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 witholding 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

Employment

Manual

2982

No - Claiming third party

Commercial vehicle

Vehicle Registration Number GBH2819B

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

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Transmission CC

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

Type of Coverage Comprehensive

Fleet Policy

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 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? 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο FOREIGN VEHICLE 1 Vehicle Registration Number JQA6780 Vehicle Category Motorcycle DETAILS OF POLICE ACTION Was the accident reported to the police? 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? 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 WC2819B

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

· ·		JQA6780
		-
		-
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	n accident	_
No. Of Passenger (Including D	Oriver)	_

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 "Porsonal 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

- (ii) investigating the accident and/or my claims;
- (ii) 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

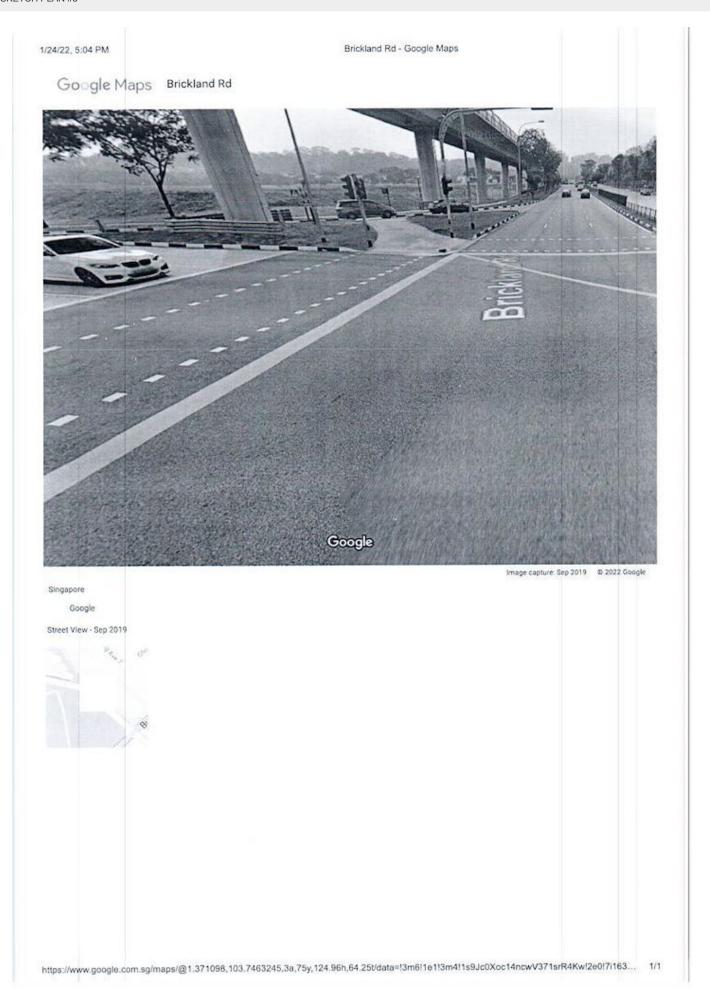
Driver's Signature (If driver is not the policyholder) / Date

HOA CHU KANG

Witnessed by Reporting Centre

Sketch Plan

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Police Station Of Origin: Traffic Police

Report No. T/20220123/7026

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Perso						
Any Pedestrian I						
No. of Pedestriar	ns Injured: NIL		Use of Pedestrian Crossing: NA			
Driver					0.000	ang, iva
Name	SHEN GUISEN			ID No.		G8166292X
Related Vehicle	GBH2819B (Lorry)			Contac	t No.	93797992
Hospital/Clinic	NIL		Class o Driving Licence Expiry		Class: 3 Date of Expiry: NIL	
Date	NIL	Date		NIL		
No. of Days gran	ted 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, casuing 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.



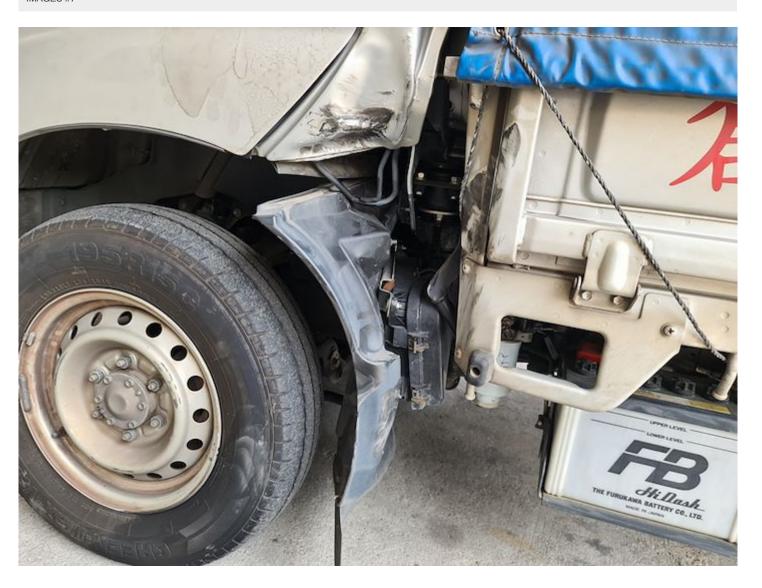








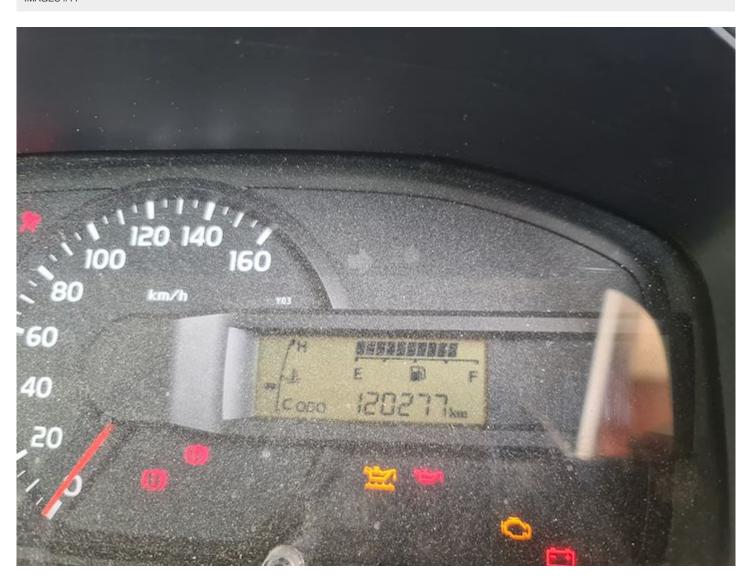


















T/20220123/7026

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		Made:	Vide Report No.: J/20220123/0164	Station Diary No.:		
Informa	nt's Partic	ulars				
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: Age: Date of Birth: Male 49 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 Infor	mation of the Accident	110		TO THE WAY TO SEE THE	
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/01/2022 17:4	Type of Location T-Junction	
Location: CHOA CHU k	KANG GROVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Heavy	
Type of Collis Between Mov	ion: ring Vehicles - Head To S	de		Anyone conveyed by ambulance:	

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



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

Report No. T/20220123/7026

CONTINUATION OF REPORT

Details of Perso						
Any Pedestrian I	nvolved: No	Natural III				
No. of Pedestriar		Use of Pedestrian Crossing: NA				
Driver				o o o ti i di i	0.000	ang, rva
Name	SHEN GUISEN			ID No.		G8166292X
Related Vehicle	GBH2819B (Lorry)			Contac	t No.	93797992
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: 3 Date of Expiry: NIL
Date	NIL	Date		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	1.111		

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, casuing 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.



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/20220123/702 CONTINUATION OF REPORT
ketch Plan nformant is not able to provide sketch	
signature Of Officer Recording The Report: lot 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: FP / TPIB / NUR ADELINA BINTE MOHAMMAD FUAT Contact No.: 65476066	Classification Of Case:
This report is lodged at Bukit Batok NPP Kid	osk 1