

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 Actual 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 10/08/2022 10:48 (SGT)
Reported by Driver
Date of Accident 03/08/2022 17:30 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN2574C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner NEW CHARIS ENTERPRISE PTE. LTD
Company Reg No 2XXXXX852H
Email Address wilsonchng@newcharis.com.sg
Mobile Phone No (Phone) +65-64833070
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model FE83BEOSRDEA
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 2977

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNA00110142100

DRIVER

Name of Driver TAN SUAN JOO
NRIC No SXXXX970Z
Date Of Birth 07/10/1960
Occupation Outdoor

Date Of Driving Pass	29/07/2003
Driving experience	19 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90613358
Alt. Phone Number	-
Email Address	wilsonchnng@newcharis.com.sg
Address	BLK 201 YISHUN ST 21
Address complement	#08-53
Postcode	760201
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	Side Swipe
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)	5
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	-

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Male

PASSENGER 3

Name	PASSENGER
Gender	Male

PASSENGER 4

Name	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220803/2102

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 YN7673S
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver ZHANG CHU DAO
Passport No/FIN GXXXX100U
Contact Number (Phone) +65-91401111
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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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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.

NEW CHARIS ENTERPRISE PTE LTD

11 Jalan Ubi, Block 1 #01-01

Kembangan-Chai Chee Community Hub

Singapore 409074

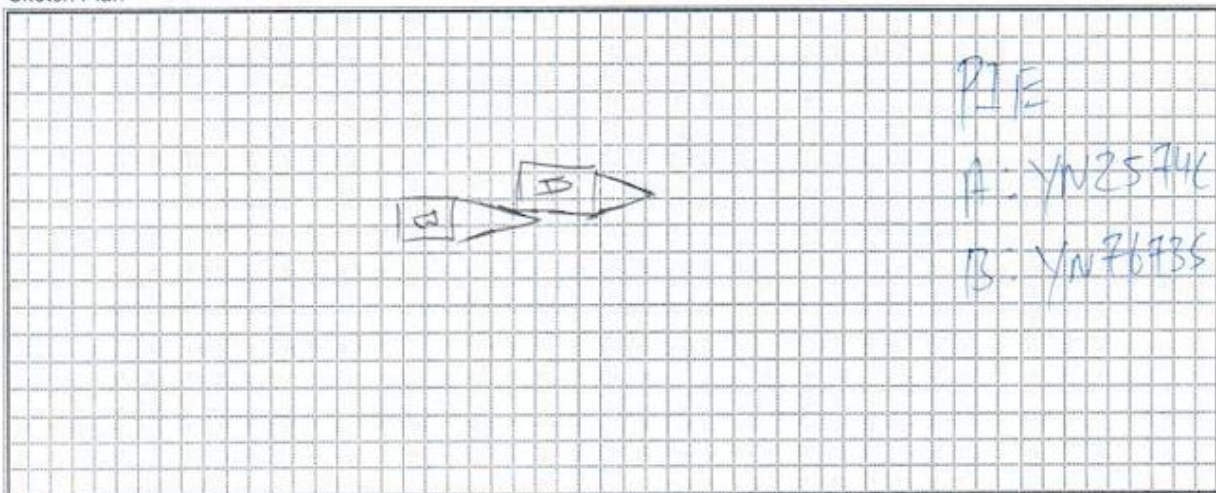
Tel: 6483 3707 Fax: 6483 3658

Email: enquiry@newcharis.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

vJun2022

1

Describe Circumstance of the Accident

Refer to police report T/20220803/2102

Declaration
NEW CHARIS ENTERPRISE PTE LTD
 11 Jalan Ubi, Block 1 #01-01
 Kembangan-Chai Chee Community Hub
 Singapore 409074
 Tel: 6483 3707 Fax: 6483 3658
 Email: enquiry@newcharis.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20220803/2102

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20220803/2102

CONTINUATION OF REPORT

Driver			
Name	TAN SUAN JOO		ID No. S1451970Z
Related Vehicle	YN2574C (Lorry)		Contact No. 90613358
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
Driver			
Name	ZHANG CHU DAO		ID No. G2189100U
Related Vehicle	YN7673S (Lorry)		Contact No. 91401111
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 above mentioned date, time and location. I was driving my Lorry and i signal right and i had already change lane, however the lorry beside did not slow down and the lorry hit the back of my lorry. We came down to check the damages and exchange particulars. No ambulance at scene. Traffic police was at scene and told us to lodge a accident report. I am lodging this report for my own record and insurance claims.



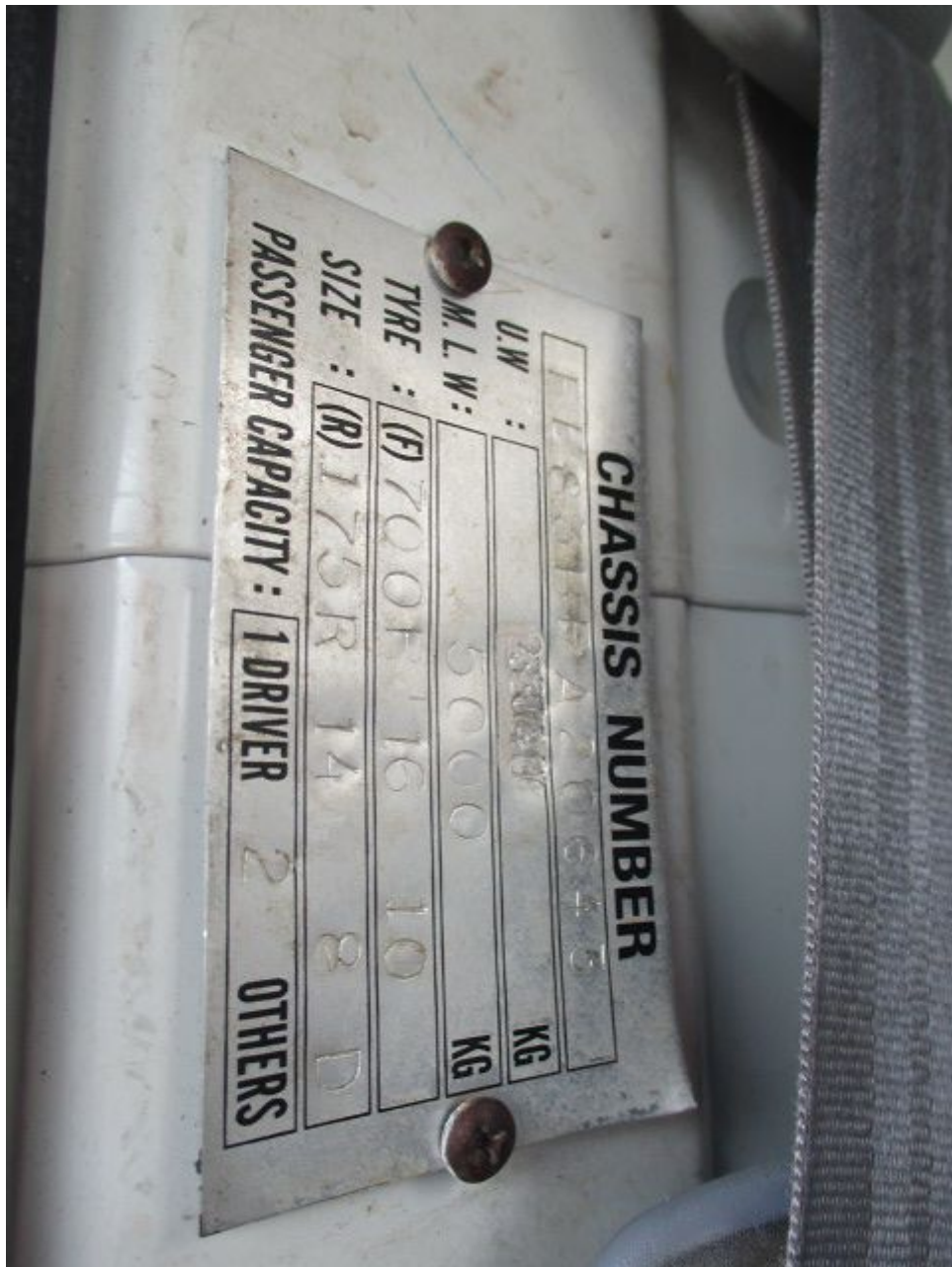
















**SINGAPORE
POLICE FORCE**



T/20220803/2102

1 of 3

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20220803/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2022 18:23		Vide Report No.:		Station Diary No.: 94	
Informant's Particulars					
Name of Informant: TAN SUAN JOO			Address: APT BLK 201 YISHUN STREET 21 #08-53 SINGAPORE 760201		
ID Type / ID No.: NRIC NO / S1451970Z			Contact No.: Home/Office: Mobile: 90613358		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 07/10/1960	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Mover			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 03/08/2022 17:30	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YN2574C	Lorry				Seriously Damaged	4
YN7673S	Lorry				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220803/2102

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Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20220803/2102

CONTINUATION OF REPORT

Driver			
Name	TAN SUAN JOO		ID No. S1451970Z
Related Vehicle	YN2574C (Lorry)		Contact No. 90613358
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
Driver			
Name	ZHANG CHU DAO		ID No. G2189100U
Related Vehicle	YN7673S (Lorry)		Contact No. 91401111
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
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Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20220803/2102

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Report No. T/20220803/2102

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 1 PHUA JIA JIN, DARREN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/08/2022 18:23

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

Classification Of Case:

NP168