

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	21/03/2023 13:37 (SGT)
Reported by	Driver
Date of Accident	20/03/2023 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BARTLEY ROAD EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ9425M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TPY 177 FURNITURE
Company Reg No	5XXXX276L
Email Address	tpy177furniture@gmail.com
Mobile Phone No	(Phone) +65-98298215
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2755

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00148662200

DRIVER

Name of Driver	LING JIZHENG
Passport No/FIN	GXXXX037P
Date Of Birth	09/01/1974
Occupation	Outdoor

Date Of Driving Pass	24/01/2022
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89422999
Alt. Phone Number	-
Email Address	tpy177furniture@gmail.com
Address	177 TOA PAYOH CENTRAL
Address complement	# 01-118/120
Postcode	310177
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230320/2115

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	GBC752Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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)	-

IMPORTANT NOTICE

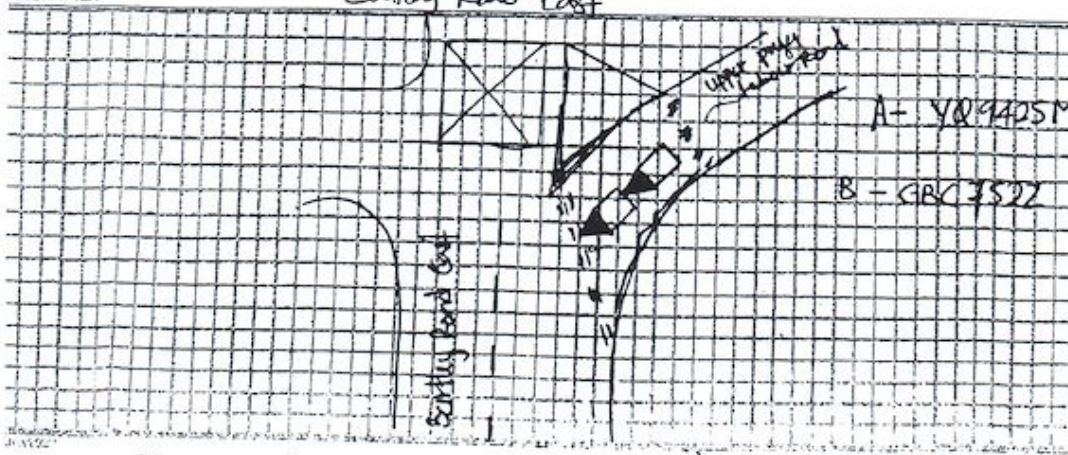
1. Please fill in correctly the details of the accident to speed up the claims process.
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4. The filling and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any dispute reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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 submission 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 if/when required.
8. Consent under the Personal Data Protection Act (PDPA)
I understand and agree that:
(a) My insurer/s 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/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 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 my personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and
(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/are be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents including the Insurers' lawyers/law firms, which may be sited outside of Singapore, for one or more of the above Purposes.

F. S.
Policyholder's Signature / Date & Time

1/2 21/3/23
Actual Driver's Signature (If driver is not the policyholder) / Date & Time

gammal 21/03/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)


Sketch Plan



Describe Circumstances of the Accident

please Refer to the attached
police Report - T/20230320/2115 -

Declaration
We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time  21/3/23

Actual Driver's Signature (If driver is not 15 or over, add age) 21/3/23

Witnessed by Reported/Centre Person (if Name & Address, CRIC/ID Card) 21/03/2023



**SINGAPORE
POLICE FORCE**



T/20230320/2115

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

2 of 3

Report No. T/20230320/2115

CONTINUATION OF REPORT

Driver			
Name	LING JIZHENG		ID No. G8968037P
Related Vehicle	NIL		Contact No. 89422999
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On the above mentioned-mentioned Date, Time and Location, i was driving along Bartley Road East when i rear ended a Police Vehicle as i was turning left out of a slip road. Nobody was injured. I was told to make a police traffic report by the Traffic Police that attended to the accident.

















SINGAPORE POLICE FORCE



T/20230320/2115

1 of 3

Report No. T/20230320/2115

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/03/2023 19:46		Vide Report No.: F/20230320/0137		Station Diary No.: 118	
Informant's Particulars					
Name of Informant: LING JIZHENG			Address:		
ID Type / ID No.: FIN NO / G8968037P			Contact No.: Home/Office:		Mobile: 89422999
Nationality: CHINESE			Email:		
Sex: Male	Age: 49	Date of Birth: 09/01/1974	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: Chauffeur			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/03/2023 17:55	Type of Location: Flyover
Location: KIM CHUAN ROAD				
Weather: Clear		Road Surface: Dry		
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	Condition	No of Passenger
GBC752Z	Van	NISSAN	Urvan Microbus	Blue	Slightly Damaged	0
YQ9425M	Lorry	TOYOTA	Dyna	Silver	Slightly Damaged	1

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


**SINGAPORE
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T/20230320/2115

Police Station Of Origin:

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93 Toa Payoh Central #01-02 Toa Payoh

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Tel No: 1800-2519999

2 of 3

Report No. T/20230320/2115

CONTINUATION OF REPORT

Driver			
Name	LING JIZHENG		ID No. G8968037P
Related Vehicle	NIL		Contact No. 89422999
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On the above mentioned-mentioned Date, Time and Location, i was driving along Bartley Road East when i rear ended a Police Vehicle as i was turning left out of a slip road. Nobody was injured. I was told to make a police traffic report by the Traffic Police that attended to the accident.



**SINGAPORE
POLICE FORCE**



T/20230320/2115

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Report No. T/20230320/2115

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
E /
SGT 2 TAN HONG WEI ADRIEL

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SGT 3 INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

NP168

Signature Of Informant:

Date/Time:
20/03/2023 19:46

Classification Of Case:

TPY 177 FURNITURE

BIZ REG/ GST NO. 52802276-L

HQ: 46 LORONG K TELOK KURAU, SINGAPORE 425663.

BLK 177 #01-118 TOA PAYOH CENTRAL, SINGAPORE 310177

TEL: 6255 8465, 6356 5450

EMAIL: TPY177FURNITURE@GMAIL.COM

Date: 21/3/23

To: Whom It May Concern

This letter is to certify that Mr LING JIZHENG of FIN NO. G8968037P is authorized to drive our company's vehicle number YQ9425M.

Thank you.

Yours faithfully,



CHNG MEOW CHOO (Mdm)

Partner

TPY 177 FURNITURE