

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	17/04/2019 18:59
Date Of Accident	17/04/2019 07:40
Exact Location Of Accident	SEBBAWANG RD OPP CHONG PANG CAMP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ4137G
Insured/Policyholder	
Name Of Registered Owner	ZYRE RAPHAELA LOH RUI MIEN
NRIC No	S8241123B
Email Address	ZYRE_82@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91182852
Alternative Phone No	OFFICE-91182852

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.5 VTIR (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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	JIANG TIANXIANG
Passport No/FIN	G6976699X
Date Of Birth	18/11/1985
Occupation	INDOOR
Date Of Driving Pass	01/07/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97774635
Fax Number	
Contact Number	
Email Address	ZYRE_82@HOTMAIL.COM

Address	-
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 TO REAR
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?	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 NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 WOODLANDS DRIVE 63 , POSTCODE: 738070 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7679999 - FAX NO: 67673652
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS ANNEX D&E POLICE REPORT NO. L/20190417/7022

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8668K
Vehicle Make/Model/Colour	HYUNDAI I40 / BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MOHAMED ISHAK JAHABAR ALI
NRIC/Passport Number	S6980123D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	JIANG TIANXIANG
Approximate Age	34
Injuries Sustain	BACKACHE
Injured person in which vehicle?	SMJ4137G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

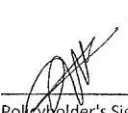
Sketch Plan Pg. 1


Vehicle Number: SMJ 4137G


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:

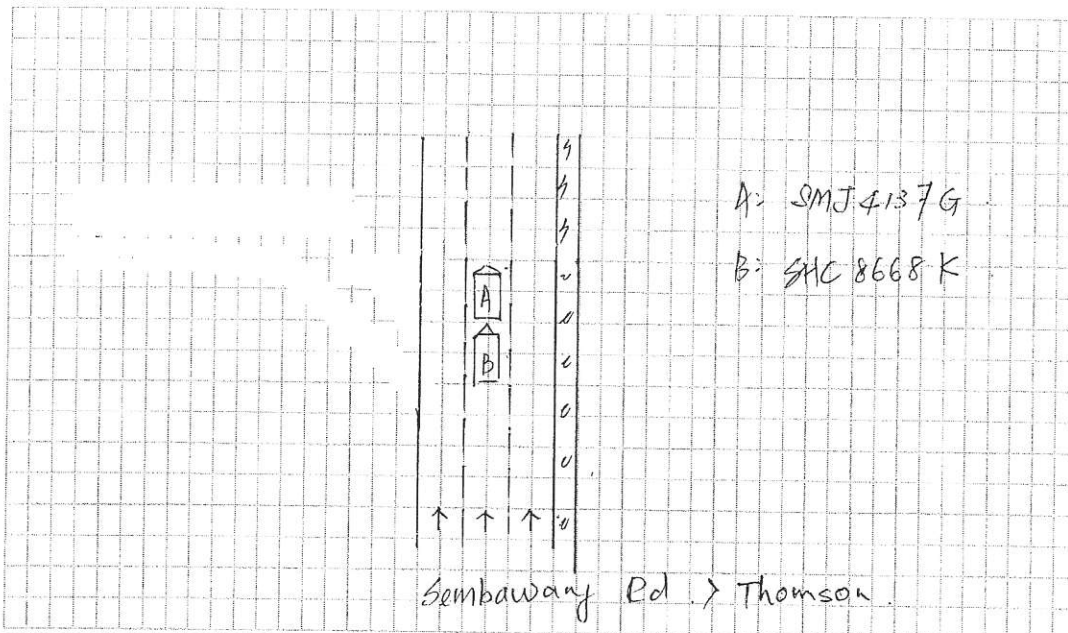

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Sketch Plan Pg. 2

Vehicle Number: SMJ 4137G

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/4/2019 @ about 07:40hrs. as my vehicle (A) was travelling along Sembawang Road towards Thomson. the front vehicle ~~to~~ slowed down and stopped, as my vehicle followed suit. A few second later, Veh B hit onto my vehicle rear portion with a great impact, caused the damages to my vehicle.

I was alone and no injury at the point of accident. However, I felt backache while heading to the reporting center; I will consult doctor after reporting the case.

*Statement recorded in _____ language by driver.

*Own Damage (OD) Claim submission must be proceeded within 14 Days from Date of Accident.

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/FIN No.:



**SINGAPORE
POLICE FORCE**



L/20190417/7022

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POLICE REPORT (NP299)

Report No. L/20190417/7022

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 17/04/2019 17:05	Vide Report No.	Station Diary No.
Name Of Informant JIANG TIANXIANG	Address APT BLK 17 MARSILING LANE #10-253 SINGAPORE 730017	
ID Type / ID No. FIN NO / G6976699X	Contact No. Home/Office: Mobile: 97774635	
Nationality CHINESE	Email Address tianxiang2046@gmail.com	
Occupation Management executive	Sex Male	Age 33
Institution/School Name	Date of Birth 18/11/1985	Race Chinese
Date/Time Of Incident 17/04/2019 07:40 - 17/04/2019 07:45	Location Of Incident SEMBAWANG ROAD	

Brief details.

I was driving to work on 17th April, 0740am and driving along sembawang rd towards thomson (near Chong Pang). There was a Traffic Light that turned red and I was the 4th or 5th car from the stop light. I stopped normally but the rear vehicle failed to stop and crashed into me. I am now suffering from pain in several parts of my body and doctor have certified me unfit for work for 7 days.

Subjects Involved	
Suspect	
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: 17/04/2019 17:05
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



L/20190417/7022

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20190417/7022

Person Name	Unknown		
Gender	Male	Age	35-55
Race	Indian	Language	English
Occupation	Taxi driver	Complexion	Very dark
Build	Medium	Height About	165cm
Attire Last Worn	Dark blue shirt with collar	Hair Colour	Black
Hair Style	Bald		
Victim			
Person Name	JIANG TIANXIANG		
ID Type	FIN NO	ID No	G6976699X
Gender	Male	Age	33
Race	Chinese	Language	English
Occupation	Management executive	Address Type	
Address	APT BLK 17 MARSILING LANE #10-253 SINGAPORE 730017	Mobile No	97774635
Is Informant A Victim?	Yes		
Person Name	JIANG TIANXIANG (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: 17/04/2019 17:05
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp