

## 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	26/09/2018 12:21
Date Of Accident	24/09/2018 07:15
Exact Location Of Accident	JUNC WOODLANDS ST 31 & WOODLANDS AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS9681H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZAHEYEN SERVICES
Co Reg No	53369572D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094808693
Cover Note Number	

### Driver

Name of Driver	CHAN SIEW YIN JENNIFER (CHEN XIAOYAN JENNIFER)
NRIC No	S7428932J
Date Of Birth	26/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	16/07/2009
Driving Experience	9 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90604200
Fax Number	
Contact Number	OFFICE-90604200
Email Address	NOEMAIL

Address	BLK 257 YISHUN RING ROAD #05-1023
Postcode	760257
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
Number of vehicles involved in the accident	2
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST NPC
Police Station Address	<b>ROAD:</b> 9 MARSILING LANE , <b>POSTCODE:</b> 739146 , <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 POLICE REPORT - T/20180925/2135.

#### 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 Witness 1

Name	MR JAMES
Phone Number	81668280
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF4296L
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN GEE KEONG
NRIC/Passport Number	S7219113G
Contact Number	

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

DETAILS OF INJURED PERSON 1

Name	CHAN SIEW YIN JENNIFER (CHEN XIAOYAN JENNIFER)
Approximate Age	
Injuries Sustain	NECK, BACK & HEAD
Injured person in which vehicle?	SLS9681H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan


### SKETCH PLAN


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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 lodgment 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 situated outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time:

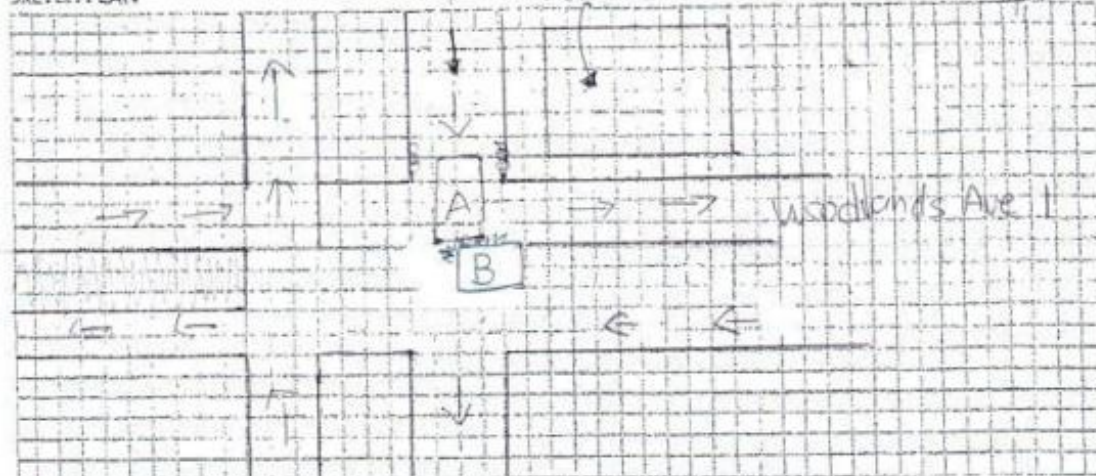
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

Vehicle A: SLS9681H  
Vehicle B: SJF4296L

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Follow police report

## DECLARATION

I/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:

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/PIN No: \_\_\_\_\_



## Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No. 1800-363 9999



T/20180925/2135

1 of 4

Report No. T/20180925/2135

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
25/09/2018 18:22

Vide Report No.:

Station Diary No.:  
79

**Informant's Particulars**

Name of Informant: CHAN SIEW YIN JENIFFER			Address: APT BLK 257 YISHUN RING ROAD #05-1023 SINGAPORE 760257		
ID Type / ID No.: NRIC NO / S7428932J			Contact No.:		
Nationality: SINGAPORE CITIZEN			Home/Office: Mobile: 90604200		
Sex: Female	Age: 43	Date of Birth: 26/09/1974	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: PRIVATE HIRE VEHICLE DRIVER			Institution / School Name:		
			Driving Licence Information: Class: 3A		
			Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/09/2018 07:15	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 WOODLANDS STREET 31 WOODLANDS STREET 41 DRIVER TURNING RIGHT AT THE JUNCTION				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
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 Passenger
SJF4296L	Car	TOYOTA	WISH	Grey	Slightly Damaged	1
SLS9681H	Car	HONDA	SHUTTLE	Black	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS9681H	NTUC Income Insurance Co-Operative Limited			

# Police Report



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POLICE FORCE**



T/20180925/2135

Police Station Of Origin:  
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9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999

2 of 4

Report No. T/20180925/2135

## CONTINUATION OF REPORT

### Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

#### Driver

Name	TAN GEE KEONG	ID No.	S7219113G
Related Vehicle	SJF4296L (Car)	Contact No.	92371889
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	CHAN SIEW YIN JENIFFER	ID No.	S7428932J
Related Vehicle	SLS9681H (Car)	Contact No.	90604200
Hospital/Clinic	HEALTH PLUS CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	25/09/2018	Date Discharge	25/09/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

### Brief Details.

On 24/9/18 at about 7.15am I was driving my car along Woodlands St 31. At the junction of Woodlands St 31 and Woodlands Ave 3, I wanted to turn right. The traffic light was red at that point and I stopped behind the stop line. When the light turn green, I made a right turn towards Woodlands St 41. Just after I went past the stop line, a car ran the red light on my right and collided with my car. My front right bumper collided with his left rear bumper body of his car. The collision caused my front right bumper and license plate to have some damages. The other car did have some scratches on his left rear body. There was no injuries were reported at that point of time. Both of us went out of the car and I told him that he did ran the red light as my green arrow was on. The other driver informed me that he did not see the light was green or red on his side as he followed the car in front of him. I asked him if we wanted to settle privately or through insurance but he told me that he will seek advice from his workshop. However, he did not call me back so I called him instead later in the evening. He told me that he already lodged a report and told me to lodge a report too. I went to the clinic on 25/9/18 as I felt some muscle pain on my neck and back and my head hurts.

I already contacted my witness which was at scene when the incident happened. Mr James, (S7639879H, HP: 81668280) was the pedestrian waiting for the traffic light at the junction. He witnessed the whole incident. On his account, he saw the other car ran the red light. The car went past the stop line at a speed. The red light was already on for quite sometime as my car was turning right on the green arrow. The car was travelling at a speed from a distance. On the other hand, there was another car stopped on the junction on the left lane but the said car just drove on the right lane. My in car camera was not



Police Report



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T/20180925/2135

3 of 4

Report No. T/20180925/2135

CONTINUATION OF REPORT

recording at the point of incident.



Police Report



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T/20180925/2135

4 of 4

Report No. T/20180925/2135

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  
J /  
Sgt 2 MUHAMMAD AKMAL BIN YATYA

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN  
ABDULLAH  
Contact No: 65476367

Authentication Stamp  
NP168

Signature Of Informant

Date/Time:  
25/09/2018 18:22

Classification Of Case:

## BIZ CHECK

SINGAPORE  
COMMERCIAL  
CREDIT BUREAU

## REQUEST CRITERIA

(You have requested to search on the following)

Date of Request:	10/10/2017 10:52:06
Requested Company Name:	ZA EYEN SERVICES
Requested Registration No.:	53369572D
Client's Account Reference:	-

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY  
BUSINESS PROFILE INFORMATIONACRA  
SINGAPORE  
COMMERCIAL  
CREDIT BUREAU

## SEARCH RECORD

Company Name:	ZA EYEN SERVICES
Registration No.:	53369572D

## REGISTRY

Registration Date:	01/09/2017
Name Effective Date:	01/09/2017
Company Type/Constitution:	Sole Proprietor
Registered Address:	257 YISHUN RING ROAD, 05 - 1023 YISHUN SUNSHINE 760257 SINGAPORE
Change Address Date:	-
Company Status:	LIVE
Status Effective Date:	01/09/2017
Registered Activities:	1. 77101 - RENTING AND LEASING OF PRIVATE CARS WITHOUT OPERATOR (-) 2. 49219 - PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (-)
Expiry Date:	01/09/2018
Renewal Date:	-

## CHANGE OF BUSINESS NAME

Previous Name	Effective Date
Nil	

## OFFICER(S)/ OWNER(S)

Officer Name/ Address/ Change Address Date	Identity No./ PA Reg. No.	Position	Appointment Date	Cessation Date	Nationality/Country of Incorporation
CHAN SIEW YIN JENIFFER (CHEN XIAOYAN JENIFFER) 257 YISHUN RING ROAD, 05 - 1023 YISHUN SUNSHINE 760257, SINGAPORE 12/11/2016	S7428932J	OWNER	01/09/2017	-	SINGAPORE CITIZEN

## SEARCH BY FINANCIAL SECTORS

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2017	0	0	0	0	0	0	0	0	0	0	0	0
2016	0	0	0	0	0	0	0	0	0	0	0	0



2015	0	0	0	0	0	0	0	0	0	0	0	0	0
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# SEARCH BY NON-FINANCIAL SECTORS

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2017	0	0	0	0	0	0	0	0	0	0	0	0
2016	0	0	0	0	0	0	0	0	0	0	0	0
2015	0	0	0	0	0	0	0	0	0	0	0	0

**DISCLAIMER** THIS REPORT MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM OR MANNER WHATSOEVER.

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Accident Photo



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