

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 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 Report	04/03/2019 14:55
Date Of Accident	02/03/2019 03:30
Exact Location Of Accident	CLEMENCEAU AVE NORTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH9544S
Insured/Policyholder	
Name Of Registered Owner	TRADEIT.COM PTE. LTD.
Co Reg No	200921735W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93672512
Alternative Phone No	OFFICE-93672512

Vehicle Particulars

Manufacturer	LEXUS
Model	GS350
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5051940058-07
Cover Note Number	

Driver

Name of Driver	ANN ZHENG LONG ALOYSIUS
NRIC No	S8851287A
Date Of Birth	25/12/1988
Occupation	INDOOR
Date Of Driving Pass	14/07/2007
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93672512
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 842 TAMPINES STREET 82 #04-147
Postcode	520842
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : HUANG ZHIWEN,SHAWN GENDER: : MALE
Passenger 2	NAME: : LIAN CHIAN SIANG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

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	SHD4783G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 HUANG ZHIWEN, SHAWN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SMH9544S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address APT BLK 819 TAMPINES STREET 81 #03-636
Postcode 520819

DETAILS OF INJURED PERSON 2

Name LIAN CHIAN SIANG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SMH9544S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address 718 #08-4572
Postcode 470718

Sketch Plan

SKETCH PLAN

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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 sited 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.:

Sketch Plan #2

SKETCH PLAN



A : SMH 9544S
B : SHD 4783G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along clemencean North toward
cavenagh house. I was travelling straight, suddenly
vehicle B cut into my lane, and hit onto
the left front portion of my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time:

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/PIN No.:



1 of 2

Report No. G/20190305/7000

Date/Time Report Made 05/03/2019 16:57	Vide Report No.	Station Diary No.		
Name Of Informant HUANG ZHIWEN, SHAWN	Address APT BLK 819 TAMPINES STREET 81 #03-636 SINGAPORE 520819			
ID Type / ID No. NRIC NO / S8852800Z	Contact No. Home/Office:	Mobile: 97317938		
Nationality SINGAPORE CITIZEN	Email Address shawnhuangzw@gmail.com			
Occupation SALES MANAGER	Sex Male	Age 30	Date of Birth 20/12/1988	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 02/03/2019 03:30 - 02/03/2019 04:00	Location Of Incident CLEMENCEAU AVENUE NORTH			

Subjects Involved	
Victim	
Person Name	HUANG ZHIWEN, SHAWN

Classification Of Case:

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POLICE REPORT



**SINGAPORE
POLICE FORCE**



G/20190305/7000

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190305/7000

ID Type	NRIC NO	ID No	S8852800Z
Gender	Male	Age	30
Race	Chinese	Language	English
Occupation	SALES MANAGER	Address Type	
Address	APT BLK 819 TAMPINES STREET 81 #03-636 SINGAPORE 520819	Mobile No	97317938
Is Informant A Victim?	Yes		
Person Name	lian chian siang		
ID Type	NRIC NO	ID No	S9249062I
Gender	Male	Age	27
Race	Chinese	Language	English
Address	718 #08-4572 SINGAPORE 470718	Mobile No	96929668
Relation To Informant	friend		
Person Name	HUANG ZHIWEN, SHAWN (Informant)		

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: 05/03/2019 16:57
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp