

# 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 .....	22/07/2024 15:00 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	20/07/2024 16:30 (SGT)
Exact Location of Accident .....	Orchard Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SME4861A
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ZHANG CHI
NRIC No .....	S8981994F
Email Address .....	WANGXIAODUAN89@GMAIL.COM
Mobile Phone No .....	(Phone) +65-81182867
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Volkswagen
Model .....	Touran
Variant .....	-
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? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	0

### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P10242503R04

### DRIVER

Name of Driver .....	WANG XIAODUAN
NRIC No .....	S8981995D
Date Of Birth .....	14/02/1989
Occupation .....	Indoor

Driving Pass Date .....	20/08/2018
Driving experience .....	5 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-81182867
Alt. Phone Number .....	-
Email Address .....	WANGXIAODUAN89@GMAIL.COM
Address .....	9Q HILLCREST ROAD
Address complement .....	-
Postcode .....	286717
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 - Change/cross lane
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) .....	7
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 .....	WANG JIAN ZHUANG
Gender .....	Male

#### PASSENGER 2

Name .....	WANG XIAO YA
Gender .....	Female

#### PASSENGER 3

Name .....	HAN XIU RONG
Gender .....	Female

#### PASSENGER 4

Name .....	HTAY ZAR
Gender .....	Female

#### PASSENGER 5

Name .....	ZHANG MENG NING
Gender .....	Female

#### PASSENGER 6

Name .....	ZHANG JING YI
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

REFER TO POLICE REPORT: T/20240720/7086.

#### 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 .....	SMD6386Y
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 .....	VEHICLE
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	WANG XIAODUAN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SME4861A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	WANG JIAN ZHUANG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SME4861A
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

## INJURED 3

Name of injured person .....	WANG XIAO YA
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SME4861A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## INJURED 4

Name of injured person .....	HAN XIU RONG
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SME4861A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## INJURED 5

Name of injured person .....	HTAY ZAR
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SME4861A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## INJURED 6

Name of injured person .....	ZHANG MENG NING
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SME4861A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## INJURED 7

Name of injured person .....	ZHANG JING YI
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SME4861A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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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.

*Zhang*  
Policyholder's Signature / Date & Time

*29*  
Driver's Signature (if driver is not the policyholder) / Date & Time

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

**Sketch Plan**

Orchard Link

(A) SME 4861A  
(B) SMD 6386 X



SINGAPORE  
POLICE FORCE



T/20240720/7086

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

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Report No. T/20240720/7086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2024 21:29		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: WANG XIAODUAN			Address: 9Q HILLCREST ROAD SINGAPORE 286717		
ID Type / ID No.: NRIC NO / S8981995D			Contact No.: Home/Office: Mobile: 81182867		
Nationality: SINGAPORE CITIZEN			Email: WANGXIAODUAN89@GMAIL.COM		
Sex: Female	Age: 35	Date of Birth: 14/02/1989	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Manager			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/07/2024 16:30	Type of Location:
Location: ORCHARD LINK				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SME4861A	Motor car					6

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



SINGAPORE  
POLICE FORCE



T/20240720/7086

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

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Report No. T/20240720/7086

CONTINUATION OF REPORT

Driver			
Name	WANG XIAODUAN		ID No. S8981995D
Related Vehicle	SME4861A (Motor car)		Contact No. 81182867
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)	05	Degree of Injury	Slight

**Brief Details.**

On the stated date and time I was ferrying my family on board vehicle SME4861A.

1. WANG JIANZHUANG
2. WANG XIAOYA
3. HAN XIURONG
4. HTAY ZAR
5. ZHANG MENG NING
6. ZHANG JING YI

I was travelling straight in my lane along Orchard link towards Orchard turn direction.

Suddenly vehicle SMD6386Y who was on the next lane on my right, swerved into my lane abruptly and hit onto my vehicle's right front portion.

The sudden impact caused all of us to jerk forward.

After a while all of us felt pain on our neck and back areas.

We then arranged to see Dr Leon from Norwood Medical Clinic and we were all given 5 days MC.

My youngest daughter was fine and did not seek any treatment.



SINGAPORE  
POLICE FORCE

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



T/20240720/7086

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Report No. T/20240720/7086

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMED SUFIAN BIN MOHAMED JUNID  
Contact No.: 65476247

NP168

Signature Of Informant:

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

Date/Time:  
20/07/2024 21:29

Classification Of Case: