

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	04/07/2019 14:01
Date Of Accident	03/07/2019 14:20
Exact Location Of Accident	JUNC UPP CHANGI RD & BEDOK SOUTH AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC2911M
Insured/Policyholder	
Name Of Registered Owner	CHANG WEE LENG
NRIC No	S8103917H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97947826
Alternative Phone No	OFFICE-97947826

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID 1.8S CVT
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	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	08-VX020605-MVA
Cover Note Number	

Driver

Name of Driver	CHANG WEE LENG (ZHANG HUILING)
NRIC No	S8103917H
Date Of Birth	08/02/1981
Occupation	INDOOR
Date Of Driving Pass	13/08/2007
Driving Experience	11 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97947826
Fax Number	
Contact Number	OFFICE-97947826
Email Address	NOEMAIL

Address	BLK 51 NEW UPPER CHANGI ROAD #13-1512
Postcode	461051
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 - MAJOR/MINOR RD
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	TANAH MERAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , POSTCODE: 461051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4499999 - FAX NO: 62447251
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190703/2140.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN8746J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHEN XIWEN
NRIC/Passport Number	
Contact Number	93862517
Address	
Postcode	

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

DETAILS OF INJURED PERSON 1	
Name	CHANG WEE LENG (ZHANG HUILING)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMC2911M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

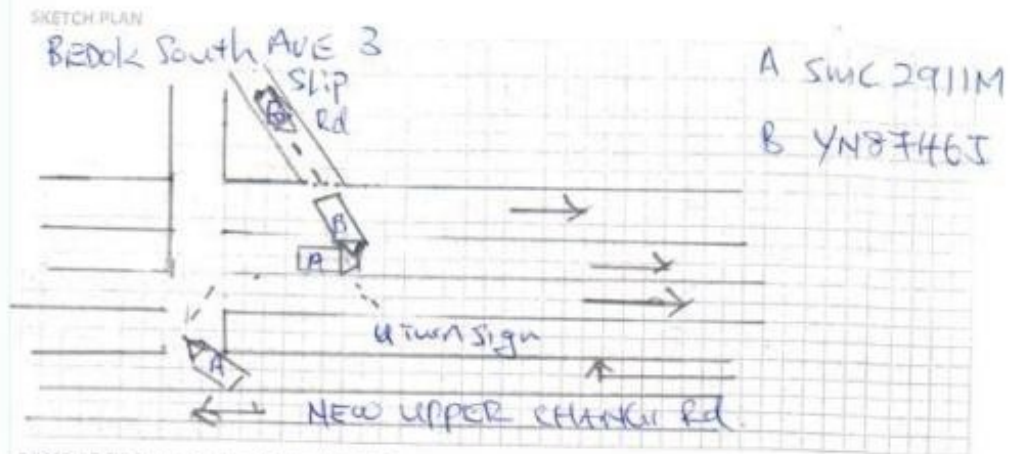
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 7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA):
- I understand, 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 Person's Signature
Name:
NRIC/PIN No.:

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

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:

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190703/2140

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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Report No. T/20190703/2140

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2019 20:21	Vide Report No.:	Station Diary No.: 49
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Informant's Particulars

Name of Informant: CHANG WEE LENG			Address: APT BLK 51 NEW UPPER CHANGI ROAD #13-1512 SINGAPORE 461051		
ID Type / ID No.: NRIC NO / S8103917H			Contact No.: Home/Office: Mobile: 9794 7826		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 38	Date of Birth: 08/02/1981	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/07/2019 14:20	Type of Location: X-Junction
Location: Along Road 1 NEW UPPER CHANGI ROAD				
From Bedok Direction making a U-turn to Blk 51 New Upper Changi Road carpark				
Weather: Clear	Road Surface: Dry		Road Speed Limit: 30	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Any one involved? Ambulance No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMC2911M	Car	TOYOTA	C-HR HYBRID 1.8S CVT	Black	Slightly Damaged	0
YN8746J	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



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T/20190703/2140

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Tanah Merah NPP
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SINGAPORE 461051
Tel No: 1800-4499999

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Report No. T/20190703/2140

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC2911M	QBE Insurance (Singapore) Pte Ltd	VX020605	28/06/2019	27/06/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHANG WEE LENG	ID No.	S8103917H
Related Vehicle	SMC2911M (Car)	Contact No.	9794 7826
Hospital/Clinic	OASIS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL

Date Treatment	03/07/2019	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	CHEN XIWEN	ID No.	G621804TT
Related Vehicle	YN8746J (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

Brief Details.

On 03/07/2019 at 1420 hrs, I was driving my vehicle, SMC 2911 M (Green Toyota CHR) along New Upper Changi Road coming from Bedok direction.

I was making a U-turn at along the Junction with Bedok South Ave 2. After completing the U-turn, I was in the middle lane just in front of the 438th School.

A white Suzuki Swift moderate impact from the back which caused my car to roll into the right and then return to left.

A driver from my vehicle and confronted the other driver (YV 8746J) belonging to Mega Gas Enterprise Pte Ltd. The driver informed me earlier he had come out of the right lane from Bedok South Ave 2 and the view was obstructed during the lane change.

My vehicle sustained a large dent at the front of the area whereas the other party had some damaged at the front right bumper, headlight area.

Police Report



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Report No: T/20190703/2140

CONTINUATION OF REPORT

There is an in-car camera mounted at the front and back of my vehicle which likely capture the entire accident.

There was no traffic police/ ambulance at scene. Both of us, drove off from the location after exchanged particulars.

The same day, I went to Oasis Family clinic, due to pain felt at my head, neck and back area. I was given 04 days MC from 03/07/2019.

Police Report



SINGAPORE
POLICE FORCE



T/20190703/2140

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Tel No: 1800-4499999

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Report No. T/20190703/2140

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:
G /
Sgt 2 CHONG WENG KIAT, TERENCE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03 OCT 2019 20:12

Officer In Charge Of Case:
T /
Police Officer In Charge ZANG NTE SYED
Contact No: 65474885
Authentication Stamp:
APR 20

Case Position Of Case

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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