

## 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	29/07/2019 17:18
Date Of Accident	27/07/2019 19:00
Exact Location Of Accident	BALESTIER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD7912J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TANG BENXIANG
NRIC No.	S8035993D
Email Address	RAHXEPHON846@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90936963
Alternative Phone No	OTHERS-90936963

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO R-2.0 (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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA115332/1
Cover Note Number	

### Driver

Name of Driver	TANG BENXIANG
NRIC No	S8035993D
Date Of Birth	21/10/1980
Occupation	INDOOR
Date Of Driving Pass	12/03/2007
Driving Experience	12 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90936963
Fax Number	
Contact Number	OTHERS-90936963
E-Mail Address	RAHXEPHON846@GMAIL.COM

Address	16 WAK HASSAN DRIVE SINGAPORE
Postcode	757253
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	CHAIN COLLISION
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.	3
Was any body injured in the Accident?	NO
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	SEMBAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757833 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### 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	SCP9999P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

SMG9947T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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 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 (a) 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: 3:35pm  
 29/7/19

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

  
 Reporting Centre Personnel's Signature  
 Name: PENNER  
 NPC/PRI No.:



Common Statement

SMG 99A7

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of observations and facts which will stand up to the settlement of claims.

(1) Date of accident: 27-11-19 Time: 1900 (2) Exact location of accident: Balesier Road

To be signed by BOTH drivers: (3) Injured even if slight: No  Yes

(4) Material damage: To vehicle other than vehicle A and B: No  Yes  To objects other than vehicles: No  Yes

(5) Witness' name, address and tel no. (to be undetained if he/she is passenger in vehicle A or vehicle B): Vehicle Video Camera Available: Yes  No

Registration No. (VEHICLE A): SL071153

(6) Insured / policyholder (see insurance cert.): Name: King Banxiang (capital letters) Address: \_\_\_\_\_

NSIC / Passport no: S 80359730

Tel no. (from form of Spec): 909 3 6963

(7) Vehicle: Make, type: Volkswagen Scirocco

(8) Insurance company: AIA  C  TPFT  TPO

Does this policy cover damage to vehicle A? No  Yes

Policy No. (if available): GA11533211

(9) Driver:  Driver  Passenger

Name: \_\_\_\_\_ (capital letters)

NSIC / Passport no: \_\_\_\_\_

Class of license: 3

HP: \_\_\_\_\_

Gender: Male  Female

(12) CIRCUMSTANCES: Put a cross (X) in each of the response boxes applicable to your vehicle.

<input type="checkbox"/>	Other Collision
<input type="checkbox"/>	Collided into object
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collision - Longitudinal Lane
<input type="checkbox"/>	Collision - Cross Lane Lane
<input type="checkbox"/>	Collision - Head on Lane
<input type="checkbox"/>	Collision - Head on Lane
<input type="checkbox"/>	Collision - Head on Lane
<input type="checkbox"/>	Collision - Head on Lane
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Broadside
<input type="checkbox"/>	Collision - T-Bone
<input type="checkbox"/>	Over Taking / Overtaking
<input type="checkbox"/>	Fire, Explosion or Igniting
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Uninsured / Uninsured Driver
<input type="checkbox"/>	Hit by Fallen Tree / Other Object
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Not Sure
<input type="checkbox"/>	None

State TOTAL number of boxes marked with a cross: 2-00

Registration No. (VEHICLE B): SC99999

(6) Insured / policyholder (see insurance cert.): Name: \_\_\_\_\_ (capital letters) Address: \_\_\_\_\_

NSIC / Passport no: \_\_\_\_\_

Tel no. (from form of Spec): \_\_\_\_\_

HP: \_\_\_\_\_

(7) Vehicle: Make, type: \_\_\_\_\_

(8) Insurance company: C  TPFT  TPO

Does this policy cover damage to vehicle B? No  Yes

Policy No. (if available): \_\_\_\_\_

(9) Driver: (See driving licence) (if different from insured B above) Name: \_\_\_\_\_ (capital letters) NSIC / Passport no: \_\_\_\_\_ Class of license: \_\_\_\_\_ HP: \_\_\_\_\_ Gender: Male  Female

(14) Indicate the point of initial impact with an arrow (→)

(15) Sketch of accident when impact occurred: (1) direction of road, (2) direction of vehicles A and B with arrows, (3) their positions at the time of impact, (4) the road signs, (5) names of the streets or roads.

REFER TO ATTACHED

(16) Indicate the point of initial impact with an arrow (→)

(17) Vehicle damage to vehicle A

(18) Vehicle damage to vehicle B

(19) My remarks

(20) Signature of drivers

A:

B: \_\_\_\_\_

(21) My remarks

\* In the point of impact in the event of damage to persons please refer to vehicles A and B, give information involved. Do not alter anything in this statement after signing. Subsequently, each driver should give one copy. For insured's individual statement (Part II) see number 7.

Individual Statement

INDIVIDUAL STATEMENT (Part II)		Down Workshop (only if 21 and 22)				
To be completed and submitted within 24 hours to your insurer or broker or appointed workshop (use a separate sheet of paper where necessary)						
Insured	1. Occupation (if more than one, state all) _____			Employer _____		
	2. Vehicle registration no. <u>CC</u>		If commercial vehicle, state permissible carrying capacity _____			
	3. Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If no, state relationship of Driver with owner _____	state the vehicle number and name of insurer of driver's own vehicle (where applicable) _____		
	4. Exact purpose for which vehicle was being used at time of accident: <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____					
	5. Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If no, state where it is at present _____ Tel no. _____					
	6. Are you claiming under your own insurance policy for repair to your vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state action to be taken: <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)					
Driver or person in charge of vehicle at the time of accident (including insured)	7. Date of birth: <u>21/10/80</u>	Occupation: <u>Indoor</u> <u>Outdoor</u>	Date of license pass: <u>12/3/2007</u>	Was vehicle driven with the insured's permission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was driver an employee of the insured's company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability _____					
	9. Full details of all driving convictions including pending prosecutions in the last 24 months					
	Date		Offence		Penalty	
Injured persons	10. Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?
					Yes No	Yes No
					Yes No	Yes No
					Yes No	Yes No
					Yes No	Yes No
Damage to property & vehicle (other than vehicle A and B)	11. Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage		Insurer's name and address (if known)
Police Action	12. Was the accident reported to the Police? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please state which Police station: <u>Sembawang NPC</u>			
	13. Was notice of intended prosecution given? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, against whom? _____			
Accident details	14. Weather conditions: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rainy <input type="checkbox"/> Others _____					
	15. Road surface: <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others _____					
	16. Speed of vehicle: A _____ km/hr B _____ km/hr					
	17. What warnings were given by driver or other party? _____					
	18. Were street lights illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	19. What lights were employed on your vehicle/the other vehicle(s)? _____					
20. If your vehicle is commercial, state weight of load carried at time of accident _____						
21. State how accident happened, width of road, speed limits, etc. (refer to attached)						
22. State number of Passengers (including Driver) <u>1</u>						
Declaration	I/We declare the foregoing particulars are true in every respect					
	Policyholder's signature _____				Date _____	
Driver's signature (if driver is not the policyholder) _____				Date _____		

## POLICE REPORT PAGE 1



**SINGAPORE  
POLICE FORCE**



T/20190728/2004

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No. 1800-5549999

1 of 4

Report No. T/20190728/2004

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/07/2019 00:24	Video Report No.: A/20190727/0106	Station Diary No.: 1
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## Informant's Particulars

Name of Informant: TANG BENXIANG		Address: 16 WAK HASSAN DR SINGAPORE 757253	
ID Type / ID No.: NRC NO / S8035993D		Contact No.: Home/Office: Mobile: 90936963	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 38	Date of Birth: 21/10/1980	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Police officer		Driving Licence Information: Class: 3,4 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/07/2019 19:00	Type of Location: Straight Road
Location: Along Road 1 BALESTIER ROAD				
Lamp Post Number: 6				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCP9999P	Car	MERCEDES BENZ		Silver	Slightly Damaged	1
SLD7912J	Car	VOLKSWAGO N	SCIROCCO R 2.0 AT 137RX3	Blue	Slightly Damaged	0
SMG9947T	Car	MERCEDES BENZ		White	Slightly Damaged	2

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT PAGE 2



**SINGAPORE  
POLICE FORCE**



T/20190728/2004

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

2 of 4  
Report No: T/20190728/2004

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD7912J	AXA INSURANCE SINGAPORE PTE LTD	GA115332	28/08/2018	27/08/2019

  

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ID No.		
KOH PUAY TEE	S0475334H		
Related Vehicle	Contact No.		
SCP9999P (Car)	98196637		
Hospital/Clinic	Class of Driving Licence & Expiry Date		
NIL	Class: NIL Date of Expiry: NIL		
Date Treatment	Date Discharge		
NIL	NIL		
No. of Days granted Medical Leave	Degree of Injury		
NIL	NIL		
Driver			
Name	ID No.		
TANG BENXIANG	S8035993D		
Related Vehicle	Contact No.		
SLD7912J (Car)	90936963		
Hospital/Clinic	Class of Driving Licence & Expiry Date		
NIL	Class: 3,4 Date of Expiry: NIL		
Date Treatment	Date Discharge		
NIL	NIL		
No. of Days granted Medical Leave	Degree of Injury		
NIL	NIL		
Driver			
Name	ID No.		
HONG FANSHENG JUSTIN	S8325796B		
Related Vehicle	Contact No.		
SMG9947T (Car)	90485796		
Hospital/Clinic	Class of Driving Licence & Expiry Date		
NIL	Class: NIL Date of Expiry: NIL		
Date Treatment	Date Discharge		
NIL	NIL		
No. of Days granted Medical Leave	Degree of Injury		
NIL	Slight		



SINGAPORE  
POLICE FORCE



T/20190728/2004

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757833  
Tel No: 1800-5549999

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Report No. T/20190728/2004

CONTINUATION OF REPORT

**Brief Details.**

On 27/07/2019 at about 1900 hrs, I was driving my car along Balestier Road on the 2nd lane. There was a traffic jam. The car (SCP9999P) in front of my car stop suddenly and I could not stop in time. I had hit onto the rear of the car. After the accident, I got down from my car and I discovered that the car (SCP9999P) in front was involved in an accident with another car (SMG9947T) in front of him. We had exchanged our particulars.

The driver of SMG9947T called for assistance, Traffic Police and Ambulance came to the scene. The driver's wife from vehicle, SCP9999P was conveyed to hospital by Ambulance. The SD card from my in-car camera was being taken by Traffic Police at scene. My car in-car camera have not been working for the past 6 months.



SINGAPORE  
POLICE FORCE



T20190728/2004

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-6549999

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Report No. T20190728/2004

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: L/ Staff Sgt LIM FEI YANG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/07/2019 00:24
Officer In Charge Of Case: TP / GI / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case: 
Authentication Stamp NP198	Signature:  

DRIVER NRIC & LICENSE

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:**

Class	Description	Effective Date
Class 2	Motor cars with unladen weight ≤ 3500kg with ≤ 7 passengers, exclusive of driver, and other motor vehicles with unladen weight ≤ 3500kg	13 Mar 2007
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight ≤ 2000kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight ≤ 7500kg	13 Dec 2017

8888814



NRIC No: S8035993D



Date of Birth: 21-10-1990

10 WAK HAZZAN DR  
SINGAPORE 757253

NRIC No: S8035993D Date: 17/01/2017 (R)

NP 426A

License No: S8035993D



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8035993D



TANG BENJIANG

Date of Birth: 21 Oct 1990

Issue Date: 13 Dec 2017



REPUBLIC OF SINGAPORE

IDENTITY CARD NO: S8035993D



Name: TANG BENJIANG

唐本强

Race: CHINESE

Date of Birth: 21-10-1990

Sex: M

Country of Birth: SINGAPORE

