

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 Authorised 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 ability.
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 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 Report	24/09/2016 10:32
Date Of Accident	22/09/2016 19:50
Exact Location Of Accident	SIM AVE & GEYLANG LOR 1 JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF5973J
Insured/Policyholder	
Name Of Registered Owner	ZHANG CHUNHUA
NRIC No	S7180819Z
Email Address	2CHA001@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97501848
Alternative Phone No	Office-97501848

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.8 (A)
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
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSN1114471605
Cover Note Number	

Driver

Name of Driver	ZHANG CHUNHUA
NRIC No	S7180819Z
Date Of Birth	29/01/1971
Occupation	Indoor
Date Of Driving Pass	19/11/2007
Driving Experience	8 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-97501848
Fax Number	
Contact Number	Office-97501848
Email Address	2CHA001@YAHOO.COM

Address
 Postcode
 Was driver an employee of the Insured's Company No
 If No, Relationship of the Driver with the Insured Owner
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident Collision- Cross Junction
 Weather Conditions Clear
 Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
 Was any body injured in the Accident? No
 Was any other material or property damaged? Yes
 Was there any video captured by Car Camera? Yes
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? Yes
 If Yes, Please state which Police Station
 Police Station Name Traffic Police Division Hq
 Police Station Address **ROAD:** 10 Ubi Avenue 3 , **POSTCODE:** 408865 , **COUNTRY:** Singapore
 Police Station Contact **TEL NO:** 65470000 - **FAX NO:**
 Was notice of intended Prosecution given? No
 If Yes, against whom?

Circumstances of Accident

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD5551C
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

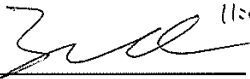
Details of Witness

Name
 Phone Number
 Email Address


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.

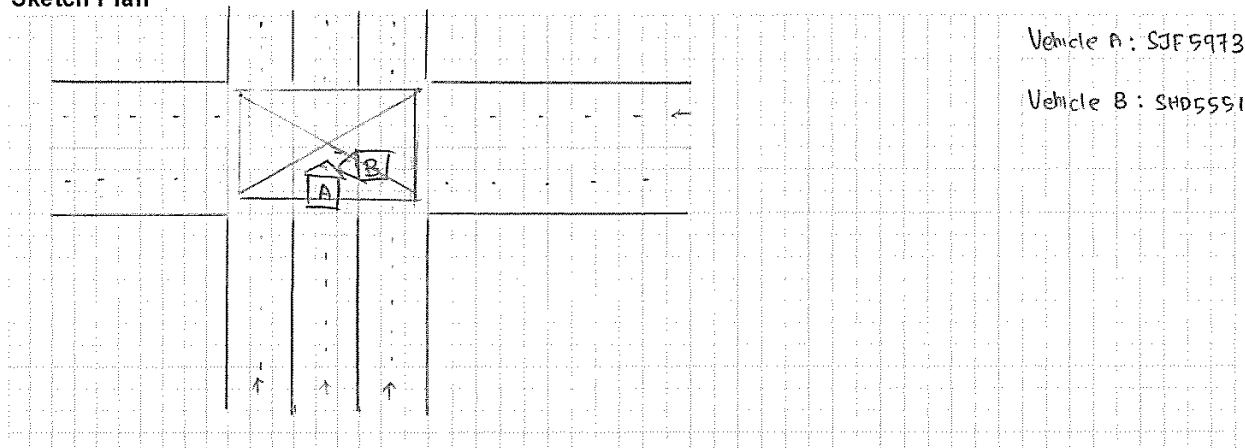
27/9/16
11:00 am

Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel



Sketch Plan



Sketch Plan #2 Pg.1


Describe Circumstances of the Accident

The accident happen on 21/09/16, around 09.50 pm, at the X Junction between Sims Avenue and Geylang Lorong 1. Vehicle A travelling straight and reach yellow box when it is still at amber light. Vehicle B from the side beat the red light and collided into vehicle A. The whole video was recorded on the video which will be submitted.

Declaration

We declare the foregoing particulars are true in every respect.

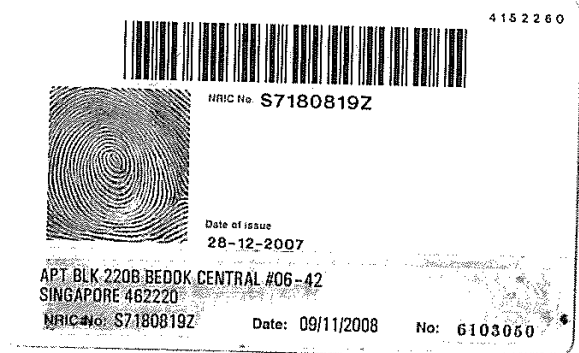
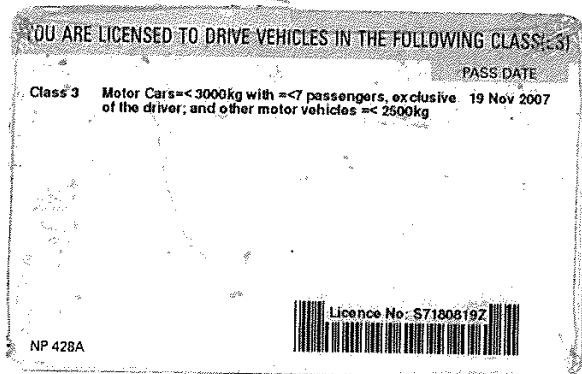
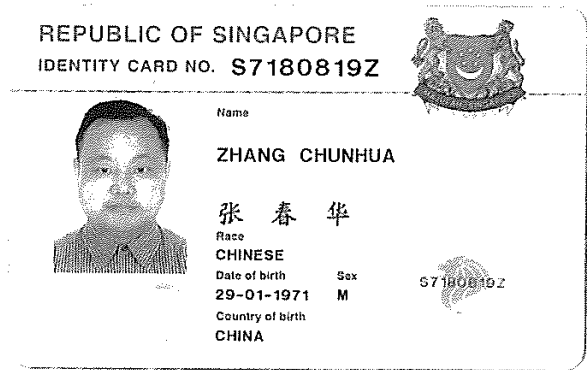
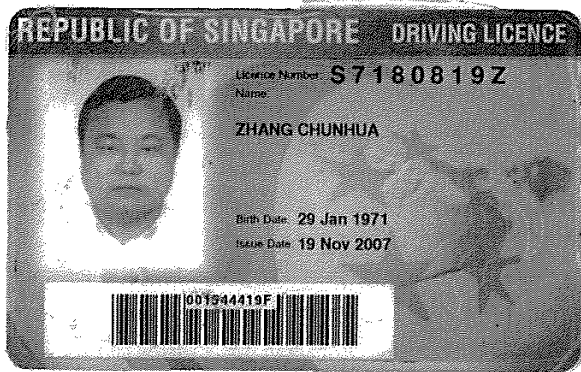
23/9/16
11:00 am



Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20160923/2100

1 of 3

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

Report No. T/20160923/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2016 14:19		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ZHANG CHUNHUA			Address: 220B BEDOK CENTRAL #05-42 HDB-BEDOK SINGAPORE 462220		
ID Type / ID No.: NRIC NO / S7180819Z			Contact No.: Home/Office: Mobile: 97501848		
Nationality: CHINESE			Email:		
Sex: Male	Age: 45	Date of Birth: 29/01/1971	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: INFORMATION TECHNOLOGY			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/09/2016 07:45	Type of Location: Straight Road
Location: Along Road 1 SIMS AVENUE TOWARDS ALJUNIED				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SHD5551C	Car				Slightly Damaged	0
SJF5973J	Car	HONDA	CIVIC 1.8L A	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJF5973J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN11144716 05	04/06/2016	03/06/2017

POLICE REPORT



SINGAPORE
POLICE FORCE

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



T/20160923/2100

3 of 3

Report No. T/20160923/2100

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
BENJAMIN TAN ZE WEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt LIM JUN HUI, ADRIAN
Contact No.: 65476350

Authentication Stamp
NP168


Signature Of Informant:

Date/Time:
23/09/2016 14:19

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: 

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20160923/2100

2 of 3

Report No. T/20160923/2100

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

CONTINUATION OF REPORT

Brief Details.

ON THE MENTIONED DATE, TIME AND LOCATION,

I WAS TRAVELLING AT LANE 2 OUT OF A LANE 5 ROAD ALONG SIMS AVENUE TOWARDS ALJUNIED, WHEN TRAFFIC LIGHT IS ON MY FAVOUR I DRIVE STRAIGHT I DID NOT NOTICE A TAXI ON MY RIGHT DROVE STRAIGHT AND COLIDDED ON MY RIGHT SIDE DOOR AT THE X JUNCTION ON THE MIDDLE OF THE ROAD. PEDESTRAINS ON THE STREET CALL FOR AMBULANCE BUT WE BOTH HAVE NO INJURING. AFTER THEN BOTH OUR CAR HAVE BEEN COLLECTED.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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