

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 26/05/2022 17:03 (SGT)
Date of Accident 24/05/2022 19:30 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information ALONG CTE AROUND EXIT 1B
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN4179Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SHING LECK ENGRG SERVICE PTE LTD
Company Reg No 200209214W
Email Address jony@shingleck.com
Mobile Phone No (Phone) +65-97175226
Alternative Phone No (Home) +65-97175226

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fe84be6srdea
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? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 2977

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00075442107
Cover Note Number -

DRIVER

Name of Driver PANDIAN AYYANAR SELVAM
Passport No/FIN G2491663X

Date Of Birth	09/05/1993
Occupation	Outdoor
Date Of Driving Pass	12/01/2018
Driving experience	4 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83072365
Alt. Phone Number	-
Email Address	jony@shingleck.com
Address	38 PENJURU PLACE
Address complement	JURONG DORMITORY 2
Postcode	608552
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)	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?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO TRAFFIC ACCIDENT REPORT NO. T/20220524/2136

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	SLF735P
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	CHEONG SIEW LENG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLF735P
Were seat belts worn?	-
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

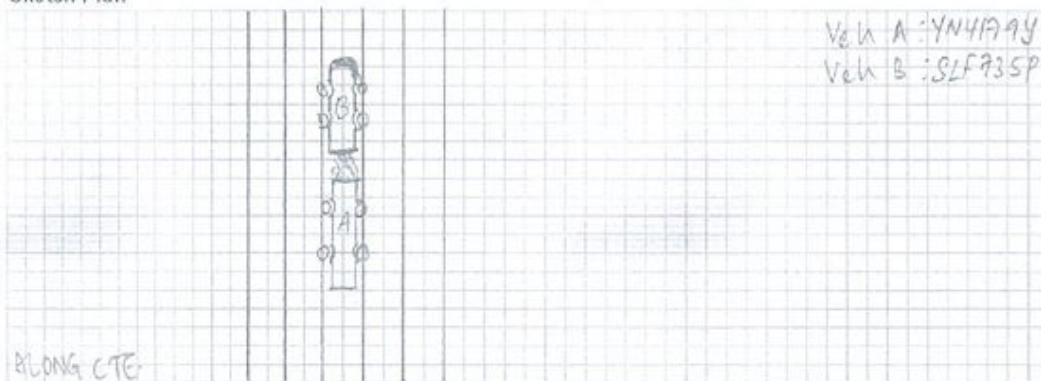
P. A. S.

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Traffic Accident Report No. T/20220528/2136.

Declaration

I/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

R. P. S.

Witnessed by Reporting Centre Personnel

















**SINGAPORE
POLICE FORCE**



T/20220524/2136

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3
Report No. T/20220524/2136

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/05/2022 23:29		Vide Report No.:		Station Diary No.: 153	
Informant's Particulars					
Name of Informant: PANDIAN AYYANAR SELVAM			Address: 38 PENJURU PLACE JURONG PENJURU DORMITORY 2 SINGAPORE 608552		
ID Type / ID No.: FIN NO / G2491663X			Contact No.: Home/Office: Mobile: 83072365		
Nationality: INDIAN			Email:		
Sex: Male	Age: 29	Date of Birth: 09/05/1993	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/05/2022 19:30	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF735P	Car	NISSAN	NOTE 1.2 CVT ABS D/AIRBAG 2WD 5DR	Grey	Seriously Damaged	1
YN4179Y	Lorry	MITSUBISHI	FE83BE6SR DEA	White	Slightly Damaged	0



SINGAPORE
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T/20220524/2136

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208678
Tel No: 1800-2949999

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Report No. T/20220524/2136

CONTINUATION OF REPORT

Brief Details.

On 24/05/2022 I was driving along CTE about to exit at exit 1B along CTE the vehicle (SLF735P) in front of me suddenly slow down. I tried to stop however could not stop in time and hit onto the back of her vehicle. The traffic was heavy at that point in time. Both of us alighted from our vehicle and I quickly make a check on her. We took photo of the damages and exchange our particulars. She suffered some minor scratch at her forehead. Her vehicle was seriously damaged as the back of her vehicle has some dent mark and window glasses was shattered. My vehicle suffered some dent at the front of my vehicle and some crack mark on both my front signal light. No police or ambulance attended to us during the point of the incident. We exchange our particulars and left the location.

Driver SLF735P particular:
Name; Cheong Siew Leng
NRIC: S1748079J
HP: 82991850



**SINGAPORE
POLICE FORCE**



T/20220524/2136

3 of 3

Report No. T/20220524/2136

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
A /
SGT 2 LEE JIA HUI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/05/2022 23:29

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Classification Of Case:

NP168