoor
Date Of Driving Pass	05/08/2016
Driving experience	5 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87311135
Alt. Phone Number	-
Email Address	sales@n51.com.sg
Address	106 ANG MO KIO AVE 4
Address complement	#03-168
Postcode	560106
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	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 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	LIN XINYU
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT

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	SMN3638M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	DARIEN CHONG YUNG HAN
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	SUN QIANGSHENG
Gender	Male
Phone No	(Phone) +65-87311135
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBF5319T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LIN XINYU
Gender	Male
Phone No	(Phone) +65-87627906
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBF5319T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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

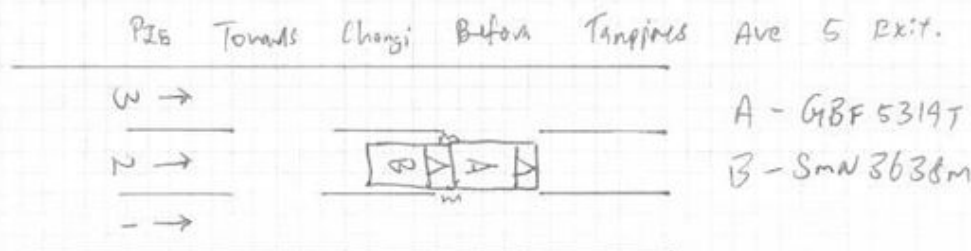
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

As per above date and time, I was driving my company vehicle GBF 5319T along PtE Towards Charger on the center lane. Suddenly before Tompkins Ave 5 exit, vehicle in front of me jammed brake and slowed down. As such, I applied brake and slowed down as well. Out of sudden, I felt a huge impact from the rear. I aligned and discovered VEH (B) SMN3638M from position collided onto my vehicle rear portion. We exchanged particulars and left the scene.

Veh A - GBF 5319T

Veh B - SMN 3638M

Declaration

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

Re 10/01/22
Witnessed by Reporting Centre Personnel

Annex B

NOTICE OF REPORTING

This is to confirm that Sun Qiang Sheng G27874468, NRIC/FIN

 , has reported to the Police a non-injury traffic accident which

occurred at PIE Towards Changi Before
Tampines Ave 5 Exit

on 7/1/2022 at 15.10 am/pm involving the following vehicles: GBF 5319T and SMV 3638M

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Tan Jun Qi

Date: 08/01/2022 Time: 1247

S/D Ref: 1

Police Post/Unit: TP

Tan Jun Qi SC Jun Qi















