

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 09/12/2022 10:23 (SGT)
Reported by Driver
Date of Accident 08/12/2022 09:15 (SGT)
Exact Location of Accident 369 Changi Rd, Singapore 419969
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL4074Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BEST STONE PTE LTD
Company Reg No 2XXXXX394R
Email Address optionsgarage@hotmail.com
Mobile Phone No (Phone) +65-93766666
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 Auto
CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNW00086392201

DRIVER

Name of Driver ZHANG YI
NRIC No SXXXX636G
Date Of Birth 12/03/1986
Occupation Outdoor

| | |
|--|---------------------------|
| Date Of Driving Pass | 21/09/2012 |
| Driving experience | 10 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93766666 |
| Alt. Phone Number | - |
| Email Address | optionsgarage@hotmail.com |
| Address | BLK 441D FERNVALE RD |
| Address complement | #19-345 |
| Postcode | 794441 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | OWNER |
| 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 | 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) | 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 | 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

PLS REFER TO THE POLICE REPORT:T/20221208/7024

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 | SD CARD WITH TRAFFIC POLICE |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | YP2222H |
| 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 | ZHANG YI |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | NECK |
| Injured person in which vehicle? | GBL4074Z |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

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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' 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

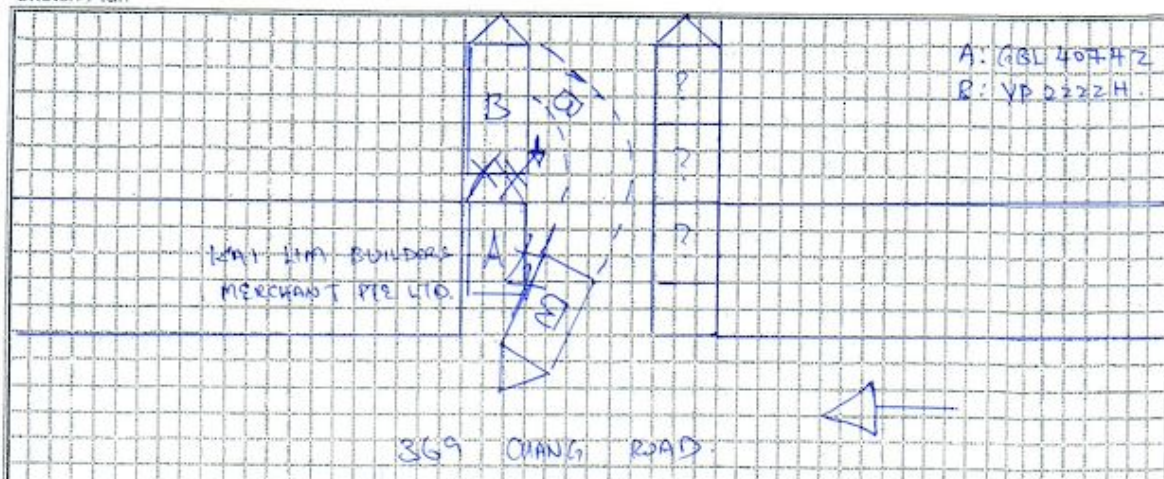
[Handwritten Signature]

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

[Handwritten Signature] 09/10/24

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

Sketch Plan



Describe Circumstance of the Accident

REFER TO POLICE REPORT: 7/2022/208/0106 - 7/2022/208/7024

Declaration

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



Policyholder's Signature / Date & Time

[Handwritten Signature]

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

[Handwritten Signature] 09/10/22

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20221208/7024

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

2 of 3
Report No. T/20221208/7024

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|----------------|-----------------------------------|---------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | ZHANG YI | ID No. | S8677636G |
| Related Vehicle | GBL4074Z (Van) | Contact No. | 93766666 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 08/12/2022 | Date | 08/12/2022 |
| No. of Days granted Medical Leave | 03 | Degree of | Serious |

Brief Details.

I ZHANG YI SXXXX636G WAS THE DRIVER BEARING GBL 4074 Z, I WAS STATIONARY AT 369 CHANGI ROAD BESIDE KAI LIM BUILDERS MERCHANT PTE LTD WITH MY HANDBRAKE ON. OUT OF A SUDDEN VEHICLE BEARING YP 2222 H REVERSED AND COLLIDED ONTO MY VEHICLE FRONT PORTION. THE IMPACT WAS QUITE HUGE THAT MY NECK WAS IN PAIN. AFTER AWHILE VEHICLE YP 2222H TRIED TO MOVE OUT OF THE SMALL ROAD AND COLLIDED ONTO MY RIGHT SLIDING DOOR PANEL AREA AND REAR RIGHT PORTION AREA AGAIN. I ALIGHT FROM MY VAN AND CALLED TRAFFIC POLICE FOR ASSISTANCE. TRAFFIC POLICE TOOK MY SD CARD AND STATEMENT OF BOTH INVOLVED PARTY FOR INVESTIGATION PURPOSES. AFTER AN HOUR I WENT TO CONSULT A DOCTOR AT KOVAN INTEMEDICAL AND WAS GIVEN 3 DAYS OF MC FOR MY INJURIES.

VEHICLE A : GBL 4074 Z
VEHICLE B : YP 2222 H

THIS TRAFFIC ACCIDENT REPORT IS FOR MY INSURANCE CLAIM PURPOSES.

























**SINGAPORE
POLICE FORCE**



T/20221208/7024

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

1 of 3

Report No. T/20221208/7024

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 08/12/2022 12:47 | | Vide Report No.: G/20221208/0106 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: ZHANG YI | | | Address: 441D FERNVALE ROAD #19-345 SINGAPORE 794441 | | |
| ID Type / ID No.: NRIC NO / S8677636G | | | Contact No.: Home/Office: Mobile: 93766666 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: 56851741@QQ.COM | | |
| Sex: Male | Age: 36 | Date of Birth: 12/03/1986 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: DIRECTOR | | | Driving Licence Information: Class: 3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------------------|------------------------------------|--|--|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 08/12/2022 09:15 | Type of Location: SMALL ROAD ONE WAY OUT |
| Location: CHANGI ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: No Traffic | |
| 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 |
|-------------|-------|------|-------|-------|-------------------|-------|
| GBL4074Z | Van | | | | Seriously Damaged | 0 |
| YP2222H | Lorry | | | | Slightly Damaged | 0 |



**SINGAPORE
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T/20221208/7024

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Tel No: 65470000

2 of 3
Report No. T/20221208/7024

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|----------------|-----------------------------------|---------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | ZHANG YI | ID No. | S8677636G |
| Related Vehicle | GBL4074Z (Van) | Contact No. | 93766666 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 08/12/2022 | Date | 08/12/2022 |
| No. of Days granted Medical Leave | 03 | Degree of | Serious |

Brief Details.

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T/20221208/7024

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3 of 3

Report No. T/20221208/7024

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 /
MUHAMMAD ISMAIL BIN AMZAH
Contact No.: 65476185

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
08/12/2022 12:47

Classification Of Case: