

## 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 ..... 07/07/2022 10:26 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 05/07/2022 09:01 (SGT)  
Exact Location of Accident ..... Near 512 Woodlands Drive 14, Block 512, Singapore 730512  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBK132X

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SEN SONG HAI SINGAPORE PTE. LTD.  
Company Reg No ..... 201510252N  
Email Address ..... SENSONGHAI@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-88878220  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
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 ..... Auto  
CC ..... 2982

#### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMCVSNW00142212101

#### DRIVER

Name of Driver ..... LIU SHOUQUAN  
Passport No/FIN ..... M4227375Q  
Date Of Birth ..... 17/01/1982  
Occupation ..... Outdoor

Date Of Driving Pass .....	26/06/2012
Driving experience .....	10 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-91497327
Alt. Phone Number .....	-
Email Address .....	SENSONGHAI@GMAIL.COM
Address .....	1 WHOLESALE CENTRE #02-05
Address complement .....	-
Postcode .....	110001
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
Number of vehicles involved in the accident .....	3
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JMD1563
Vehicle Category .....	Private car

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Clementi Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007759999
Alt. Police Station Phone No .....	(Fax) +65-67764246
Police Station Address .....	Blk 427 Clementi Avenue 3 #01-456 Singapore 120427
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20220706/2067.

#### 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 .....	GBD6175U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Goods 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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	JMD1563
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) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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**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")

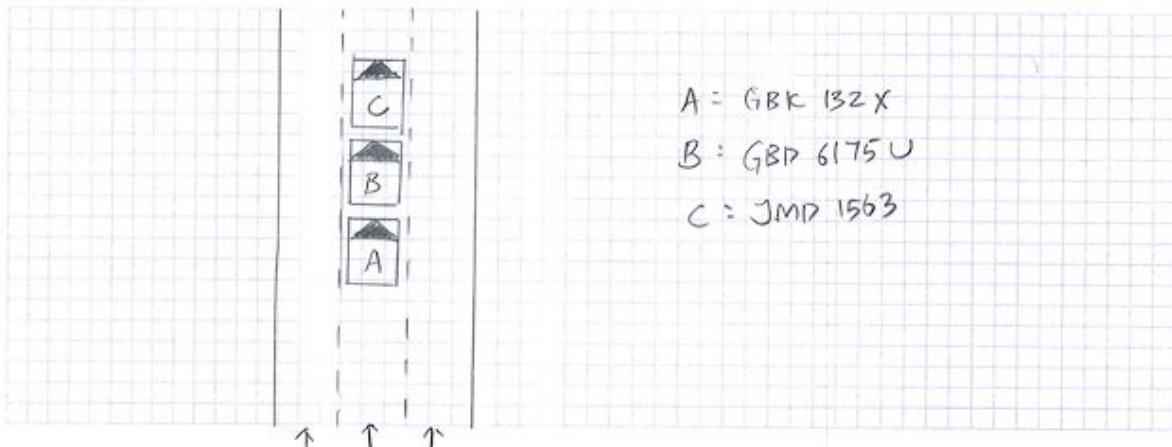
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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**

## Describe Circumstances of the Accident

过红绿灯不远前方车辆突然减速停车，我车刹车已不能及时停车  
导致撞到前方车

## Declaration

We declare the foregoing particulars are true in every respect.

X

Policyholder's Signature / Date &  
Time



刘宇全

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



Witnessed by Reporting Centre  
Personnel
















**SINGAPORE  
POLICE FORCE**


T/20220706/2067

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Report No. T/20220706/2067

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
06/07/2022 16:31

Vide Report No.:

Station Diary No.:  
22

**Informant's Particulars**

Name of Informant:  
LIU SHOUQUAN

Address:  
APT BLK 1 WHOLESALE CENTRE #02-05 PASIR PANJANG  
WHOLESALE CENTRE SINGAPORE 110001

ID Type / ID No.:  
FIN NO / M4227375Q

Contact No.:

Mobile: 98388167

Nationality:  
CHINESE

Email:

Sex: Male Age: 40 Date of Birth: 17/01/1982

Type of Informant:  
Driver

Race:  
Chinese

Language:  
Chinese

Institution / School Name:

Occupation:  
DRIVER

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:  
05/07/2022 09:00

Type of Location:  
Straight Road

Location:

WOODLANDS AVENUE 2

Weather:  
Clear

Road Surface:  
Dry

Road Speed Limit:

Traffic Flow:  
Dual Carriage Way

Traffic Control:  
Traffic Light - Working

Traffic Volume:  
Heavy

Type of Collision:

Between Moving Vehicles - Head To Rear

Anyone conveyed by  
ambulance:  
Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD6175U	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Silver	Slightly Damaged	0
GBK132X	Lorry	TOYOTA	DYNA 3.0 AUTO	Silver	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999



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Report No. T/20220706/2067

**CONTINUATION OF REPORT**

**Brief Details.**

On 05/07/2022 at around 0900hrs, I was travelling straight on lane 2 along Woodlands Ave 2. At that time, I had just stopped at a traffic light. After the light had turned green, the vehicle ahead of me started to move off, and I did as well. Suddenly, due to the heavy traffic at that time, the vehicle ahead of me braked abruptly. As a result, I stepped on my brake as well but to no avail and it resulted into a collision between the front of my vehicle and the rear of the other driver's vehicle. I immediately alighted my vehicle as I did not feel well after the collision. Subsequently, traffic police and the ambulance had arrived and I was conveyed to the hospital for further checks and was given 3 days MC. To my knowledge, the other party was not injured and was not conveyed to the hospital.

I wish to state that I did not take down the other party's particulars. There is also no in-vehicle camera in the vehicle that I was driving.

I am now making a police report as informed by the traffic police.

This is the first time such incident had happened.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999



T/20220706/2067

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Report No. T/20220706/2067

**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:

D /  
SGT 1 WONG SONG KIAT,  
ANDY

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIT /  
SGT 3 MUHAMMAD ISMAIL BIN AMZAH  
Contact No.: 65476185

NP168

Signature Of Informant:

Date/Time:

06/07/2022 16:31

Classification Of Case: