

## 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 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	29/01/2018 11:53
Date Of Accident	26/01/2018 15:00
Exact Location Of Accident	JUNCTION OF BT BATOK AVE 6 & JLN JURONG KECHIL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC9515P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEN XI
NRIC No	S7862057I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98405020
Alternative Phone No	OFFICE-98405020

### Vehicle Particulars

Manufacturer	NISSAN
Model	NOTE-1.2 CVT (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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-002729
Cover Note Number	

### Driver

Name of Driver	CHEN XI
NRIC No	S7862057I
Date Of Birth	11/11/1978
Occupation	INDOOR
Date Of Driving Pass	28/04/2014
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98405020
Fax Number	
Contact Number	OFFICE-98405020
EEmail Address	NOEMAIL

Address	BLK 911 HOUGANG STREET 91 #05-72
Postcode	530911
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 - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : SITI ALFAH GENDER: : FEMALE
Passenger 2	NAME: : CHEN JIA YAO GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE ATTACHED POLICE REPORT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA7173J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	

Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

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

#### DETAILS OF INJURED PERSON 1

Name CHEN XI  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SLC9515P  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## ORIGINAL CLAIM

1. Please report correctly the details of the accident to speed up the claims process.
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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. The 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.
8. Consent under the Personal Data Protection Act (PDPA)

(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 :

(collectively the "Purposes")

(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.

Witnessed by Reporting Centre  
Personnel

Sketch Plan

A: SLC 955P

B. GBA 7173 J

c: Unknown

Sketch Plan #2

Describe circumstances of the accident

Pls. refer to Police Report - 7/20180126/7009.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20180126/7009

1 of 4

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

Report No. T/20180126/7009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/01/2018 19:35		Vide Report No.: D/20180126/0087		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHEN XI			Address: APT BLK 911 HOUGANG STREET 91 #05-72 SINGAPORE 530911		
ID Type / ID No.: NRIC NO / S7862057I			Contact No.: Home/Office:		Mobile: 98405020
Nationality: SINGAPORE CITIZEN			Email: eric_chen_hz@hotmail.com		
Sex: Male	Age: 39	Date of Birth: 11/11/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ACCOUNTANT			Driving Licence Information: Class: 3A		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/01/2018 15:00	Type of Location: T-Junction
Location:  BUKIT BATOK EAST AVENUE 6  Cross junction at Bt Batok Ave6 and Jln Jurong Kechil				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLC9515P	Car	NISSAN	note	Blue	Seriously Damaged	3

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC9515P	EQ INSURANCE COMPANY LTD.	DMPPHQ17-002729	30/05/2017	29/05/2018

## Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20180126/7009

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

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Report No, T/20180126/7009

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	SITI ALFAH	ID No.	G8577795K
Related Vehicle	SLC9515P (Car)	Contact No.	NIL
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	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	CHEN XI	ID No.	S7862057I
Related Vehicle	SLC9515P (Car)	Contact No.	98405020
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	CHEN JIA YAO	ID No.	T1136390Z
Related Vehicle	NIL	Contact No.	NIL
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	NIL	Degree of Injury	NIL

**Brief Details.**

I was driving my vehicle (SLC9515P) along Bukit Batok Ave 6 on 26/1/2018 at about 15:00. I made a right turn into Jalan Jurong Kechil as I notice that the Vehicle (GBA7173T) and a motorbike at the opposite direction is not moving and the traffic light is showing green. Suddenly the vehicle (GBA7137T) and the motorbike starts moving off and collided onto my vehicle (SLC9515P). The motorbike rider was conveyed to the hospital after the accident. A traffic police (SGT T150149 Umar) arrived and attended to the case.

\* We lack of information about the injured motorbike rider and his vehicle number. Hence taking instruction by IO Sharal, we declare this information here in this statement and choose the non injury type



**SINGAPORE  
POLICE FORCE**



T/20180126/7009

4 of 4

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

Report No. T/20180126/7009

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
YUS MASTARI I KHAZALI  
Contact No.: 65476214

Authentication Stamp  
NP168

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

Date/Time:  
26/01/2018 19:35

Classification Of Case:





**SINGAPORE POLICE FORCE  
ACKNOWLEDGEMENT SLIP**

Ref: Report No: D/20180126/0087

I, SET TISUITY Chin Bn Othman.  
(Recipient's Name, NRIC or Passport No. / Rank and No.)

of TP  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 SanDisk Ultra 16 GB Micro SD Card (E5166-1608)
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

from Chen Xi, S7862051J  
(Name, NRIC or Passport No. / Rank and No.)

of Blk 911 Hougang St 01 #05-72, S(530911)  
(Address / Police Station / NPC / NPP)

on 26/01/18 at 1605 hrs.  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

(Signature)

(Name, NRIC or Passport No. / Rank and No.)

Received by:

(Signature)

(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSURED NRIC

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S78620571**

Name: **CHEN XI**

Birth Date: **11 Nov 1978**  
Issue Date: **28 Apr 2014**

**00229574C**



**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S78620571**

Name: **CHEN XI**

Race: **CHINESE**  
Date of birth: **11-11-1978**  
Country of birth: **CHINA**

Sex: **M** **S78620571**





**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES**

**Class 3A** Motor cars without clutch pedals (Auto) <= 2000kg  
with <= 7 passengers, exclusive of the driver; and  
other motor vehicles without clutch pedals <= 2500kg

**EFFECTIVE DATE**  
**28 Apr 2014**

**NP 420A**

**License No: S78620571**



**5064189**

**NRIC No. S78620571**

**Date of issue**  
**21-05-2012**

**Address**  
**APT BLK 911 HOUGANG STREET 91**  
**#05-72**  
**SINGAPORE 530911**




Accident Photo



Accident Photo





**Accident Photo**





Accident Photo



Accident Photo



Accident Photo

