

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 16/06/2022 15:24 (SGT)
Date of Accident 15/06/2022 16:26 (SGT)
Exact Location of Accident Singapore
Additional Location Information KEE SENG STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL6527X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FATTY BOSS TRADING
Company Reg No 5XXXX001C
Email Address JAYNAI2002@YAHOO.COM
Mobile Phone No (Phone) +65-84990605
Alternative Phone No +65-84990605

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00155992100
Cover Note Number -

DRIVER

Name of Driver NAI WEN XING JAY
NRIC No SXXXX486F

Date Of Birth	05/03/1984
Occupation	Outdoor
Date Of Driving Pass	06/06/2019
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-84990605
Alt. Phone Number	-
Email Address	JAYNAI2002@YAHOO.COM
Address	148 RIVERVALE CRESCENT
Address complement	-
Postcode	540148
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR
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	Hit and run / Vandalism / Damaged whilst parked
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NAI WEN XING
Gender	Male

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

REFER TO REPORT

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 WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD9317H
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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	NAI WEN XING JAY
Gender	Male
Phone No	(Phone) +65-84990605
Address	148 RIVERVALE CRESCENT
Address Complement	-
Post Code	540148
Approximate Age Years Old	38
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBL6527X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	THAM JIE WEN
Gender	Female
Phone No	(Phone) +65-84990605
Address	148 RIVERVALE CRESCENT
Address Complement	-
Post Code	540148
Approximate Age Years Old	24
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBL6527X
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.


 Policyholder's Signature / Date & Time

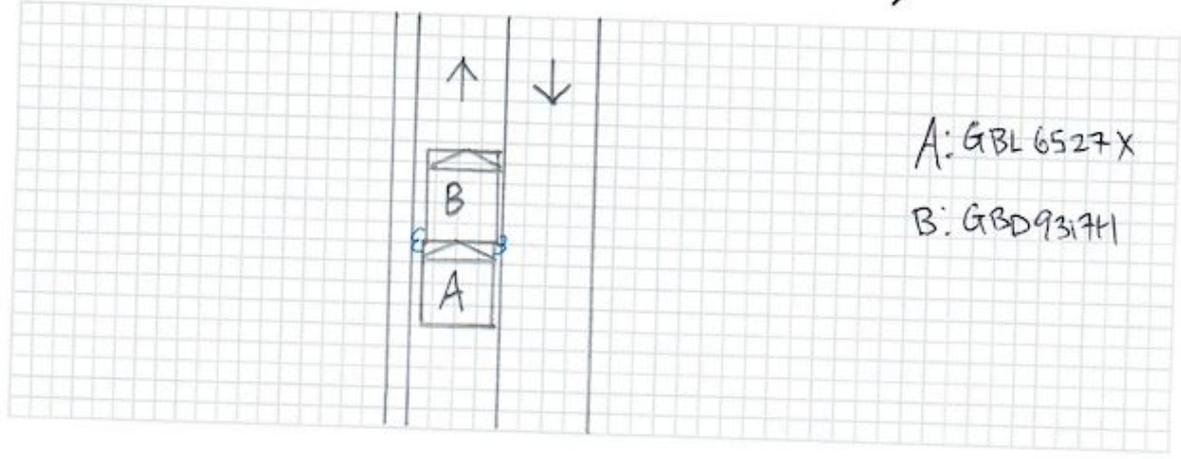



 Driver's Signature (if driver is not the policyholder) / Date & Time



 16/06/22
 Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated date and time, My passenger and I
was sitting inside my van (A) stationary. Out of a
sudden, we felt a huge impact from the front portion.
Alright to check and found out a car (B) reversed
and hit onto my van.

refer to TP Report
T/20220616/7001

Declaration

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



 16/06/22
Witnessed by Reporting Centre
Personnel















**SINGAPORE
POLICE FORCE**



T/20220616/7001

2 of 3

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

Report No. T/20220616/7001

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBL6527X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	THAM JIE WEN EUGENE		ID No.	S8934398D
Related Vehicle	GBL6527X (Van)		Contact No.	85184343
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious	
Driver				
Name	NAI WEN XING, JAY		ID No.	S8406486F
Related Vehicle	GBL6527X (Van)		Contact No.	84990605
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious	

Brief Details.

On the stated date and time, My passenger and I were inside my van (GBL6527X) stationary parked at the road side. Out of a sudden, we felt a huge impact from the front portion of my van. Alighted and notice that the front vehicle (GBD9317H) reverse and did not notice my van was parked behind him, collided onto my front portion. My passenger and I felt discomfort after the accident, seek for medical and was given 3days of MC for both of us.



**SINGAPORE
POLICE FORCE**



T/20220616/7001

1 of 3

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

Report No. T/20220616/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/06/2022 01:11	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: NAI WEN XING, JAY		Address: 148 RIVERVALE CRESCENT #03-38 SINGAPORE 540148	
ID Type / ID No.: NRIC NO / S8406486F		Contact No.: Home/Office: Mobile: 84990605	
Nationality: SINGAPORE CITIZEN		Email: JAYNAI2002@YAHOO.COM	
Sex: Male	Age: 38	Date of Birth: 05/03/1984	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Self employed		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/06/2022 16:25	Type of Location: Straight Road
Location: KEE SENG STREET				
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 - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD9317H	Car				Slightly Damaged	1
GBL6527X	Van				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20220616/7001

3 of 3

Report No. T/20220616/7001

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

CONTINUATION OF REPORT

Sketch 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 / TAY CHUN KEEN Contact No.: 65476436

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 16/06/2022 01:11
Classification Of Case:

NP168