

# 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 .....	17/03/2023 11:57 (SGT)
Reported by .....	Driver
Date of Accident .....	14/03/2023 11:10 (SGT)
Exact Location of Accident .....	CTE, Singapore
Additional Location Information .....	TOWARDS CITY (BARTLEY EXIT)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLD5940R
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	CH M&E GROUP PTE. LTD.
Company Reg No .....	2XXXXX840D
Email Address .....	jenniferx4325@gmail.com
Mobile Phone No .....	(Phone) +65-62580565
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Sienta
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 .....	DMPCSNW00143702202

### DRIVER

Name of Driver .....	LI JIAFANG
Passport No/FIN .....	GXXXX541L
Date Of Birth .....	05/06/1988
Occupation .....	Indoor

Date Of Driving Pass .....	05/09/2015
Driving experience .....	7 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91292835
Alt. Phone Number .....	-
Email Address .....	jenniferx4325@gmail.com
Address .....	BLK 871A TAMPINES STREET 84 #06-33
Address complement .....	-
Postcode .....	521871
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 .....	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 .....	SHUANG GANG
Gender .....	Male

#### 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 POLICE REPORT T/20230315/7047 AND T/20230315/7049

#### 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 .....	SKJ8629B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ABDUL RAZMIN BIN ABDUL RAZAK
Contact Number .....	(Phone) +65-87557531
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 .....	LI JIAFANG
Gender .....	Male
Phone No .....	(Phone) +65-91292835
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLD5940R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	SHUANG GANG
Gender .....	Male
Phone No .....	(Phone) +65-89088966
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLD5940R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# 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.
3. Information provided must be as truthful and accurate as possible. Any willful 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. 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.

<p><i>[Signature]</i> 15/03/2023</p> <p>Policyholder's Signature / Date &amp; Time</p>	<p><i>[Signature]</i> 15/03/2023</p> <p>Driver's Signature (If driver is not the policyholder) / Date &amp; Time</p>	<p><i>[Signature]</i> 15/03/2023</p> <p>Witnessed by Reporting Centre Personnel</p>
--	--	---

**Sketch Plan**

TOWARDS BARTLEY.

A - SLD B940 R  
B - SKJ 869 B

CTE TOWARDS (H1)

Describe Circumstances of the Accident

I STOPPED MY VEHICLE AS THE VEHICLE IN FRONT STOPPED DUE TO HEAVY TRAFFIC.

MOMENTS LATER, I FELT AN IMPACT FROM THE REAR OF MY VEH.

VEH B COLLIDED ONTO THE REAR OF MY VEH.

POLICE REPORT 7/20230315/7047 & 7/20230315/7049

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date  
Time 15/03/2023

Driver's Signature (If driver is not the policyholder) / Date  
& Time 15/03/2023

Witnessed by Reporting Centre  
Personnel 15/03/2023







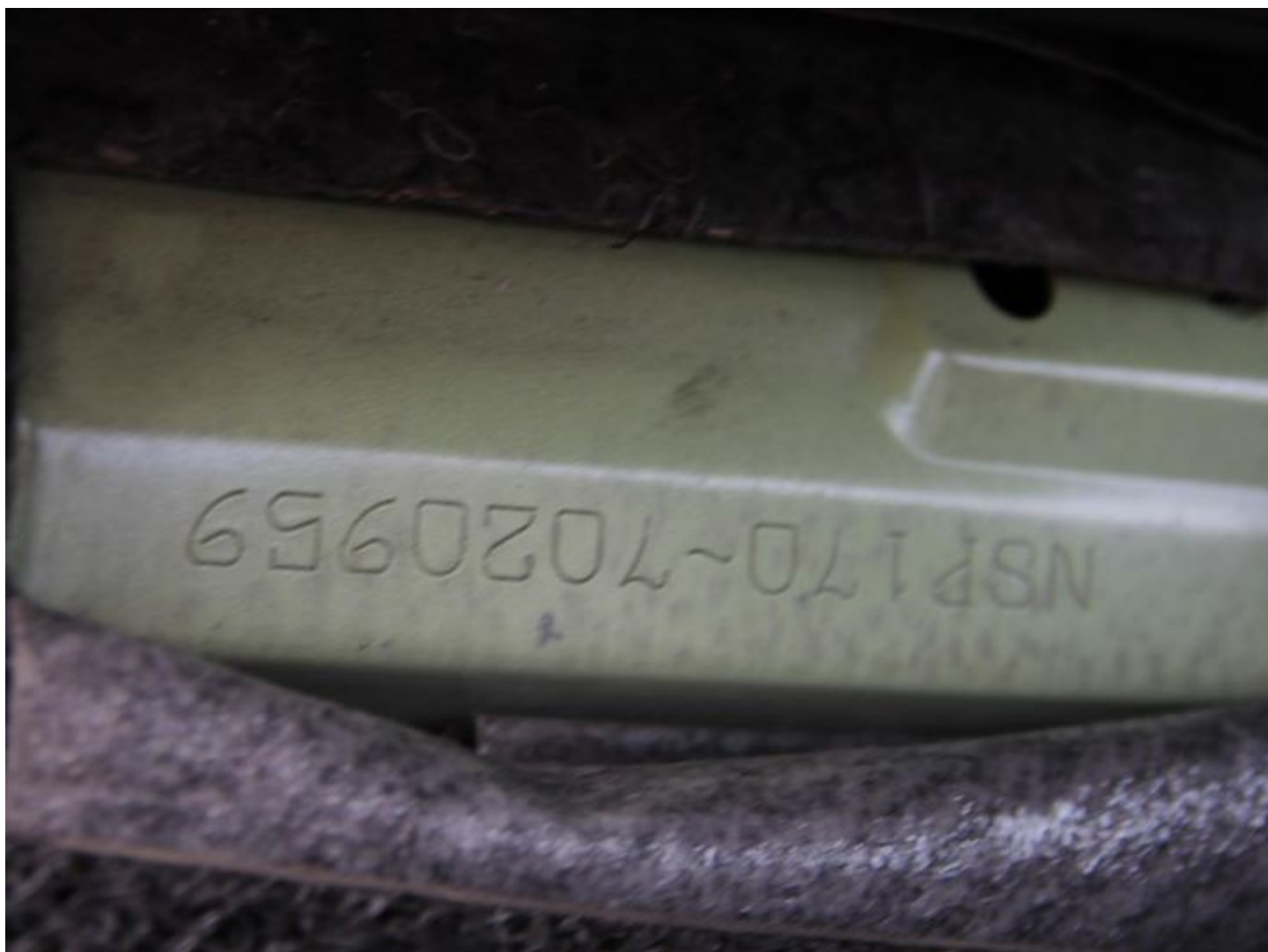

























**SINGAPORE  
POLICE FORCE**


T/20230315/7047

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

1 of 3

Report No. T/20230315/7047

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/03/2023 17:03		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LI JIAFANG			Address: APT BLK 871A TAMPINES STREET 84 #06-33 TAMPINES VISTA SINGAPORE 521871		
ID Type / ID No.: FIN NO / G3368541L			Contact No.: Home/Office: Mobile: 91292835		
Nationality: CHINESE			Email: TANCOROL6@GMAIL.COM		
Sex: Male	Age: 34	Date of Birth: 05/06/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/03/2023 11:10	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SKJ8629B	Car					0
SLD5940R	Car					0

**Details of Person Involved**

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


**SINGAPORE  
POLICE FORCE**

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



T/20230315/7047

2 of 3

Report No. T/20230315/7047

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	SHUANG GANG	ID No.	G3812577Q
Related Vehicle	SLD5940R (Car)	Contact No.	89088966
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	14/03/2023	Date	14/03/2023
No. of Days granted Medical Leave	03	Degree of	Slight
<b>Driver</b>			
Name	LI JIAFANG	ID No.	G3368541L
Related Vehicle	SLD5940R (Car)	Contact No.	91292835
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	14/03/2023	Date	14/03/2023
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

I STOP MY VEH AS THE VEHICLE INFRONT STOPPED DUE TO HEAVY TRAFFIC.

MOMENTS LATER, I FELT AN IMPACT FROM THE REAR OF MY VEH.

VEH B COLLIDED ONTO THE REAR OF MY VEH.

AFTER THE ACCIDENT, MY COLLEAGUE AN I FELT UNWELL AND WE CONSULTED THE DOCTOR.  
I AM GIVEN 5 DAYS MC WHEREBY MY COLLEAGUE WAS GIVEN 3 DAYS MC.

**SINGAPORE  
POLICE FORCE**

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



T/20230315/7047

3 of 3

Report No., T/20230315/7047

**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 / TP1B /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

NP168

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

Date/Time:  
15/03/2023 17:03

Classification Of Case:




**SINGAPORE  
POLICE FORCE**

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



T/20230315/7049

1 of 3

Report No. T/20230315/7049

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/03/2023 17:12		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SHUANGGANG			Address: 246 BISHAN STREET 22 #05-330 SINGAPORE 570246		
ID Type / ID No.: FIN NO / G3812577Q			Contact No.: Home/Office: Mobile: 89418140		
Nationality: CHINESE			Email: SHUANGGANG2018@GMAIL.COM		
Sex: Male	Age: 35	Date of Birth: 14/11/1987	Type of Informant: Passenger		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/03/2023 11:10	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKJ8629B	Car					0
SLD5940R	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20230315/7049

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

2 of 3

Report No. T/20230315/7049

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LI JIA FANG		ID No. G3368541L
Related Vehicle	SLD5940R (Car)		Contact No. 91292835
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	14/03/2023		Date 14/03/2023
No. of Days granted Medical Leave	05	Degree of	Slight
<b>Passenger</b>			
Name	SHUANGGANG		ID No. G3812577Q
Related Vehicle	NIL		Contact No. 89418140
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

I STOP MY VEH AS THE VEHICLE INFRONT STOPPED DUE TO HEAVY TRAFFIC.

MOMENTS LATER, I FELT AN IMPACT FRONT HE REAR OF MY VEH.

VEH B COLLIDED ONTO THE REAR OF MY VEH.

AFTER THE ACCIDENT, MY COLLEAGUE AND I FELT UNWELL AND WE CONSULTED THE DOCTOR. I AM GIVEN 3 DAYS MC WHEREBY MY COLLEAGUE WAS GIVEN 5 DAYS MC.

**SINGAPORE  
POLICE FORCE**

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



T/20230315/7049

3 of 3

Report No. T/20230315/7049

**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 / TP1B /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

NP168

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

Date/Time:  
15/03/2023 17:12

Classification Of Case: