

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	26/01/2023 17:32 (SGT)
Reported by	Driver
Date of Accident	26/01/2023 07:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHOA CHU KANG DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL7469Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CJ2 LOGISTICS LLP
Company Reg No	TXXXXX263B
Email Address	johnnychua82@gmail.com
Mobile Phone No	(Phone) +65-80510014
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	1998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00037812200

DRIVER

Name of Driver	CHUA HWA HONG (CAI HUAFENG)
NRIC No	SXXXX729D
Date Of Birth	09/10/1982
Occupation	Indoor

Date Of Driving Pass	13/08/2004
Driving experience	18 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80510014
Alt. Phone Number	-
Email Address	johnnychua82@gmail.com
Address	APT BLK 166B TECK WHYE CRESCENT
Address complement	# 20-369
Postcode	682166
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	Collision - Head to Rear
Weather Conditions	Raining
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)	2
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	LIOW AI HWEE (LIAO AIHUI)
Gender	Female

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

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230126/7128

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	SLG8297D
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	LIOW AI HWEE (LIAO AIHUI)
Gender	Female
Phone No	(Phone) +65-80510014
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN AT THE STOMACH- GIVEN 5 DAYS MC
Injured person in which vehicle?	GBL7469Z
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.



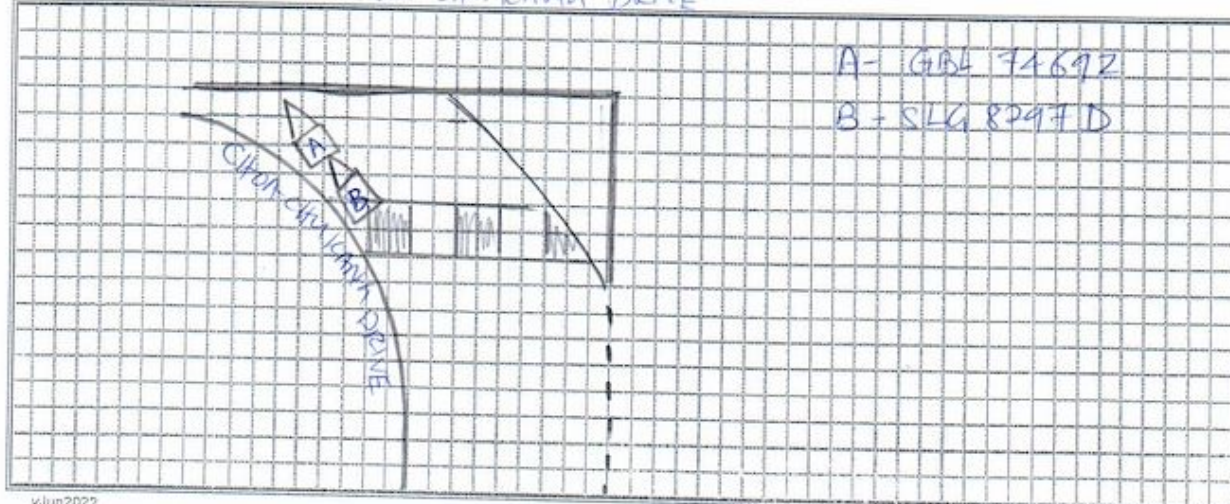
Policyholder's Signature / Date & Time

[Signature] 26/01/23
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 26/1/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

CHUA CHU KANG DRIVE



vJun2022

Describe Circumstance of the Accident

- please refer to the attached police Report
- T/20230126/7128 -

Declaration

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



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/20230126/7128

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

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Report No. T/20230126/7128

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBL7469Z	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSNW000378 12200	17/03/2022	16/03/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LIOW AI HWEE	ID No.	S8017284B
Related Vehicle	GBL7469Z (Van)	Contact No.	80480049
Hospital/Clinic	HARMONY DENTAL SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	26/01/2023	Date	26/01/2023
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	CHUA HWA HONG	ID No.	S8229729D
Related Vehicle	SLG8297D (Car)	Contact No.	80510014
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

At the stated date and time, The vehicle was travelling along Choa Chu Kang Drive entering the slip road to KJE. The vehicle slowed down and stopped at the give way line as there was on coming traffic on the main road. Suddenly, vehicle B (SLG8297D) collided onto the rear portion of my vehicle.







































**SINGAPORE
POLICE FORCE**



T/20230126/7128

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

1 of 3

Report No. T/20230126/7128

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2023 13:37		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIOW AI HWEE			Address: 236 BUKIT PANJANG RING ROAD #09-49 SINGAPORE 670236		
ID Type / ID No.: NRIC NO / S8017284B			Contact No.: Home/Office: Mobile: 80480049		
Nationality: SINGAPORE CITIZEN			Email: CATLIOW2@GMAIL.COM		
Sex: Female	Age: 42	Date of Birth: 17/06/1980	Type of Informant: Passenger		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: OPERATION ADMIN ASSSISTANT			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/01/2023 07:40	Type of Location: SLIP ROAD
Location: CHOA CHU KANG LOOP				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBL7469Z	Van	TOYOTA	HIACE 2.0A	Purple	Slightly Damaged	1
SLG8297D	Car	TOYOTA	WISH		Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230126/7128

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

2 of 3

Report No. T/20230126/7128

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBL7469Z	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSNW000378 12200	17/03/2022	16/03/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LIOW AI HWEE	ID No.	S8017284B
Related Vehicle	GBL7469Z (Van)	Contact No.	80480049
Hospital/Clinic	HARMONY DENTAL SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	26/01/2023	Date	26/01/2023
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	CHUA HWA HONG	ID No.	S8229729D
Related Vehicle	SLG8297D (Car)	Contact No.	80510014
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

At the stated date and time, The vehicle was travelling along Choa Chu Kang Drive entering the slip road to KJE. The vehicle slowed down and stopped at the give way line as there was on coming traffic on the main road. Suddenly, vehicle B (SLG8297D) collided onto the rear portion of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20230126/7128

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

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Report No. T/20230126/7128

CONTINUATION OF REPORTSketch 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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

Signature Of Informant:

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

Date/Time:
26/01/2023 13:37

Classification Of Case:



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: SN09231Q000H Vehicle Registration No: GBL 74692
 Name (as shown in NRIC): Chua Hwa Hong (Cai Hwa Hong) NRIC/FIN/Passport No: S8229729D
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Apt 166B Teck Whye Crescent # 20-369 Singapore (682166)
 Contact (Tel): _____ Mobile No.: 80510014
 Email Address: johnychua82@gmail.com
 Date of Accident: 26/01/2023 Time of Accident: 07:46
 Place of Accident: Hoa Chu Keng Drive
 Insurance Company: Chien Teiping

(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:

Amend photographs.

Policyholder / Driver's Signature
Date:

John Chua 26/1/23
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: