

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 06/06/2022 19:02 (SGT)
Date of Accident 02/06/2022 10:00 (SGT)
Exact Location of Accident Tuas, Singapore
Additional Location Information VIADUCT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN1573L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner JKS TRANSPORT & RECYCLING PTE. LTD.
Company Reg No XXXXXX287R
Email Address cs8558cs@gmail.com
Mobile Phone No (Phone) +65-81893906
Alternative Phone No +65-81893906

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fuso
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 2977

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMCVSNW00134462105
Cover Note Number -

DRIVER

Name of Driver SHENG GUOAN
Passport No/FIN GXXXX944N

Date Of Birth	21/01/1976
Occupation	Outdoor
Date Of Driving Pass	14/03/2014
Driving experience	8 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81893906
Alt. Phone Number	-
Email Address	cs8558cs@gmail.com
Address	99 WOODLANDS DRIVE 72 #11-17
Address complement	-
Postcode	738093
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?	Yes
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

FOREIGN VEHICLE 1

Vehicle Registration Number	JRC3382
Vehicle Category	Commercial vehicle

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

PLEASE REFER TO POLICE REPORT T/20220602/7019

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	JRC3382
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SHENG GUOAN
Gender	Male
Phone No	(Phone) +65-81893906
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YN1573L
Were seat belts worn?	Yes
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.

Reg No. 201528287R
Email: longshot_tpi@yahoo.com.sg
FAX: 6387 5826

TEL: 6387 3710 / 6387 6907
SINGAPORE 545750

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

JKS TRANSPORT & RECYCLING PTE LTD

2 SIRAT ROAD

SINGAPORE 545750

TEL: 6387 3710 / 6387 6907

FAX: 6387 5826

Email: longshot_tpi@yahoo.com.sg

Reg No. 201528287R

A
B

TUAS VIADUCT

YN1573L
JRC3382

Describe Circumstances of the Accident

— REFER TO POLICE REPORT — 1/2022@602/7019

Declaration

We declare the foregoing particulars are true in every respect.



JKS TRANSPORT & RECYCLING PTE LTD
2 SIRAT ROAD
SINGAPORE 610003
TEL: 6507 2710 / 6507 6907
FAX: 6507 3273

Policyholder's Signature / Date & Time
Reg No. 201528287R

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

Witnessed by Reporting Centre Personnel

06/06/2022































**SINGAPORE
POLICE FORCE**



T/20220602/7019

1 of 3

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

Report No. T/20220602/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/06/2022 16:07		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SHENG GUOAN			Address: 796 WOODLANDS DRIVE 72 #04-35 SINGAPORE 730796		
ID Type / ID No.: FIN NO / G5428944N			Contact No.: Home/Office:		Mobile: 81893906
Nationality: CHINESE			Email: cs8558cs@gmail.com		
Sex: Male	Age: 46	Date of Birth: 21/01/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 02/06/2022 10:00	Type of Location: Straight Road
Location: TUAS VIADUCT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
JRC3382	Lorry					0
YN1573L	Lorry					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220602/7019

2 of 3

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

Report No. T/20220602/7019

CONTINUATION OF REPORT

Driver			
Name	SHENG GUOAN	ID No.	G5428944N
Related Vehicle	YN1573L (Lorry)	Contact No.	81893906
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	02/06/2022	Date	02/06/2022
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

I was travelling along Tuas Viaduct towards Tuas South Avenue 3.
I slowed down and stop as the cars in front of me came to a stop.
Suddenly, I felt an impact from the rear.
I alighted and found my vehicle being rear ended.

I felt unwell and visited Bok Family Clinic and was given 2 days MC. (02.06.22 TO 03.06.22)

**SINGAPORE
POLICE FORCE**

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



T/20220602/7019

3 of 3

Report No. T/20220602/7019

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
02/06/2022 16:07

Classification Of Case: