

## 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 .....	27/04/2023 17:35 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	26/04/2023 16:45 (SGT)
Exact Location of Accident .....	Simei Rd, Singapore
Additional Location Information .....	TWDS XILIN AVE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBF8823J
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	WAN TAI AND COMPANY PTE LTD
Company Reg No .....	196200237W
Email Address .....	ANDREWANG@WANTAI.COM
Mobile Phone No .....	(Phone) +65-93377092
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Cabstar
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 .....	Manual
CC .....	3000

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMCVSNW00086462203

#### DRIVER

Name of Driver .....	NG YONG HOE
NRIC No .....	S1472581D
Date Of Birth .....	27/07/1961
Occupation .....	Outdoor

Date Of Driving Pass	02/11/1983
Driving experience	39 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96304355
Alt. Phone Number	-
Email Address	ANDREWANG@WANTAI.COM
Address	BLK 965 HOUGANG AVE 9 #08-632
Address complement	-
Postcode	530965
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)	1
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	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20230427/2067.

#### 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	YL8561K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	NG YONG HOE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBF8823J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**SKETCH PLAN**

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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 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 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.



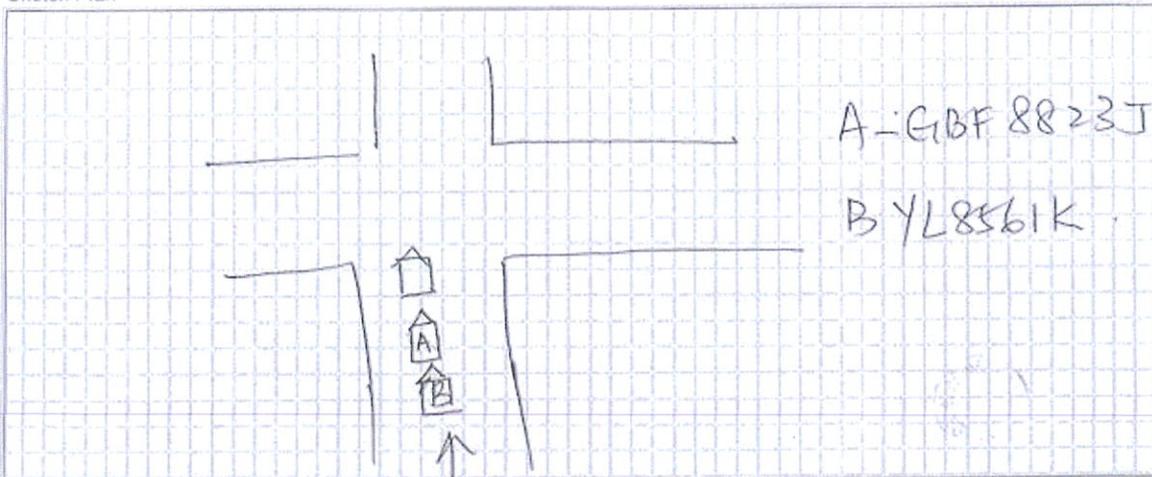
Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Vehicle in front move off. And I was about to move, suddenly vehicle behind came fast and knocked into my lorry.

Declaration

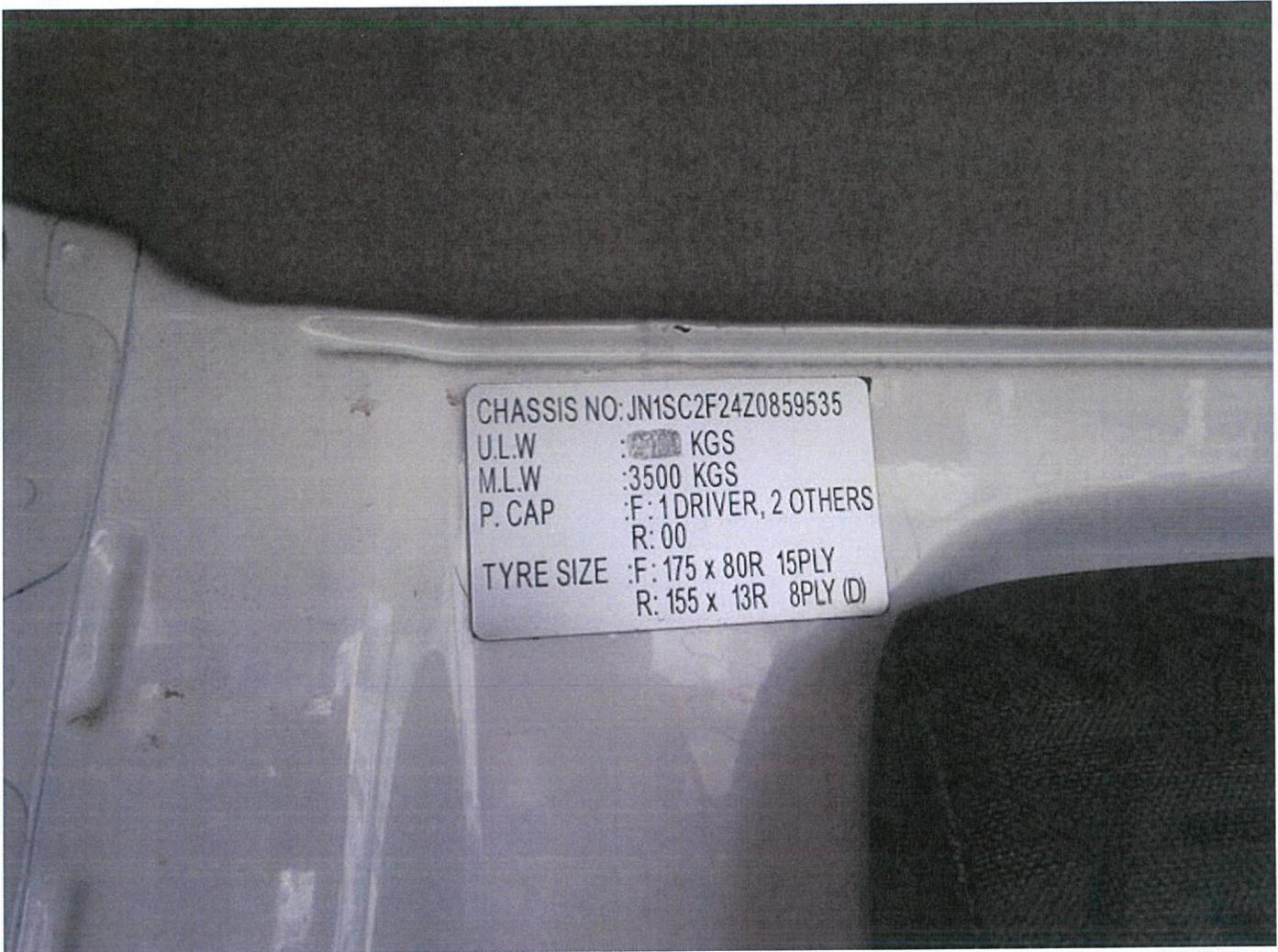
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

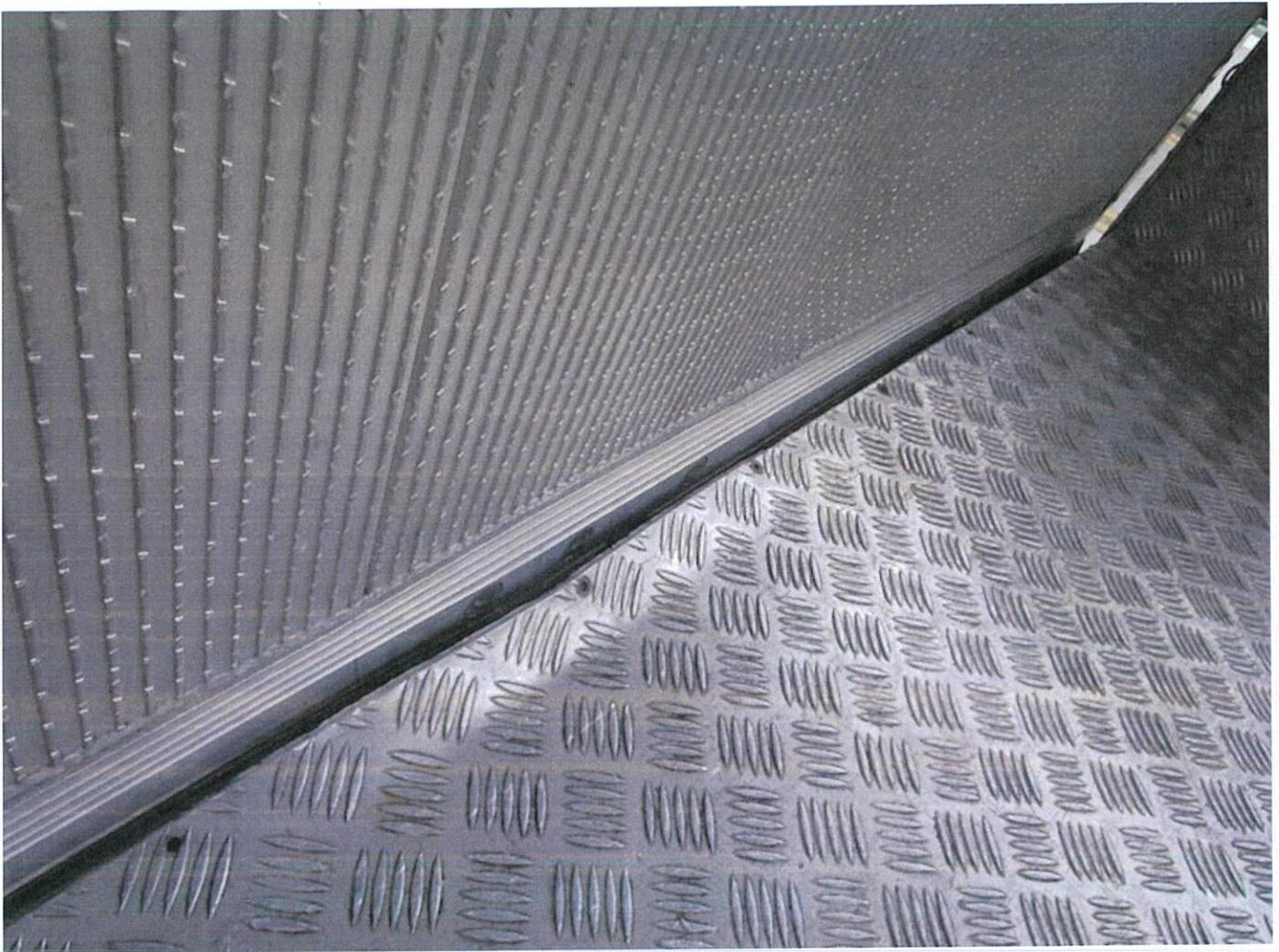
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



















**SINGAPORE  
POLICE FORCE**



T/20230427/2067

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

1 of 3

Report No. T/20230427/2067

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2023 14:21		Vide Report No.:		Station Diary No.: 62	
<b>Informant's Particulars</b>					
Name of Informant: NG YONG HOE			Address: APT BLK 965 HOUGANG AVENUE 9 #08-632 SINGAPORE 530965		
ID Type / ID No.: NRIC NO / S1472581D			Contact No.: Home/Office: Mobile: 96304355		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 27/07/1961	Type of Informant: Driver		
Race: Chinese			Language: Chinese		
Occupation: Lorry driver			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: 26/04/2023 16:45	Type of Location: X-Junction
Location:  SIMEI ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume:
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	Condition	No of Passenger
GBF8823J	Lorry	NISSAN	CABSTAR 3.0 5MT ABS 2DR 2WD EURO 5	White	Slightly Damaged	0
YL8561K	Lorry	MITSUBISHI	FK617MSJR DEC	White		0



SINGAPORE  
POLICE FORCE



T/20230427/2067

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20230427/2067

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG YONG HOE	ID No.	S1472581D
Related Vehicle	GBF8823J (Lorry)	Contact No.	96304355
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/04/2023	Date Discharge	26/04/2023
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	LAI CHEE MING	ID No.	S6925943Z
Related Vehicle	YL8561K (Lorry)	Contact No.	94785992
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 26/04/2023 at about 1645hrs, I was driving my vehicle GBF8823J along Simei Rd towards Xilin Ave, I stopped at the cross junction as the light was red. The light turned green and I moved off when all of a sudden I felt an impact on the rear. I alighted my vehicle and discovered that front of vehicle YL8561K had collided onto the rear of my vehicle. We exchanged particulars and decided to go for insurance claim. I felt pain on my chest and back, and went to see a doctor at Tan Tock Seng Hospital and was given 3 days MC. Hence, I am lodging this report.



SINGAPORE  
POLICE FORCE



T/20230427/2067

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

3 of 3  
Report No. T/20230427/2067

CONTINUATION OF REPORT

Signature of Officer Recording The Report:  
G /  
SGT 3 KOH WEN RUI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
27/04/2023 14:21

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

NP168



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: SS2X234R000E Vehicle Registration No: GBF8823J
Name (as shown in NRIC): NG YONG HOE NRIC/FIN/Passport No: S1472581D
(\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate
Address: Singapore ( )
Contact (Tel): Mobile No.: 9630 4355
Email Address:
Date of Accident: 26/04/23 Time of Accident: 1645
Place of Accident: SIMBI RD TNDP XILIM AVE
Insurance Company: CINA

(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 EMAIL

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:



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 Commercial

MZ300/C

R SN

AN0677A

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)

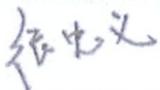
CERTIFICATE No.	DMCVSNW00086462203	Engine No. : ZD30019530N	Cha No. : JN1SC2F24Z0859535
1. Index Mark and Registration Number of Vehicle	GBF8823J		
2. Name of Policy Holder	WAN TAI AND COMPANY PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	26/07/2022 (00:00:00)	Excess Sect1 .	\$\$500.00
		EX ON WINDSCREEN .	\$\$100.00
4. Date of Expiry of Insurance	25/07/2023		
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*	(1) Use in connection with the Policyholder's business. (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. (3) Use for social, domestic or pleasure purposes.		
The Policy does not cover	(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle		
HIRE PURCHASE CO. : DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFCLTD 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: CVD AUTO PTE LTD  
Authorised Officer

  
Authorised Signatory

## LETTER OF AUTHORISATION

Date : 27.04.2023

To whom it may concern,

I, Henry Tay Beng Wee, director of Wan Tai & Company Pte Ltd writing to authorize Ng Yong Hoe to drive vehicle GBF 8823J on operation hour.

Thank you.

Sincerely,

  
WAN TAI & CO. (PTE) LTD  
25 Changi South Ave 2  
Singapore 486594  
Tel: 6546 5900 Fax: 6546 6388

Henry Tay Beng Wee

Wan Tai & Company Pte Ltd

Managing Director