

# 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 .....	24/01/2022 17:08 (SGT)
Date of Accident .....	23/01/2022 17:40 (SGT)
Exact Location of Accident .....	Choa Chu Kang Grove, Singapore
Additional Location Information .....	JUNCTION OF BRICKLAND RD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBH2819B
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	CHUANG YI ENGINEERING PTE. LTD.
Company Reg No .....	2XXXXX784M
Email Address .....	reginawellscope@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-92700538
Alternative Phone No .....	+65-92700538

### 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 .....	DMCVSNW00042252103
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SHEN GUISEN
Passport No/FIN .....	GXXXX292X

Date Of Birth .....	14/04/1972
Occupation .....	Outdoor
Date Of Driving Pass .....	26/02/2016
Driving experience .....	5 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93797992
Alt. Phone Number .....	-
Email Address .....	reginawellscope@yahoo.com.sg
Address .....	2022 BUKIT BATOK ST 23
Address complement .....	#02-142 BUKIT BATOK INDUSTRIAL ESTATE PARK A
Postcode .....	659527
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? .....	Yes
Number of vehicles involved in the accident .....	3
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JQA6780
Vehicle Category .....	Motorcycle

#### 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

PLS REFER TO THE POLICE REPORT:T/20220123/7026

#### 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 .....	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	WC5368T
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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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	JQA6780
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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) .....	-

## Describe Circumstances of the Accident

P/s refer to the police report: 7/20220123/7026

## Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time

shen gui sen 24/1/2022  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

shen 24/01/22  
Witnessed by Reporting Centre  
Personnel

1/24/22, 5:04 PM

Brickland Rd - Google Maps

Google Maps Brickland Rd

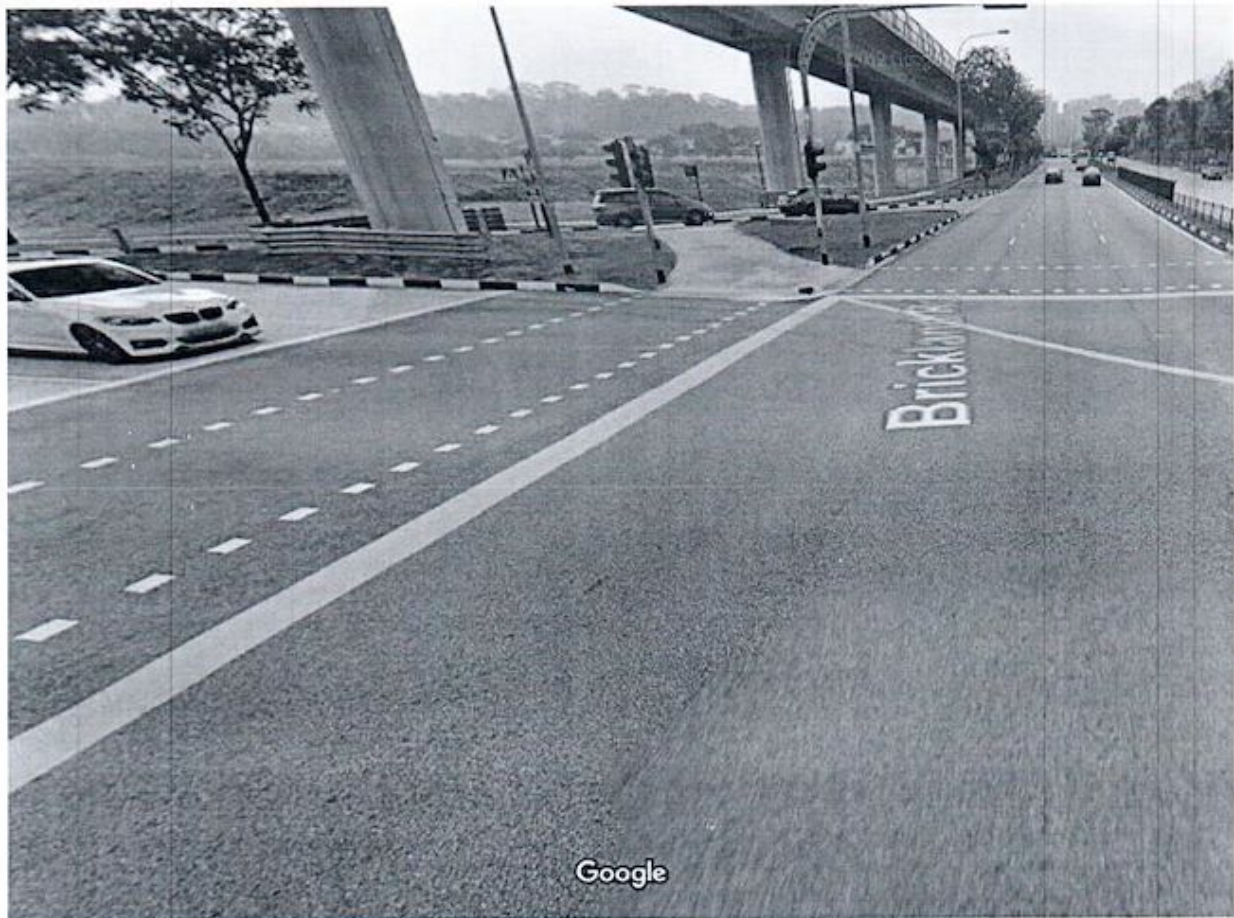


Image capture: Sep 2019 © 2022 Google

Singapore

Google

Street View - Sep 2019







**SINGAPORE  
POLICE FORCE**



T/20220123/7026

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

2 of 3

Report No. T/20220123/7026

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SHEN GUISEN	ID No.	G8166292X
Related Vehicle	GBH2819B (Lorry)	Contact No.	93797992
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On the 23/01/2022 at about 1740hrs, I was driving my lorry (GBH2819B) along Brickland Road on the most right lane. Nearing the traffic junction of Brickland Road and Choa Chu Kang Grove, I continued driving forward as the light had turned green. However, just as my lorry started crossing the junction, a big water container truck (WC5368T) to the left side of the junction had jammed on the brake, causing its last rear left tyre to roll out. The tyre rolled towards my direction and hit onto a motorbike (JQA6780) who was driving alongside me to my left, before rolling over and collided into my vehicle's front left tyre. My vehicle sustained damages of a broken and dented area near the bottom of the left passenger door and the front left tyre. I did not suffer from any injuries, however the bike rider was conveyed to the hospital via Ambulance. The traffic Police was at scene ref J/20220123/0164.

SKETCH PLAN

## SKETCH PLAN

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6. The report will be forwarded by the insurers of the CIA 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.
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 firms/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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date &  
Time

Sketch Plan

shen gui Sen 24/1/2022  
Driver's Signature (if driver is not the policyholder) / Date

shen 24/01/22  
Witnessed by Reporting Centre  
Personnel

CHOA CHU KANG GROVE

A - GBH289B  
B - ~~WC289B~~ WC5268T  
C - JQA6780













































# SINGAPORE POLICE FORCE



T/20220123/7026

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

1 of 3

Report No. T/20220123/7026

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/01/2022 20:14	Vide Report No.: J/20220123/0164	Station Diary No.:
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### Informant's Particulars

Name of Informant: SHEN GUISEN			Address: 2022 BUKIT BATOK STREET 23 #02-142 BUKIT BATOK INDUSTRIAL ESTATE PARK A SINGAPORE 659527		
ID Type / ID No.: FIN NO / G8166292X			Contact No.: Home/Office: Mobile: 93797992		
Nationality: CHINESE			Email: SHENGUISEN72@GMAIL.COM		
Sex: Male	Age: 49	Date of Birth: 14/04/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Construction			Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/01/2022 17:40	Type of Location: T-Junction
Location:  CHOA CHU KANG GROVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH2819B	Lorry			Silver	Slightly Damaged	0
WC5368T	Heavy vehicle truck			Blue		0



**SINGAPORE  
POLICE FORCE**



T/20220123/7026

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

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Report No. T/20220123/7026

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SHEN GUISEN	ID No.	G8166292X
Related Vehicle	GBH2819B (Lorry)	Contact No.	93797992
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On the 23/01/2022 at about 1740hrs, i was driving my lorry (GBH2819B) along Brickland Road on the most right lane. Nearing the traffic junction of Brickland Road and Choa Chu Kang Grove, i continued driving forward as the light had turned green. However, just as my lorry started crossing the junction, a big water container truck (WC5368T) to the left side of the junction had jammed on the brake, causing it's last rear left tyre to roll out. The tyre rolled towards my direction and hit onto a motorbike (JQA6780) who was driving alongside me to my left, before rolling over and collided into my vehicle's front left tyre. My vehicle sustained damages of a broken and dented area near the bottom of the left passenger door and the front left tyre. I did not suffer from any injuries, however the bike rider was conveyed to the hospital via Ambulance. The traffic Police was at scene ref J/20220123/0164.



# SINGAPORE POLICE FORCE



T/20220123/7026

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

3 of 3

Report No. T/20220123/7026

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch

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:  
23/01/2022 20:14

Officer In Charge Of Case:  
TP / TPIB /  
NUR ADELINA BINTE MOHAMMAD FUAT  
Contact No.: 65476066

Classification Of Case:

This report is lodged at Bukit Batok NPP Kiosk 1  
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: SN092210000G Vehicle Registration No: GBH 2819 B  
 Name (as shown in NRIC): Shan Guisen NRIC/FIN/Passport No: G8166292X  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 2022 Bukit Batok St 23 #02-142 Bukit Batok Industrial Estate Part A Singapore (659527)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9379 7992  
 Email Address: reginawellscope@yahoo.com.sg  
 Date of Accident: 23/01/2022 Time of Accident: 17:40  
 Place of Accident: Choa Chu Kang Grove (junction of Brickland Rd)  
 Insurance Company: CTI

**(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:

1. Amend WC2819B to WC5368T.



Policyholder / Driver's Signature  
Date:

Shan Guisen

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

Shan 11/04/22