

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
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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.
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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;

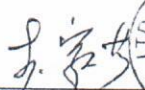
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or


(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.

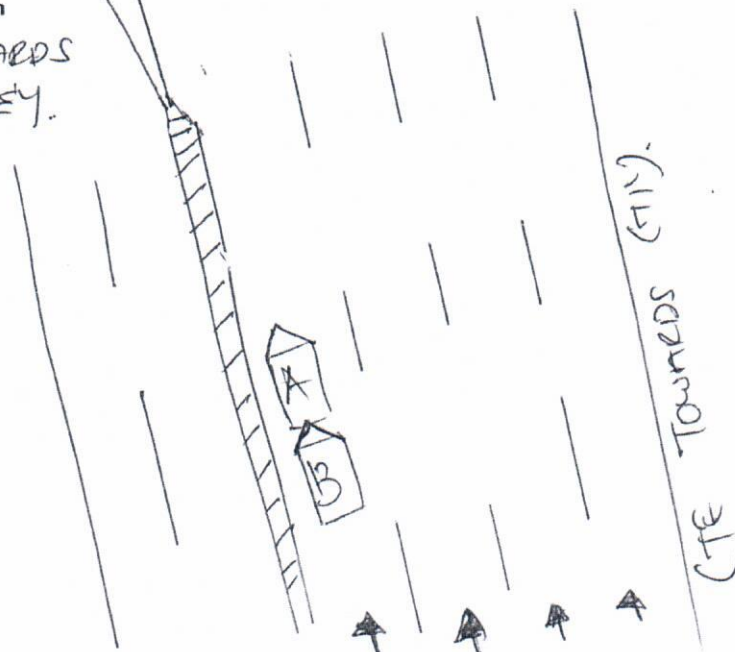
Policyholder's Signature:  Date & Time: 15/03/2023

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

Witnessed by Reporting Centre Personnel:  15/03/2023

Sketch Plan

TOWARDS
BARTLEY.



A - SLD 5940 R

B - SKJ 869B

Describe Circumstances of the Accident

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

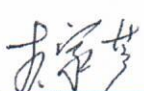
MOMENTS LATER, I FELT AN IMPACT FROM THE REAR
OF MY VEH.


VEH B COLLIDED ONTO THE REAR OF MY VEH.


POLICE REPORT T/20230315/7047 & T/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

1 of 3

Report No. T/20230315/7047

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2023 17:03		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
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**



T/20230315/7047

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

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Report No. T/20230315/7047

CONTINUATION OF REPORT

Passenger			
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
Driver			
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 / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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



T/20230315/7049

1 of 3

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

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.:	
Informant's Particulars					
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:	

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**



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

Driver			
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
Passenger			
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 / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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:

VEHICLE NO: SKJ 5940 R

MAKE & MODEL : TOYOTA SANTA 1.56A

DATE OF ACCIDENT	14 / 03 / 2023
TIME OF ACCIDENT	1110 (AM) PM
LOCATION OF ACCIDENT	75 TOWARDS CITY (PORTER EXH)
Exact Purpose use during accident	WORK PURPOSE
NAME OF OWNER	CH M&E GROUP PTE LTD
TELP NO	6258 0565
NRIC	20111091403
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only
PRIVATE HIRE	YES / NO ?
INSURANCE CO.	CHINA TAIPING
TYRE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	DMPC SNW 001437 02202
NAME OF DRIVER	As above / If No: LI JIA FANG
NRIC	633685412 Any passengers: 01 (SHUANG GAN)
DATE OF BIRTH	05 / 06 / 1988
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	05 / 09 / 2017
GENDER	Male / Female
CONTACT NO.	9129 2835 Office: Home:
ADDRESS	BLK 87A TAMPAKES STR 37 8A #06-33 SINGAPORE 52871
DRIVER HAVE ANY OWN VEHICLE	(NO) / If yes : Reg No :
RELATIONSHIP	Employee / Hirer / Spouse / Parent / Friend / If No :
WEATHER CONDITION	Clear / Raining / Dizzling / Other:
ROAD SURFACE	Dry / Wet / Other :
ANY INJURIES	NO / If yes : Who? LI JIA FANG / SHUANG GAN
CONTACT NO.	
POLICE REPORT	NO / If yes : Where?
VEHICLE B NO.	SKJ 8621 B Any passengers:
NAME	ABDUL RAZMIN BIN ABDUL RAZAK
CONTACT NO.	8755 7531
VEHICLE C NO.	Any passengers:
VEHICLE D NO.	Any passengers:
VEHICLE E NO.	Any passengers:
VEHICLE F NO.	Any passengers:
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s)/	
Referring accident claims assistance?	YES / NO
PARTICULAR WORKSHOP	Focus Auto Pte Ltd - JENNIFERX1325@gmail.com
TELP NO.	1 Kaki Bukit Avenue 6
CONTACT PERSON	Autobay @ kaki.bukit
FAX NO.	#02-48/50 Singapore 417883
	Tel : 6886 9097
	Fax: 6844 4625



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX4F

R SN

AN0101A

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00143702202

Engine No.: 2NR8581329

Cha. No.: NSP1707020959

1. Index Mark and Registration
Number of Vehicle

SLD5940R

AUTOSAFE
=====

2. Name of Policy Holder

CH M&E GROUP PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

23/06/2022
(00:00:00)

Named Drivers Ex Sect. I S\$500.00
Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

22/06/2023

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN . S\$100.00

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:*

Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : HL BANK AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: I TRUST PTE LTD
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com