

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	09/02/2023 17:16 (SGT)
Reported by	Driver
Date of Accident	08/02/2023 20:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF WOODLANDS STREET 82 AND WOODLANDS AVENUE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR4814T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHEONG TRANSPORT
Company Reg No	5XXXX132W
Email Address	cheongwaiweng56@gmail.com
Mobile Phone No	(Phone) +65-90187322
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00001032301

DRIVER

Name of Driver	CHEONG WAI WENG
NRIC No	SXXXX058A
Date Of Birth	31/08/1956

Occupation	Outdoor
Date Of Driving Pass	06/02/1979
Driving experience	44 YEARS
Gender	Male
Mobile Number	(Phone) +65-90187322
Alt. Phone Number	-
Email Address	cheongwaiweng56@gmail.com
Address	APT BLK 5 TECK WHYE AVENUE
Address complement	# 13-148
Postcode	680005
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SOLE PROPRIETOR
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)	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	UNKNOWN
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/20230209/7039

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	FBF1551P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	CHEONG WAI WENG
Gender	Male
Phone No	(Phone) +65-90187322
Address	APT BLK 5 TECK WHYE AVENUE
Address Complement	# 13-148
Post Code	680005
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SMR4814T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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**



T/20230209/7039

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

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Report No. T/20230209/7039

CONTINUATION OF REPORT

Driver			
Name	CHEONG WAI WENG	ID No.	S1219058A
Related Vehicle	SMR4814T (Car)	Contact No.	90187322
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/02/2023	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On 08/02/2023 at about 2000hrs at junction of Woodlands Street 82 and Woodlands Avenue 4. I was travelling on the extreme right lane on Woodlands Street 82 turning right onto Woodlands Avenue 4. I slowed down and came to a complete stop while waiting for a pedestrian to cross the road and suddenly, I heard a loud bang and when I alight, I realized it was vehicle (B) who hit onto the rear portion of my vehicle (A). I have 1 passenger onboard. After the accident, I went to consult a doctor and was given 5 days for my injury.

Vehicles involved in the situation:

- (A) SMR4814T
- (B) FBF1551P

SKETCH PLAN**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**.
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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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.
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.

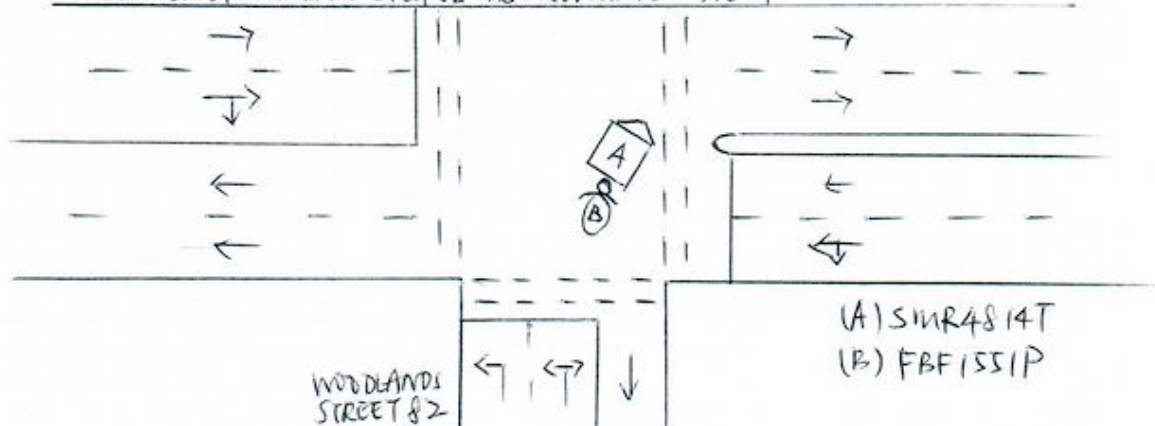
CHEONG TRANSPORT
UEN : 53428132W

Policyholder's Signature / Date & Time

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

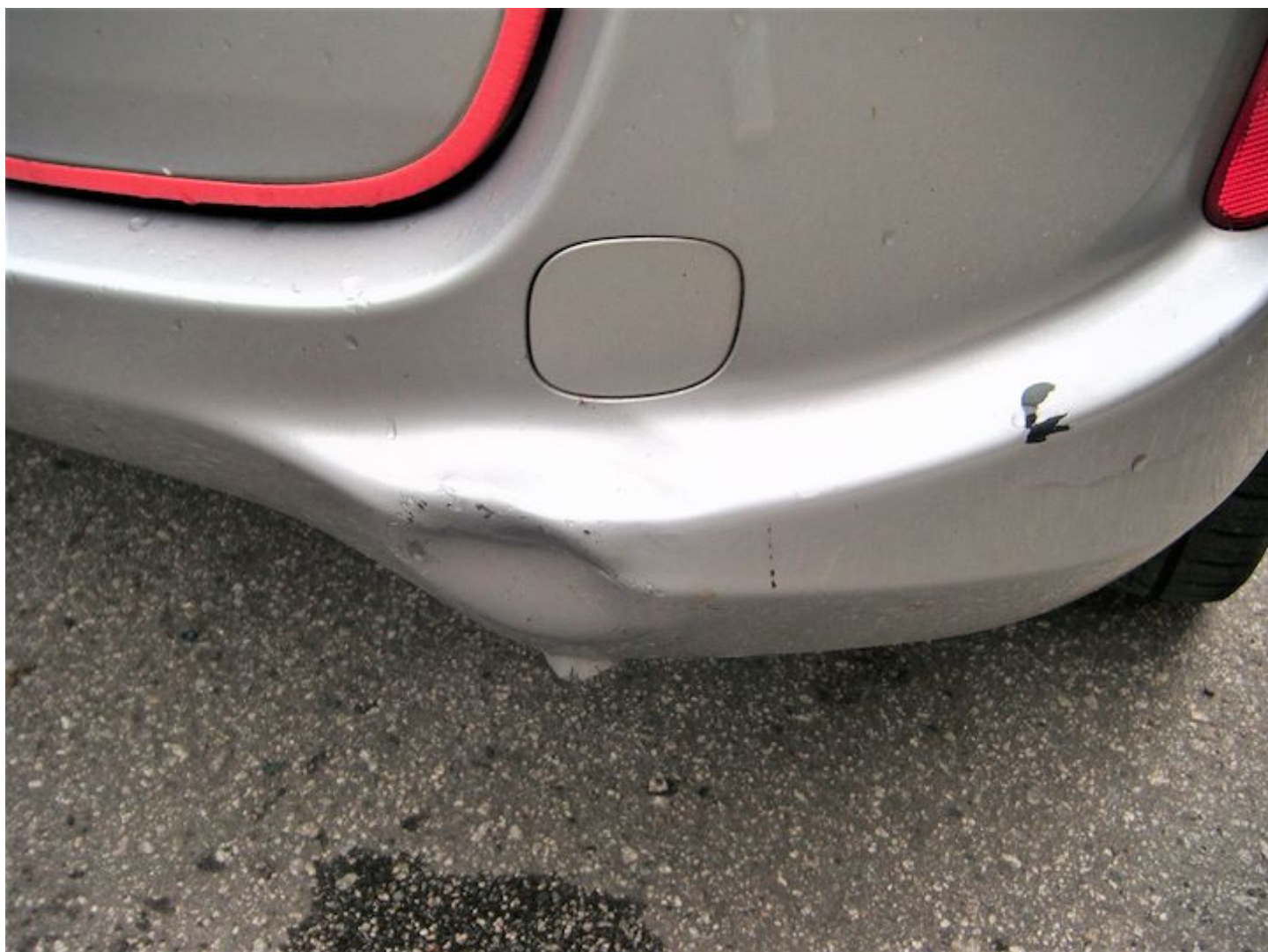
Witnessed by Reporting Centre Personnel

Sketch Plan Junction of Woodlands Street 82 and WOODLANDS AVE 4

















SINGAPORE POLICE FORCE



T/20230209/7039

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

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Report No. T/20230209/7039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/02/2023 15:06		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: CHEONG WAI WENG		Address: 5 TECK WHYE AVENUE #13-148 SINGAPORE 680005	
ID Type / ID No.: NRIC NO / S1219058A		Contact No.:	Mobile: 90187322
Nationality: SINGAPORE CITIZEN		Email: cheongwaiweng56@gmail.com	
Sex: Male	Age: 66	Date of Birth: 31/08/1956	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Private Hirer		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/02/2023 20:00	Type of Location: T-Junction
Location: junction of Woodlands Street 82 and Woodlands Avenue 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	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	Conditio	No of
FBF1551P	Motorcycle					0
SMR4814T	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230209/7039

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

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Report No. T/20230209/7039

CONTINUATION OF REPORT

Driver			
Name	CHEONG WAI WENG	ID No.	S1219058A
Related Vehicle	SMR4814T (Car)	Contact No.	90187322
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/02/2023	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On 08/02/2023 at about 2000hrs at junction of Woodlands Street 82 and Woodlands Avenue 4. I was travelling on the extreme right lane on Woodlands Street 82 turning right onto Woodlands Avenue 4. I slowed down and came to a complete stop while waiting for a pedestrian to cross the road and suddenly, I heard a loud bang and when I alight, I realized it was vehicle (B) who hit onto the rear portion of my vehicle (A). I have 1 passenger onboard. After the accident, I went to consult a doctor and was given 5 days for my injury.

Vehicles involved in the situation:

- (A) SMR4814T
- (B) FBF1551P

**SINGAPORE
POLICE FORCE**

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



T/20230209/7039

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Report No. T/20230209/7039

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:
09/02/2023 15:06

Classification Of Case:

GENERAL
INSURANCE
ASSOCIATION

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: SN0923290007 Vehicle Registration No: SMR 4814T
 Name (as shown in NRIC): CHEONG TRANSPORT NRIC/FIN/Passport No: 53428132W
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 5 TECK WHYE AVENUE #13-138 Singapore (680005)
 Contact (Tel): _____ Mobile No.: 9018 7322
 Email Address: cheongwaineng56@gmail.com
 Date of Accident: 08/02/2023 Time of Accident: 20:00
 Place of Accident: AT JUNCTION OF WOODLANDS STREET 82 AND WOODLANDS AVE 4
 Insurance Company: CHINA TAIPING

(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:

Additional Location Information : Junction of Woodlands Street 82
(Page 01.) and Woodlands Street 82.
to
Junction of Woodlands Street 82
and Woodlands Avenue 4
re-attach sketch plan : (Pg 4)

CHEONG TRANSPORT
UEN: 53428132W

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of CHEONG TRANSPORT (53428132W)

Date: 27/01/2021

The Following Are The Brief Particulars of :

Name of Business	CHEONG TRANSPORT
Former Name(s) if any	
Date of Change of Name	
Registration No.	53428132W
Registration Date	27/01/2021
Commencement Date	27/01/2021
Status of Business	Live
Status Date	27/01/2021
Renewal Date	
Expiry Date	27/01/2022
Renewal via GIRO	NO
Constitution of Business	Sole-Proprietor
Principal Place of Business	5 TECK WHYE AVENUE #13-138 SINGAPORE (680005)
Date of Change of Address	

Principal Activities

Activities (I)	PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)
Description	
Activities (II)	
Description	

Particulars of Authorised Representative(s)

Name	ID	Nationality/Citizenship	Address	Address Source	Date of Appointment
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ACCOUNTING AND CORPORATE REGULATORY AUTHORITY
(ACRA)

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INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of CHEONG TRANSPORT (53428132W)

Date: 27/01/2021

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Citizenship Place of Incorporation/ Origin/Registration	Address	Address Source	Date of Entry Position
CHEONG WAI WENG	S1219058A	SINGAPORE CITIZEN	5 TECK WHYE AVENUE #13-148 SINGAPORE (680005)	ACRA	27/01/2021 Owner

Withdrawn Partner(s)

Name	ID	Nationality/Citizenship Place of Incorporation/ Origin/Registration	Address	Address Source	Date of Entry Position	Date of Withdrawal
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Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

Note :

- The information contained in this product is collated from lodgements filed with ACRA, and/or information collected by other government sources.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA210127001066 (Free Business Profile by ACRA)

DATE : 27/01/2021

This is computer generated. Hence no signature required.



Authentication No. : G210670530

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