# 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 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**

Honda

Vehicle Registration Number SNB9094T

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **ZHENG ANJU** NRIC No. S2607514I zhengijancai93@hotmail.com Email Address Mobile Phone No (Phone) +65-88150457 Alternative Phone No

# VEHICLE PARTICULARS

Manufacturer

Model Civic 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 Regisration 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** S2607514I Date Of Birth 14/01/1964 Occupation Indoor Driving Pass Date 24/11/1994 Driving License Pass Class Driving License Validity Valid Driving experience 30 YEARS AND 1 MONTH Gender 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 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

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- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

- 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.
- 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

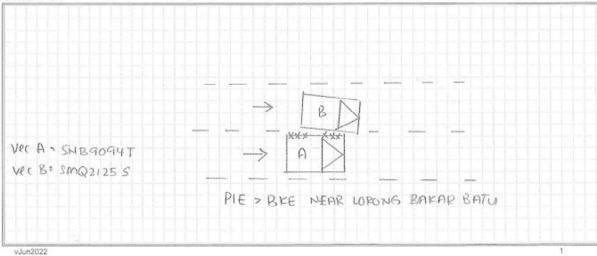
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

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#### Sketch Plan



CAccident report SH0H24CG0003

EFER TO GIA REPORT	
	Reporting Only
ou had been advised by workshop that in the event that you	Claim OD
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bu had been advised by workshop that in the event that you lish to claim against your own policy (OD claim), there is a courteen (14) days clause whereby the claim must be made eithin the stipulated time-frame from the day of occurrence.  Declaration  We declare the foregoing particulars are true in every respect.	Claim TP Claim OD/TP at other workshop
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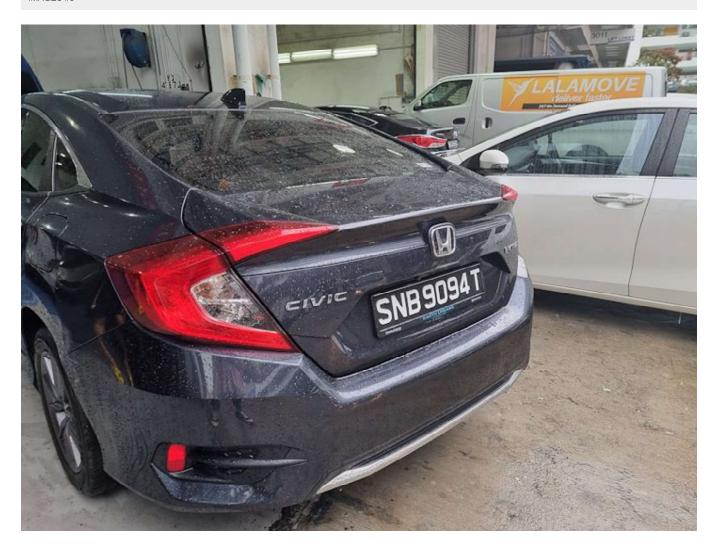
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Police Station Of Origin: Traffic Police

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.:			
Informant'	s Particular	S				
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:         Age:         Date of Birth:           Female         26         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:			

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	ВАТИ	Road Surface:		
		Dry		
Weather: Clear Traffic Flow; One Way			1000	fic Volume: lerate

Details of Vehicle Involved						
Vehicle No.	Туре	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

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



T/20241216/7001

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2 of 4 Report No. T/20241216/7001

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

# CONTINUATION OF REPORT

Details of Person	Involved					
Any Pedestrian In	volved: No					
No. of Pedestrians	Injured: NIL		Use of Ped	Pedestrian Crossing: NA		
Driver				- 000 - 000		
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 Dis			charge NIL		
No. of Days grante	ed Medical Leave (MC)	NIL	Degree of		Slight	
Passenger						
Name	CHEN MINGHUA			ID No.		S6973549E
Related Vehicle	SNB9094T (Sedan car)			Contact No.		92993621
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date 0			scharge NIL		
				of Injury NIL		
Daughter of victim		1 3 1 5	1003.00	,,	7112	
Name	ZHENG QIAO HONG			ID No.		S9824562F
Related Vehicle	NIL			Contact No.		87508357
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	narge	NIL	
				gree 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



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.



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



4 of 4 Report No. T/20241216/7001

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/12/2024 00:48
Officer In Charge Of Case: TP / HRT / SUFIYAN BIN KHAIRI Contact No.: 65476148	Classification Of Case:
NP168	