



# 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 18:17 (SGT)
Date of Accident	23/01/2022 17:45 (SGT)
Exact Location of Accident	Geylang, Singapore
Additional Location Information	NEAR LORONG 38 GEYLANG
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL6380D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	QI HE CONSTRUCTION PTE. LTD.
Company Reg No	2XXXXX674M
Email Address	enquiry@qiheconstruction.com
Mobile Phone No	(Phone) +65-81515118
Alternative Phone No	+65-81515118

## 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	DMCVSNW00148192100
Cover Note Number	-

## DRIVER

Name of Driver	YANG KANG
Passport No/FIN	GXXXX955R

Date Of Birth	01/10/1993
Occupation	Outdoor
Date Of Driving Pass	11/01/2021
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-81515118
Alt. Phone Number	-
Email Address	john.pyj@hotmail.com
Address	60F TANJONG KATONG ROAD
Address complement	-
Postcode	436954
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	QWNER
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	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?	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

#### 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

PLEASE REFER TO SKETCH PLAN

#### 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	WITH OWNER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK1108R
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) ..... -

SKETCH PLAN

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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' 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.



*[Handwritten signature]*

Policyholder's Signature / Date & Time

*[Handwritten signature]*

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

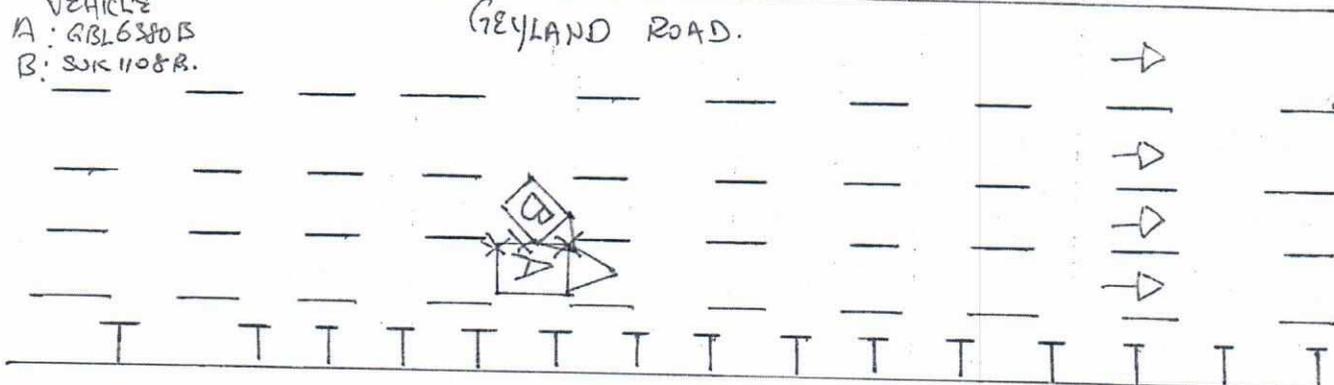
*[Handwritten signature]*

Witnessed by Reporting Centre Personnel

**Sketch Plan**

VEHICLE  
A: GBL6380B  
B: SWK 1108R.

GEYLAND ROAD.



Describe Circumstances of the Accident

ON THE MENTION DATE, TIME AND LOCATION . I  
WAS DRIVING ON THE RIGHT SIDE LANE GOING STRAIGHT ON  
MY RIGHTFUL LANE. OUT OF A SUDDEN THERE WAS A HOOP IMPACT  
FROM MY LEFT SIDE , I QUICKLY STOPPED . I CAME DOWN AND  
REALIZE VEHICLE "B" ABRUPTLY SWERVE INTO MY LANE AND COLLIDED  
ONTO MY SIDE. MY LEFT SIDE WAS DAMAGE STARTING FROM  
THE FRONT DOOR ALL THE WAY TO THE BACK .

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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

*[Handwritten Signature]* 24/01/2022

Witnessed by Reporting Centre Personnel

VEHICLE NO: GBL6380B

MAKE & MODEL : NISSAN NV350

AUTO  MANUAL

DATE OF ACCIDENT	25 / 01 / 2022	CC 2-5
TIME OF ACCIDENT	1745 HRS	AM / <input checked="" type="checkbox"/> PM
LOCATION OF ACCIDENT	GEYLANG ROAD. NEAR LOR 38 GEYLAND.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<input checked="" type="checkbox"/> EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Q1 HE CONSTRUCTION PTE. LTD.	
EMAIL	ENQUIRY@Q1HECONSTRUCTION.COM	Office: MOBILE: 8151 5118
NRIC	202029674M.	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / <input checked="" type="checkbox"/> NO?	
INSURANCE CO.	CHINA TAIPIN G.	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft	
POLICY NO.	DMCVJNW00148192100	
NAME OF DRIVER	AS ABOVE / IF NO: YANG KANG.	
NRIC	G2215955 R.	
DATE OF BIRTH	01 / 10 / 1993.	
ANY PASSENGER	YES / <input checked="" type="checkbox"/> NO: -	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	<del>MALE / FEMALE</del>	
OCCUPATION	<input checked="" type="checkbox"/> Outdoor / <input type="checkbox"/> Indoor	
DATE OF DRIVING PASS	11 / 01 / 2021.	
GENDER	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female	
CONTACT NO.	Mobile: 8151 5118	Office: Home:
EMAIL	JOHN.PYJ@HOTMAIL.COM.	
ADDRESS	60F TANJONG KATON G ROAD S436954.	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes: Reg No.	INSURER:
RELATIONSHIP	Employee / If No: OWNER.	
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / <input type="checkbox"/> Other.	
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / <input type="checkbox"/> Wet / <input type="checkbox"/> Other.	
ANY INJURIES	<input checked="" type="checkbox"/> No / If yes: Who?	
CONTACT NO.	-	
POLICE REPORT	<input checked="" type="checkbox"/> No / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES: WHO?	
VEHICLE B NO.	SJK 1108 R.	Any Passenger:
NAME	-	
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO	
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO	
**WORKSHOP:		
Have you been approach by unknown person collecting (s) /		

Motor Commercial

MZ300/C

N SN

AN0597A

Cov. Type:C

**CERTIFICATE OF INSURANCE**  
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

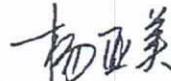
CERTIFICATE No.	DMCVSNW00148192100	Engine No.: QR20020258R Cha. No.: VR2E26136573
1. Index Mark and Registration Number of Vehicle	GBL6380B	AUTOSAFE *****
2. Name of Policy Holder	QI HE CONSTRUCTION PTE. LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	24/11/2021 (11:39:25)	Excess Sect I.    S\$500.00 EX ON WINDSCREEN.    S\$100.00
4. Date of Expiry of Insurance	23/11/2022	
5. Persons or Classes of Persons entitled to drive* Any person who is driving on the Policyholder's order or with their permission.  Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.		
6. Limitations as to use:* (1) Use in connection with the Policyholder's business. (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. (3) Use for social, domestic or pleasure purposes.  The Policy does not cover (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.		
HIRE PURCHASE CO. : MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD. * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.		

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ABS INSURANCE AGENCY PTE LTD.  
Authorised Officer



Authorised Signatory