

# 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 First Submission .....	18/11/2024 17:51 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	16/11/2024 16:30 (SGT)
Exact Location of Accident .....	Bartley Rd E, Singapore
Additional Location Information .....	BARTLEY ROAD EAST SINGAPORE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMC7763R
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	BAI ZHIYONG
NRIC No .....	S8522718A
Email Address .....	ZHIYONG.B@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97772158
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	ATTRAGE 1.2 CVT
Variant .....	MITSUBISHI ATTRAGE 1.2 CVT
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 .....	1193
Vehicle Fuel .....	Petrol
First Registration Date .....	23/07/2018
Chassis no .....	MMBSTA13AJH002412
Effective Date/Time of Ownership .....	23/07/2018 09:07 (SGT)

### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P10399570R03

### DRIVER

Name of Driver .....	BAI ZHIYONG
NRIC No .....	S8522718A
Date Of Birth .....	18/07/1985
Occupation .....	Indoor
Driving Pass Date .....	29/01/2016
Driving License Pass Class .....	3A
Driving License Validity .....	Valid
Driving experience .....	8 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97772158
Alt. Phone Number .....	-
Email Address .....	ZHIYONG.B@GMAIL.COM
Address .....	BLK 51 TAMPINES CENTRAL 7 08-01 SINGAPORE 528615
Address complement .....	-
Postcode .....	528615
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 - Head to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
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 .....	XING YUFENG
Gender .....	Female

#### PASSENGER 2

Name .....	BAI LU EN, LUCAS
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tampines Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005871999
Alt. Police Station Phone No .....	(Fax) +65-65871699
Police Station Address .....	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes  
Reasons for not uploading a video of the accident ..... WITH TP

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number ..... UNKNOWN  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
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) ..... -

**INJURED PERSONS DETAILS**

INJURED 1

Name of injured person ..... BAI LU EN, LUCAS  
Gender ..... Male  
Phone No ..... (Phone) +65-97772158  
Address ..... BLK 51 TAMPINES CENTRAL 7 08-01 SINGAPORE 528615  
Address Complement ..... -  
Post Code ..... 528615  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SMC7763R  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... Yes

**SKETCH PLAN**

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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

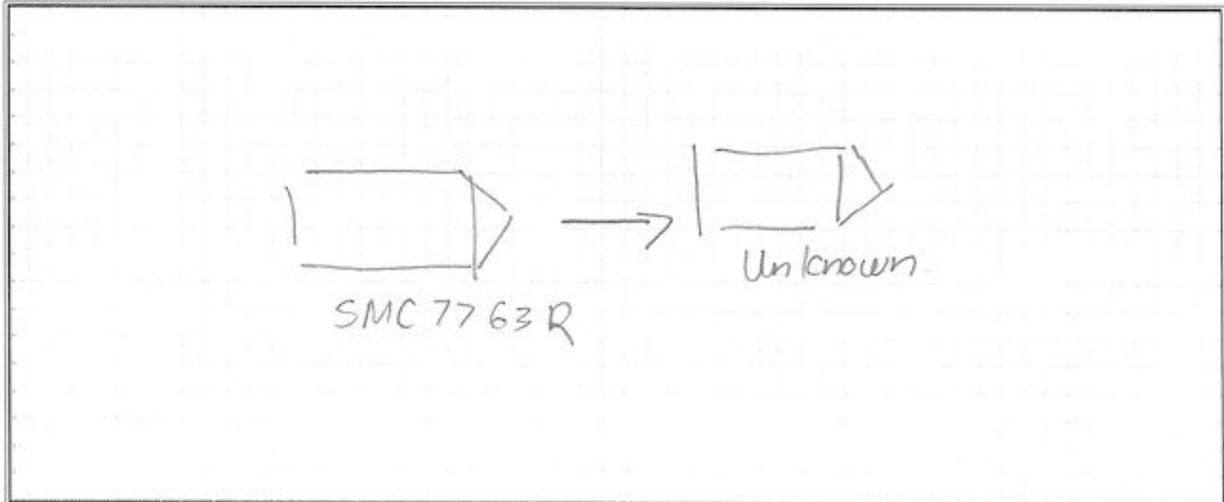
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 Policyholder's Signature / Date & Time

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

I was driving along Bertley Road East towards Braddell under heavy rain. Visibility was bad.

As I was going up the flyover, there was water splashed up from a pool of water that had accumulated, further reducing visibility. This was due to the vehicle in front / at the sides as well as my own vehicle.

The taxi was in front of me in the same lane.

I slowed down slightly even though I was within the speed limit. Unfortunately, the taxi had slowed down more and I hit his rear right, causing his vehicle to swing slightly.

The taxi driver complained of dizziness. He had 2 young male passengers who seemed ok.

My son and wife were in the car and safe as they were in a car seat / seat belt. However, as my son was crying we had him sent to LKH for a checkup.

The taxi driver originally asked for an ambulance but said he was ok afterwards.

## Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
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)































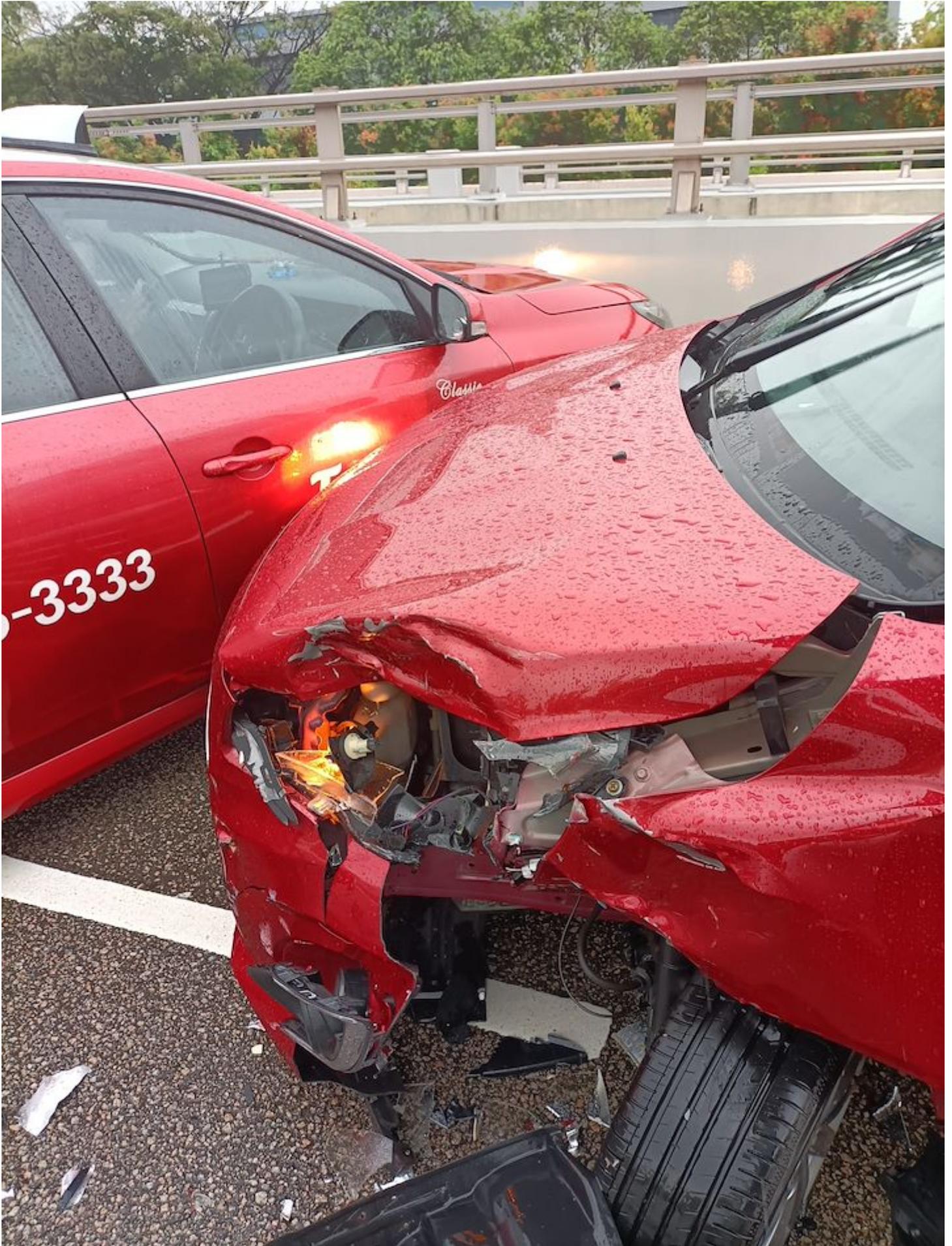


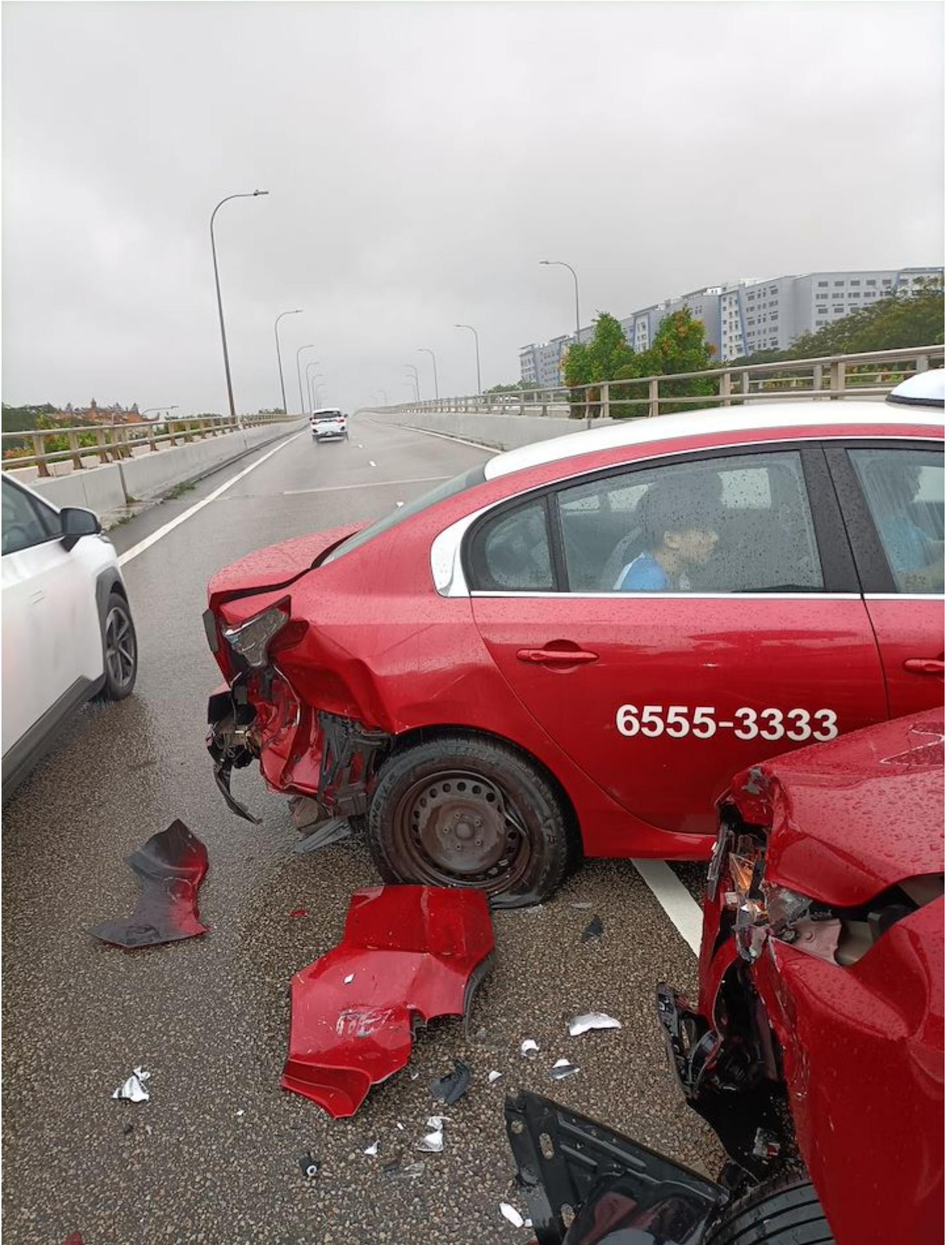


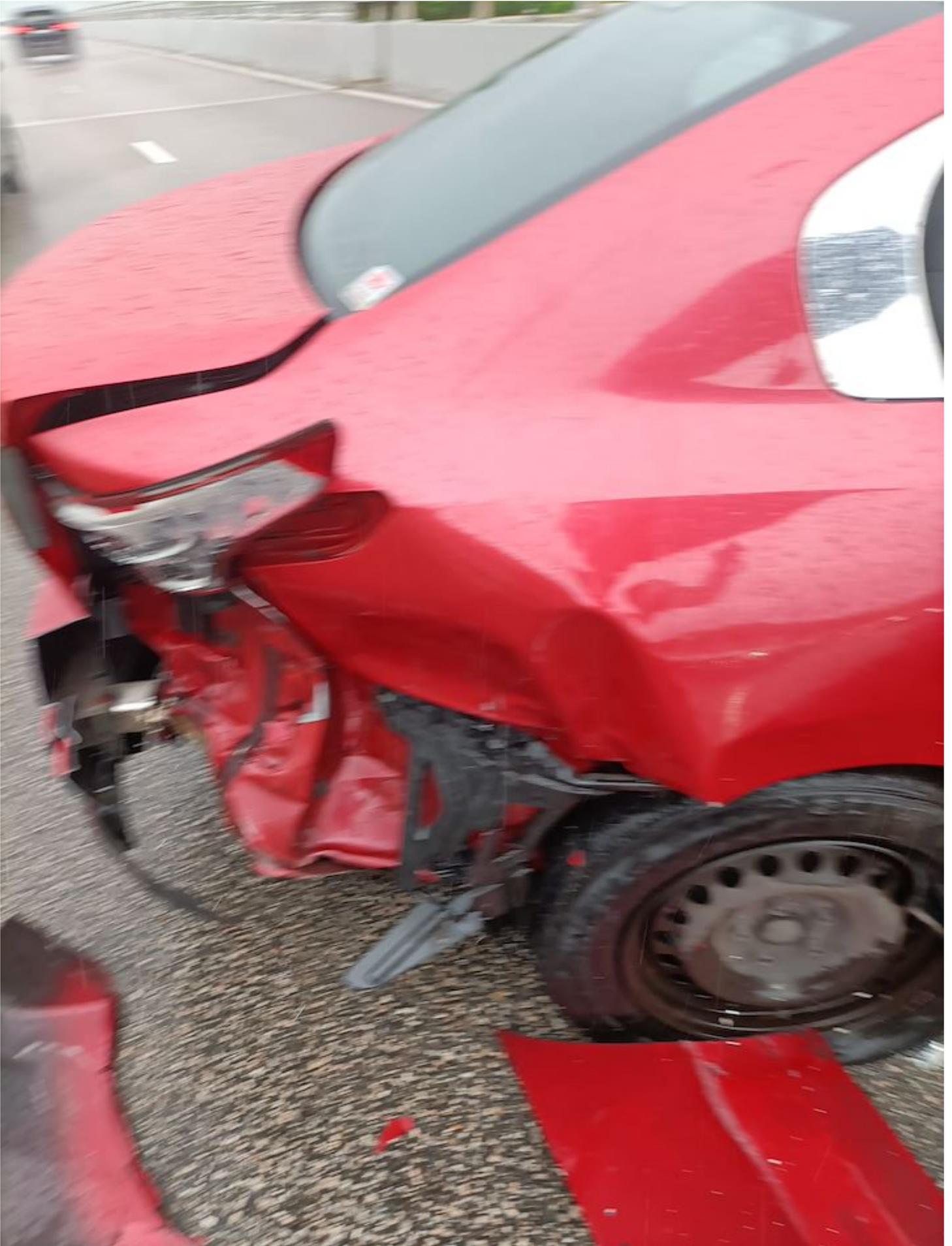


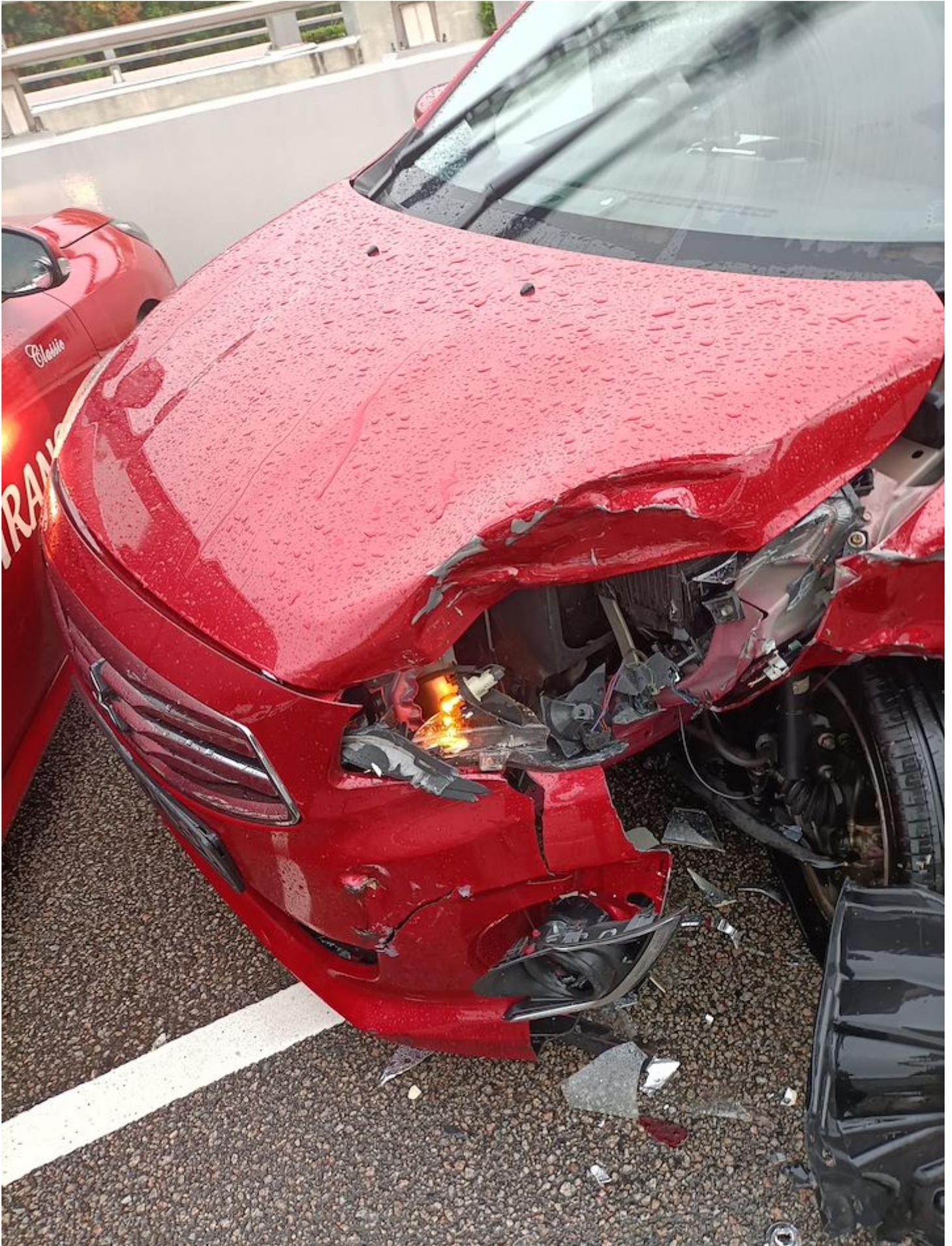


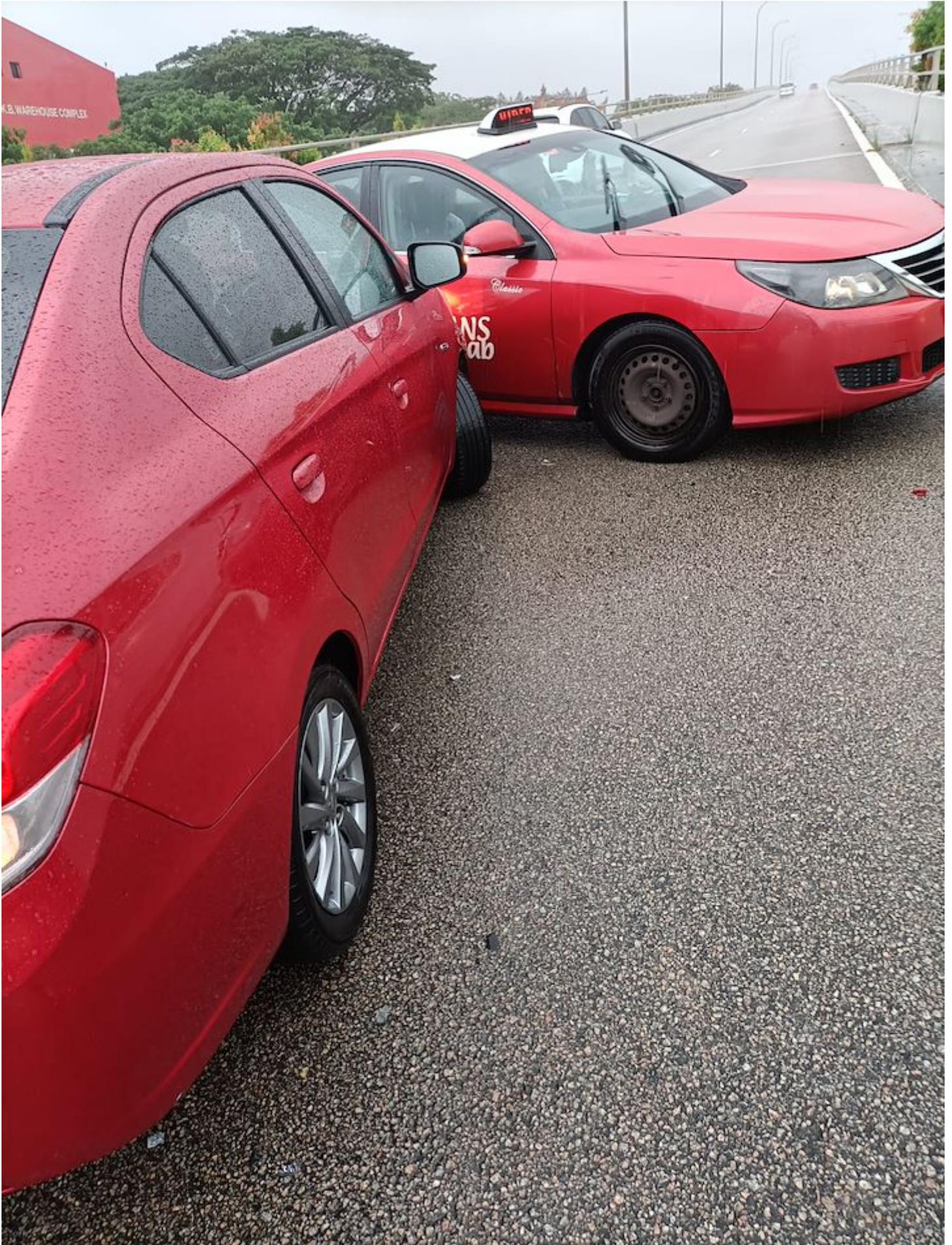


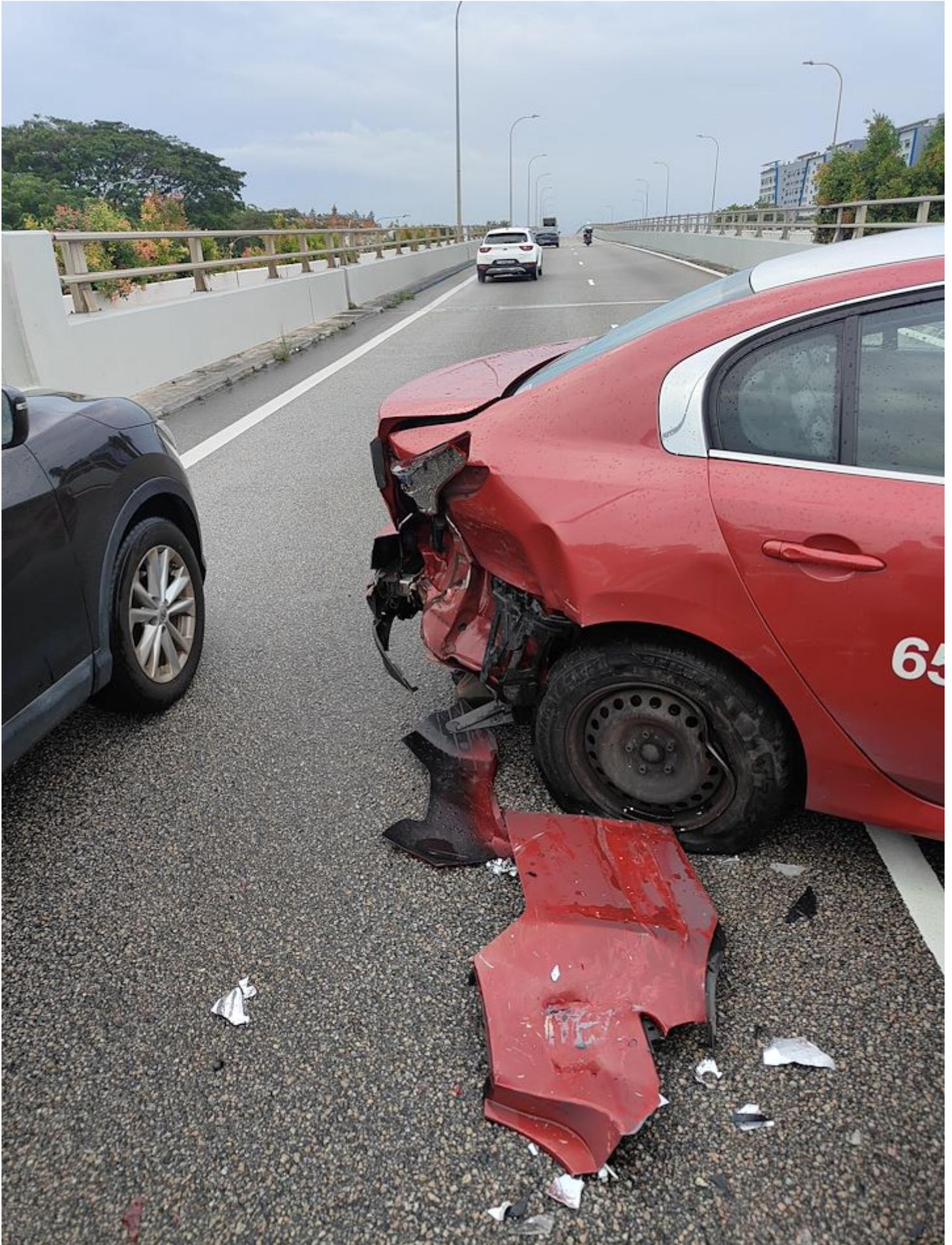


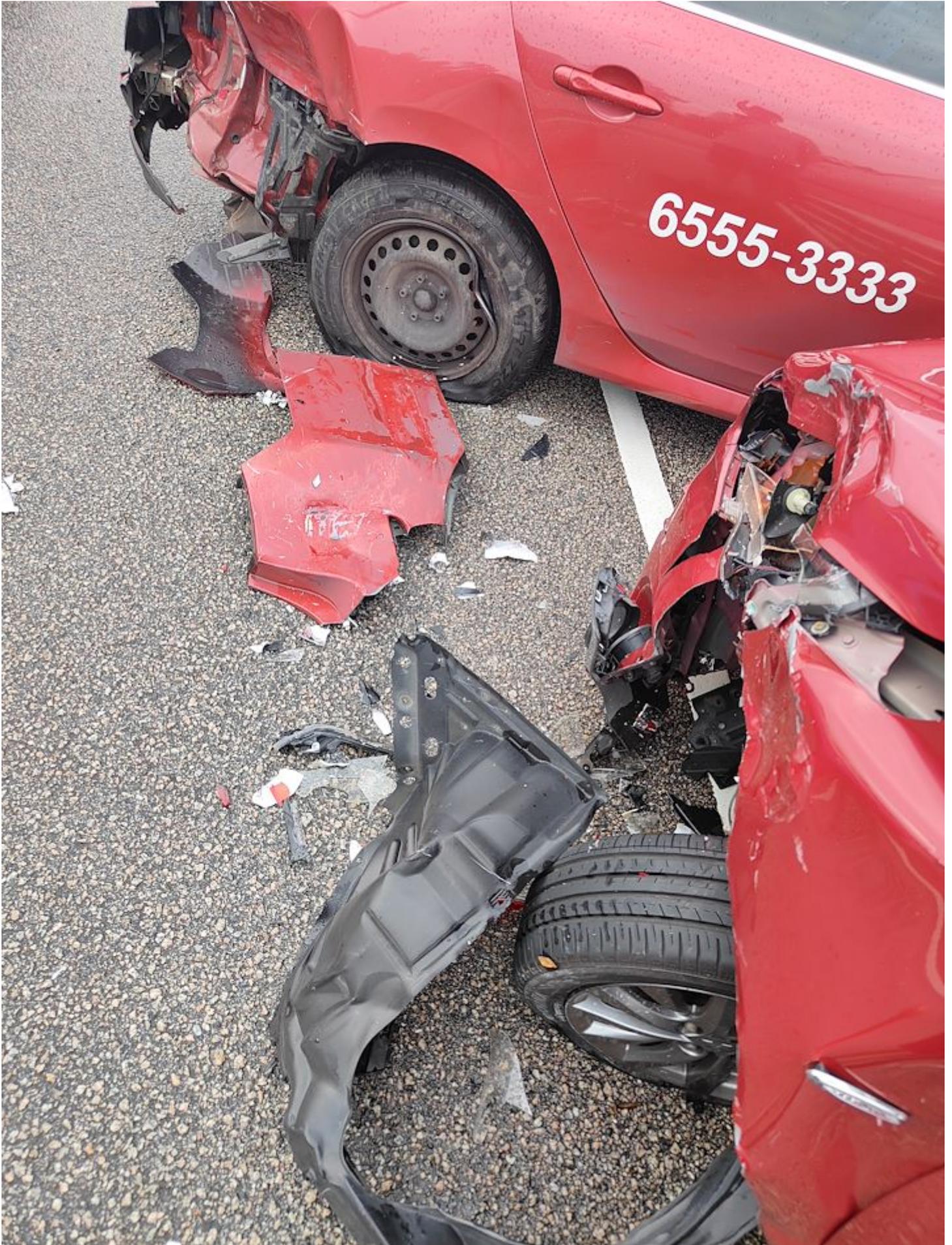













**SINGAPORE  
POLICE FORCE**


T/20241116/2093

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20241116/2093

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/11/2024 22:25		Vide Report No.: G/20241116/0150	Station Diary No.: 138
<b>Informant's Particulars</b>			
Name of Informant: BAI ZHIYONG		Address: 51 TAMPINES CENTRAL 7 #08-01 SINGAPORE 528615	
ID Type / ID No.: NRIC NO / S8522718A		Contact No.:	Mobile: 97772158
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 39	Date of Birth: 18/07/1985	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: Analysis		Driving Licence Information: Class: 3A	Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/11/2024 16:10	Type of Location: Flyover
Location: BARTLEY ROAD EAST				
Weather: Heavy rain		Road Surface: Wet		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SMC7763R	Motor car	MINISUBISHI	Attrage	Red	Slightly Damaged	2

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



**SINGAPORE  
POLICE FORCE**



T/20241116/2093

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

2 of 3  
Report No. T/20241116/2093

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	BAI ZHIYONG		ID No. S8522718A
Related Vehicle	NIL		Contact No. 97772158
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of NIL

**Brief Details.**

On 16/11/2024 at about 1610hrs, I was involved in a Traffic Accident between a taxi and me at Bartley Rd East Flyover towards Braddel. It was a heavy rain which I was unable to see clearly, I then hit the taxi rear which cause a slight damage on my front car.

The taxi driver and I went out of our car to make a checked on each other and our vehicle. Both of us took picture of both damages, subsequently the taxi driver told me that he felt giddy thus I called for ambulance.

About 15 minutes later Traffic Police arrived and they interviewed both parties and the officer seized my SD card from my car camera and informed me to proceed to the nearby police station to lodge a Traffic Police report vide to report G/20241116/0150.

Subsequently Ambulance arrived and made a checked on the taxi driver, however the taxi driver informed that he is fine, and he will go to the clinic on his own as he does not want to be conveyed.

While doing so, I asked my wife and son if their alright however my son informed that he felt pain on his shoulder area. I then told the paramedic, and they checked on my son however they informed me that they will convey him to KK hospital for further checked on him. My wife informed me that she felt slight discomfort at her chest area however she did not inform the paramedic, and she will proceed to the clinic the next day if she still feels any discomfort.



**SINGAPORE  
POLICE FORCE**



T/20241116/2093

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6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 3  
Report No. T/20241116/2093

CONTINUATION OF REPORT

Signature of Officer Recording The  
G /  
SGT 1 MUHAMAD NABIL  
JABRULLAH BIN MOHAMAD  
IMRAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
16/11/2024 22:25

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT MUHAMMAD GHAZALI BIN  
ABDUL RAZAK  
Contact No.: 65476367

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: \_\_\_\_\_ Vehicle Registration No: SMC7763R

Name (as shown in NRIC): \_\_\_\_\_ NRIC/FIN/Passport No: \_\_\_\_\_

(\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Place of Accident: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

**(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:

\_\_\_\_\_

\_\_\_\_\_

Attached Police

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Actual Driver's Signature  
Date:

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