

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 19:40 (SGT)
Date of Accident 03/06/2022 12:00 (SGT)
Exact Location of Accident Jalan Bukit Merah, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH1450L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner THE WINE GALLERY PTE LTD
Company Reg No 2XXXXX555N
Email Address eeli.ng@magnum.com.sg
Mobile Phone No (Phone) +65-96189581
Alternative Phone No +65-88998631

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 - Reporting only
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 DMCVSNW00008312201
Cover Note Number -

DRIVER

Name of Driver CHUNG CHERNG SHIAN
Passport No/FIN GXXXX946P

| | |
|--|-----------------------------|
| Date Of Birth | 22/08/1990 |
| Occupation | Outdoor |
| Date Of Driving Pass | 04/01/2016 |
| Driving experience | 6 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-88998631 |
| Alt. Phone Number | - |
| Email Address | chung_san23@hotmail.com |
| Address | 8 JALAN KILANG TIMOR #01-07 |
| Address complement | - |
| Postcode | 159305 |
| 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 on collision |
| 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? | Yes |
| Police Station Name | Bedok North Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18002449999 |
| Alt. Police Station Phone No | (Fax) +65-62447258 |
| Police Station Address | 30 Bedok North Road Singapore 469676 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220603/2119

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 TRAFFIC POLICE |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | FBB9331B |
| 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) | - |

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' 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 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 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.

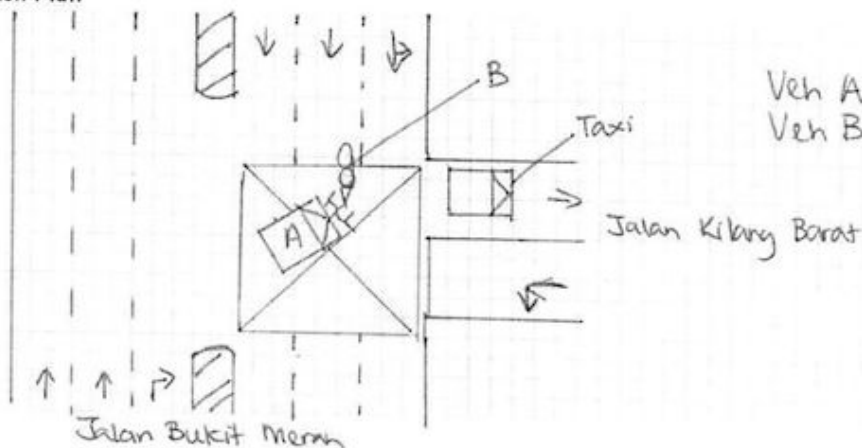


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

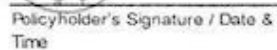


Veh A: GBH1450L
Veh B: FBB9331B

Refer to police report

Report No: T/20220603/2119

I/We declare the foregoing particulars are true in every respect.

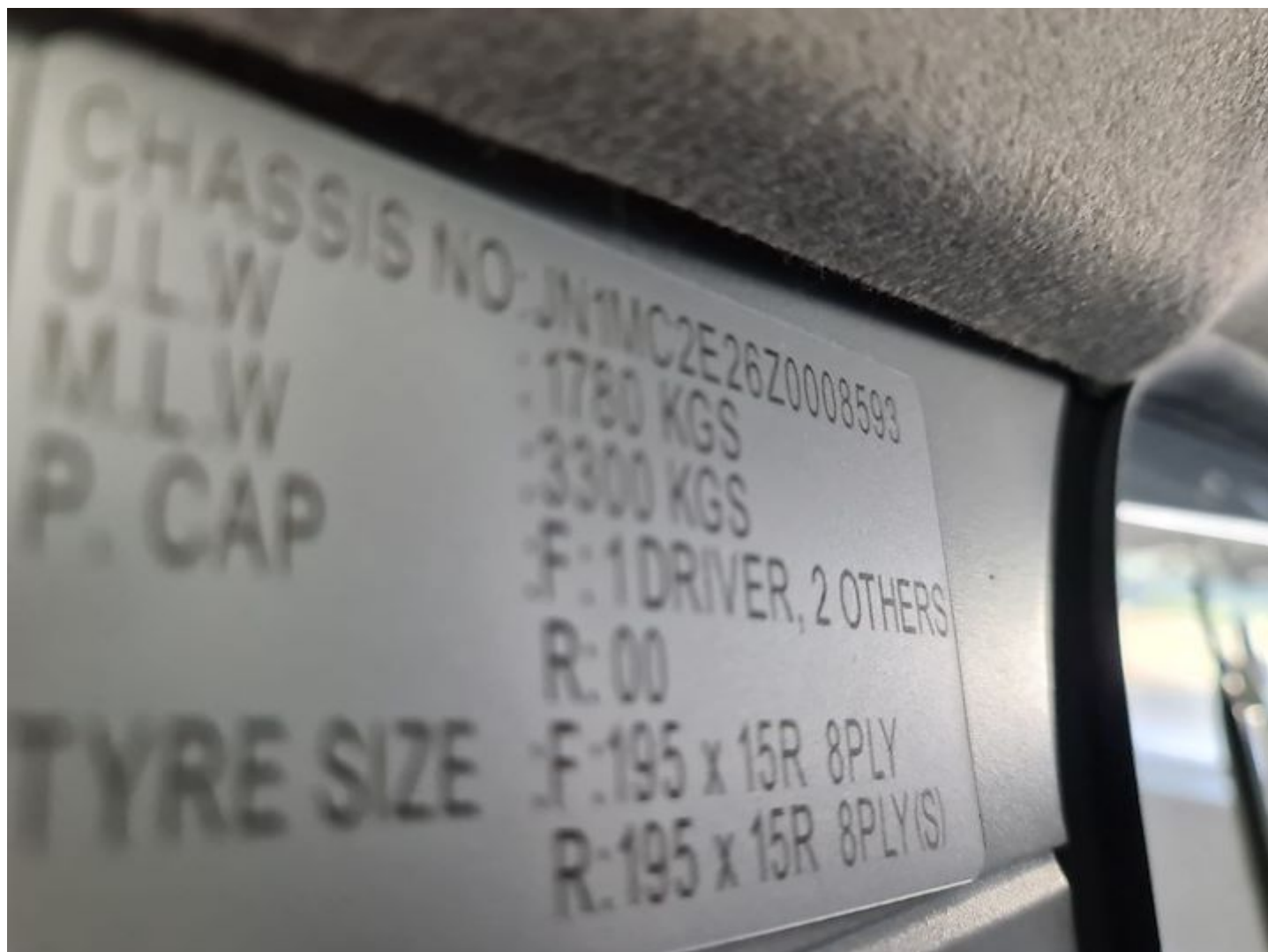


Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre
Personnel























**SINGAPORE
POLICE FORCE**



T/20220603/2119

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3
Report No. T/20220603/2119

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 03/06/2022 21:17 | Vide Report No.: D/20220603/0058 | Station Diary No.: 98 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | |
|--|--|------------------------------|------------------------------|
| Name of Informant: CHUNG CHERNG SHIAN | Address: 501 BEDOK NORTH STREET 3 #05-20 KAKI BUKIT VILLE SINGAPORE 460501 | | |
| ID Type / ID No.: FIN NO / G2047946P | Contact No.: Home/Office: Mobile: 88998631 | | |
| Nationality: MALAYSIAN | Email: | | |
| Sex: Male | Age: 31 | Date of Birth: 22/08/1990 | Type of Informant: Driver |
| Race: Chinese | Language: | | Institution / School Name: |
| Occupation: Wine reseller | Driving Licence Information: Class: | | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|---------------------------------|------------------------------------|---|---|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 03/06/2022 12:00 | Type of Location: Straight Road |
| Location: JALAN BUKIT MERAH | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Moving Vehicle Against - Others | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|---------------------|-----------------|
| FBB9331B | Motorcycle | | | | Slightly Damaged | 0 |
| GBH1450L | Van | | | | Slightly Damaged | 0 |

Details of Person Involved

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



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T/20220603/2119

Police Station Of Origin:

Bedok N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

2 of 3

Report No. T/20220603/2119

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|--------------------|--|-----------------------------------|
| Name | CHUNG CHERNG SHIAN | ID No. | G2047946P |
| Related Vehicle | GBH1450L (Van) | Contact No. | 88998631 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On the 3rd of June at around 1200pm, I was travelling along Jalan Bukit Merah Rd and was about to turn into Jln Kilang Barat. I was right behind a taxi that was turning into Jln Kilang Barat as well. After the taxi turned into the said road, I check on incoming traffic and there were no vehicles so I followed the back of the taxi. Suddenly the taxi stopped at the entrance of the road of Jln Kilang Barat leaving me in the yellow box of Jalan Bukit Merah which had incoming traffic. The taxi did not move off for awhile and suddenly I saw a motorbike (FBB9331B) travelling in my direction and on the first lane from the left. He could not stop in time and he avoid my vehicle from the front skidded after he went past me. The taxi in front of me then drove off and I moved my vehicle further into Jln Kilang Barat and alighted to check on the rider that skidded. I called for the ambulance and traffic police came after. The rider was slightly injured and was conveyed to the hospital. I handed over to them my in-car camera's SD card and they advised me to lodge a report, hence this report. Both my van and the motorbike were slightly damaged and I did not manage to take the car plat of the taxi in front of me.



SINGAPORE
POLICE FORCE



T/20220603/2119

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3
Report No. T/20220603/2119

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:
G /
Other CHIA SHENG HUA

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/06/2022 21:17

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD SYAKIR BIN ADANAN
Contact No.: 65476236

Classification Of Case:

NP168