

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	13/07/2022 17:29 (SGT)
Reported by	Driver
Date of Accident	10/07/2022 14:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ7544A

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TENG DA TRANSPORT & TRADING
Company Reg No	5XXXX346K
Email Address	HUANGWEI1998@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96867257
Alternative Phone No	-

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	2754

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00075092102

DRIVER

Name of Driver	LI LIN WANG
NRIC No	SXXXX439G
Date Of Birth	05/03/1971
Occupation	Outdoor

Date Of Driving Pass	26/11/2001
Driving experience	20 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96867257
Alt. Phone Number	-
Email Address	HUANGWEI1998@HOTMAIL.COM
Address	BLK 411A FERNVALE ROAD #22-80
Address complement	-
Postcode	791411
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RENTAL
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	Wet

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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGY8366C
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	LI LIN WANG
Gender	Male
Phone No	(Phone) +65-96867257
Address	BLK 411A FERNVALE ROAD #22-80
Address Complement	-
Post Code	791411
Approximate Age Years Old	51
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBJ7544A
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

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE TOWARDS TUAS

A: GBJ #544A
B: SGY 8366C



Describe Circumstances of the Accident

On 10.07.2022 about 14:20pm, I was travelling along PIE TOWARDS
TUAS. I was stationary due to the front traffic suddenly Vehicle B
hit the rear of my vehicle.

Including police report T/20220710/2040

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

Witnessed by Reporting Centre
Personnel























**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20220710/2040

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Report No. T/20220710/2040

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 /
SGT 3 MUHAMMAD ISA BIN MD
RASHID

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Other MUHAMMAD NOOR BIN ABDUL
RAHMAN
Contact No.: 65476219

NP168

Signature Of Informant:

Date/Time:
10/07/2022 17:54

Classification Of Case:



SINGAPORE POLICE FORCE



T/20220710/2040

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20220710/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2022 17:54	Video Report No.:	Station Diary No.: 48
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Informant's Particulars

Name of Informant: LI LINWANG			Address: APT BLK 411A FERNVALE ROAD #22-80 SINGAPORE 791411		
ID Type / ID No.: NRIC NO / S7176439G			Contact No.: Home/Office: Mobile: 96867257		
Nationality: SINGAPORE CITIZEN			Email: huangwei1998@hotmail.com		
Sex: Male	Age: 51	Date of Birth: 05/03/1971	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Delivery			Driving Licence Information: Class: 3,4,5		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/07/2022 14:20	Type of Location: Expressway
Location:				
PAN-ISLAND EXPRESSWAY				
Weather: Cloudy		Road Surface: Wet		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 Passenger
GBJ7544A	Van	TOYOTA	HIACE DX 2.8 AUTO	White	Slightly Damaged	0
SGY8366C	Car	TOYOTA	VIOS E AUTO	Blue	Slightly Damaged	2

Details of Person Involved

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


**SINGAPORE
POLICE FORCE**


T/20220710/2040

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20220710/2040

CONTINUATION OF REPORT

Driver			
Name	LI LINWANG	ID No.	S7176439G
Related Vehicle	GBJ7544A (Van)	Contact No.	96867257
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	10/07/2022	Date Discharge	10/07/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	WONG WEI HAO, DOUGHLAS	ID No.	S9036123F
Related Vehicle	SGY8366C (Car)	Contact No.	86060131
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 10/07/2022 at about 2.20pm, I was driving my company van (GBJ7544A) along PIE towards Tuas near Eng Neo Exit 22.

The lane 1 was closed due to road works. I was travelling on lane 2, suddenly the vehicle in front applied jam brake and I managed to brake in time.

However, the car (SGY8366C) behind collided onto the rear portion of my van which resulted to damage.

No injury to anyone at that point in time. My in-car camera not in working condition.

We alighted and exchanged particulars with each other.

I have reported the accident to my company.

After the accident, I felt unwell thus seek medical treatment at a private clinic. I was given 3 days of MC from 10/07/2022 to 12/07/2022.



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN08227D0004 Vehicle Registration No: GRJ 344A
 Name (as shown in NRIC): LI LIN WANG NRIC/FIN/Passport No: SXXXXX439G
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 9686 7257
 Email Address: _____
 Date of Accident: 10/07/2022 Time of Accident: 14:20
 Place of Accident: PIE TOWARD MAS
 Insurance Company: CHINA TAIPIING

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To Indicate location on sketch

 Policyholder / Driver's Signature
 Date:

24/07/2022
 Reporting Centre Personnel's Signature
 Name: Randi WONG
 NRIC/FIN No.: _____
 Date: