SJ0G24BB000C / JP Knights Pte Ltd
ENTRY DATE & TIME: 11/11/2024 10:31 (SGT)
SUBMITTED BY: Flash Reporting
VERSION: 1 (11/11/2024 10:31 (SGT))

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 witholding 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 First Submission	11/11/2024 10:31 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/11/2024 16:00 (SGT)
Exact Location of Accident	Yishun Ave 2, Singapore
Additional Location Information	TOWARDS YISHUN AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ5249J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	XU JIAN
NRIC No	S2621444J
Email Address	jianalexxu@gmail.com
Mobile Phone No	(Phone) +65-88098808
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	320i
Variant	AT 2.0L ABS D/AIRBAG 2WD 4DR
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1995
Vehicle Fuel	Petrol
First Regisration Date	-
Chassis no	WBAPG56070NL20625
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00127102405

DRIVER

Name of Driver	XU JIAN
NRIC No	S2621444J
Date Of Birth	14/01/1964
Occupation	Indoor
Driving Pass Date	07/11/1996
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	28 YEARS
Gender	Male
Mobile Number	(Phone) +65-88098808
Alt. Phone Number	-
Email Address	jianalexxu@gmail.com
Address	4 JALAN MATA AYER
Address complement	-
Postcode	759147
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - U-Turn
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 09/11/2024 AT AROUND 1600 HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (SJQ5249J) ALONG YISHUN AVENUE 3. I WAS EN-ROUTE FROM YISHUN AVENUE 3 HEADED TOWARDS JALAN MATA AYER FOR PERSONAL REASONS. SUDDENLY, AS I WAS ON THE LANE ONE ATTEMPTING TO MAKE A U TURN, THERE WAS AN IMPACT FROM THE FRONTAL LEFT OF VEHICLE A. VEHICLE B BEARING REGISTRATION NUMBER (SLE5154M) COLLIDED RIGHT FRONT ONTO FRONTAL LEFT OF VEHICLE A. BEFORE MAKING THE U TURN, I MADE SURE THERE WERE NO ONCOMING VEHICLES BEFORE PROCEEDING. HOWEVER, VEHICLE B CAME OUT OF NO WHERE AND THE COLLISION HAPPENED. DAMAGES WERE FOUND ON THE FRONTAL LEFT PORTION OF VEHICLE A AND RIGHT FRONT PORTION OF VEHICLE B. NO INJURIES WERE SUSTAINED AT THE TIME OF ACCIDENT.

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	SLE5154M
Vehicle Manufacturer	Nissan
Vehicle Model	QASHQAI 2.0 CVT ABS D/AIRBAG 2WD 5DR S/R
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHAMMED NURIZAM
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.

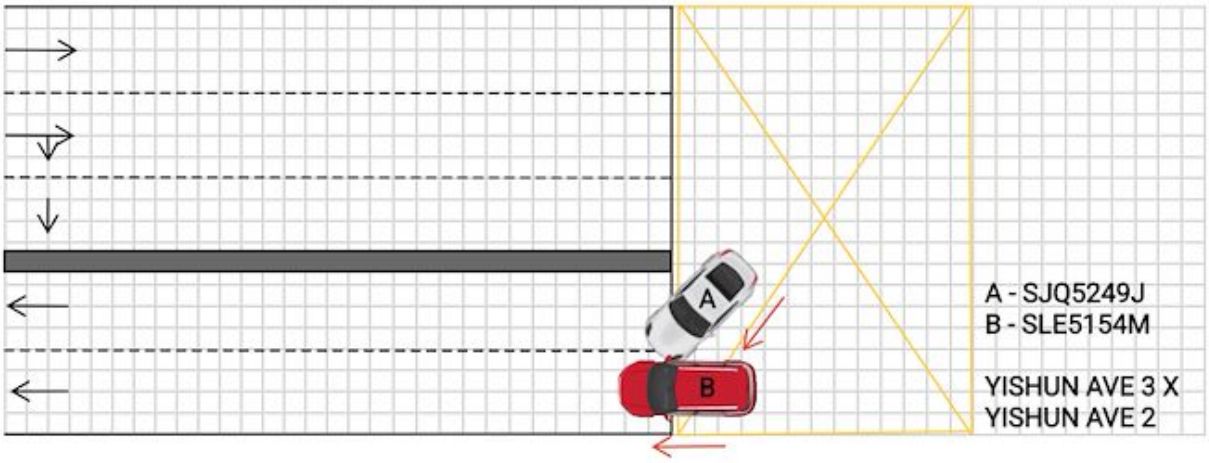
(Collectively the "**Purposes**")

(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	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan 09/11/2024 - 2000 HRS



Describe Circumstances of the Accident

ON THE 09/11/2024 AT AROUND 1600 HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (SJQ5249J) ALONG YISHUN AVENUE 3. I WAS EN-ROUTE FROM YISHUN AVENUE 3 HEADED TOWARDS JALAN MATA AYER FOR PERSONAL REASONS. SUDDENLY, AS I WAS ON THE LANE ONE ATTEMPTING TO MAKE A U TURN, THERE WAS AN IMPACT FROM THE FRONTAL LEFT OF VEHICLE A. VEHICLE B BEARING REGISTRATION NUMBER (SLE5154M) COLLIDED RIGHT FRONT ONTO FRONTAL LEFT OF VEHICLE A. BEFORE MAKING THE U TURN, I MADE SURE THERE WERE NO ONCOMING VEHICLES BEFORE PROCEEDING. HOWEVER, VEHICLE B CAME OUT OF NO WHERE AND THE COLLISION HAPPENED. DAMAGES WERE FOUND ON THE FRONTAL LEFT PORTION OF VEHICLE A AND RIGHT FRONT PORTION OF VEHICLE B. NO INJURIES WERE SUSTAINED AT THE TIME OF ACCIDENT.

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
09/11/2024 - 2000 HRS		

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11


km/h
19:26
+28.0 °C
P
101580 km
093