

## 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 .....	16/12/2024 15:50 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	15/12/2024 21:50 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE > BKE NEAR LORONG BAKAR BATU
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNB9094T
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ZHENG ANJU
NRIC No .....	S2607514I
Email Address .....	zhengjiancai93@hotmail.com
Mobile Phone No .....	(Phone) +65-88150457
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Civic
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1597
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	MRHFC5650LT000710
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number .....	MZC04054

#### DRIVER

Name of Driver .....	ZHENG ANJU
NRIC No .....	S2607514I
Date Of Birth .....	14/01/1964
Occupation .....	Indoor
Driving Pass Date .....	24/11/1994
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	30 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-88150457
Alt. Phone Number .....	-
Email Address .....	zhengjiancai93@hotmail.com
Address .....	BLK604 SENJA ROAD
Address complement .....	#08-21
Postcode .....	670604
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 .....	Hit and run / Vandalism / Damaged whilst parked
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 .....	CHEN MINGHUA
Gender .....	Female

#### 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

MY FATHER (THE DRIVER) AND MY MOTHER (PASSENGER) JUST ENDED WORK, AND WAS ON THE WAY HOME FROM MARINE PARADE TO BUKIT PANJANG. WHILE TRAVELING ALONG PIE TOWARDS BKE, A WHITE MERCEDES CLA 200 WITH CARPLATE SMQ2125S SIDE SWIPED MY FATHER'S CAR (SNB9094T). MY FATHER WAS TRAVELLING AT LANE 2, WHILE SMQ2125S WAS TRAVELING AT LANE 3. AFTER THE IMPACT, BOTH MY FATHER AND SMQ2125S SLOWED DOWN. HOWEVER, AFTER A FEW SECONDS, THE MERCEDES SPED OFF AND MY FATHER STARTED TO HORN, HOPING THE CAR WILL STOP. MY FATHER DROVE BESIDE SMQ2125S AND NOTICED IT WAS A YOUNG LADY BEHIND THE STEERING WHEELS OF SMQ2125S. THE LADY DRIVER HAD NO INTENTION OF STOPPING, SO MY FATHER STOPPED GOING AFTER HER AND DECIDED TO HEAD HOME TO MAKE THIS HIT-AND-RUN REPORT. WE HAVE DASH CAM FOOTAGE OF THE INCIDENT WHICH IS EXCEEDING 2MB, AND HAVE PHOTOS OF THE DAMAGES CAUSED TO OUR CAR. MY FATHER ALSO SUFFER SEVERE BACKACHE AND WILL BE CONSULTING A DOCTOR THE NEXT DAY. THIS HIT-AND-RUN HAPPENED BEFORE EXIT 15A, CTE (CITY), RIGHT UNDER THE ERP, AT LAMP POST 623

#### ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SMQ2125S  
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 ..... ZHENG ANJU  
Gender ..... Male  
Phone No ..... (Phone) +65-96526767  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SNB9094T  
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.
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 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.

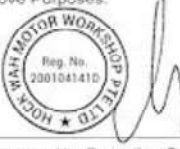
**8. Consent under the Personal Data Protection Act (PDPA)**

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.

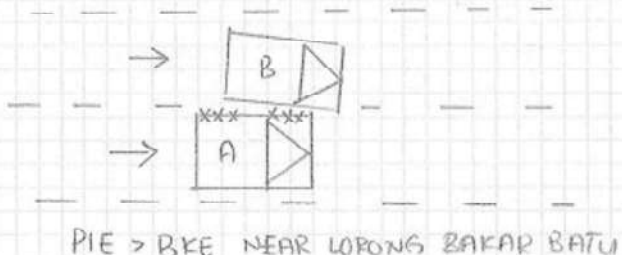
2  
Policyholder's Signature / Date & Time

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

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

**Sketch Plan**

Vec A = SNB9094T  
Vec B = SMQ2125S



PIE > BKE NEAR LORONG BAKAR BATU

vJun2022

1

[illegible]

### Declaration

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

2  
Policyholder's Signature / Date & Time

Actual 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/20241216/7001

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

1 of 4  
Report No. T/20241216/7001

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2024 00:48		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ZHENG QIAO HONG			Address: 604 SENJA ROAD #08-21 SINGAPORE 670604		
ID Type / ID No.: NRIC NO / S9824562F			Contact No.: Home/Office: Mobile: 87508357		
Nationality: SINGAPORE CITIZEN			Email: zhengqiaohong29@gmail.com		
Sex: Female	Age: 26	Date of Birth: 29/07/1998	Type of Informant: Daughter of victim		
Race: Chinese			Language: English		
Occupation: Other specialised goods sales professionals			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/12/2024 21:50	Type of Location: Straight Road
Location:  LORONG BAKAR BATU				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMQ2125S	Sedan car	MERCEDES BENZ	CLA 200	White		0
SNB9094T	Sedan car	HONDA	Civic	Blue	Seriously Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNB9094T	TOKIO MARINE INSURANCE SINGAPORE LTD.	MZC04054	21/09/2023	20/09/2025





**SINGAPORE  
POLICE FORCE**



T/20241216/7001

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

2 of 4  
Report No. T/20241216/7001

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZHENG ANJU	ID No.	S2607514I
Related Vehicle	SNB9094T (Sedan car)	Contact No.	96526767
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight
Passenger			
Name	CHEN MINGHUA	ID No.	S6973549E
Related Vehicle	SNB9094T (Sedan car)	Contact No.	92993621
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 (MC)	NIL	Degree of Injury	NIL
Daughter of victim			
Name	ZHENG QIAO HONG	ID No.	S9824562F
Related Vehicle	NIL	Contact No.	87508357
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 (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

My father (the driver) and my mother (passenger) just ended work, and was on the way home from Marine Parade to Bukit Panjang. While traveling along PIE towards BKE, a white Mercedes CLA 200 with carplate SMQ2125S side swiped my father's car (SNB9094T). My father was travelling at Lane 2, while SMQ2125S was traveling at lane 3. After the impact, both my father and SMQ2125S slowed down. However, after a few seconds, the Mercedes sped off and my father started to horn, hoping the car will stop. My father drove beside SMQ2125S and noticed it was a young lady behind the steering wheels of SMQ2125S. The lady driver had no intention of stopping, so my father stopped going after her and decided to head home to make this hit-and-run report.

We have dash cam footage of the incident which is exceeding 2MB, and have photos of the damages caused to our



**SINGAPORE  
POLICE FORCE**



T/20241216/7001

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

3 of 4  
Report No. T/20241216/7001

CONTINUATION OF REPORT

car. My father also suffer severe backache and will be consulting a doctor the next day.

This hit-and-run happened before Exit 15A, CTE (City), right under the ERP, at Lamp Post 623.





**SINGAPORE  
POLICE FORCE**

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



T/20241216/7001

4 of 4

Report No. T/20241216/7001

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
SUFIYAN BIN KHAIRI  
Contact No.: 65476148

NP168

Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time:  
16/12/2024 00:48

Classification Of Case: