

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	20/09/2019 10:17
Date Of Accident	18/09/2019 08:50
Exact Location Of Accident	THE BEND OF THE EXIT FROM PIE AT CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC1814S
Insured/Policyholder	
Name Of Registered Owner	ZHANG JING
NRIC No	S6976385E
Email Address	CHLOEZHANG98@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97390470
Alternative Phone No	OFFICE-97390470

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR-1.2 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN894676
Cover Note Number	

Driver

Name of Driver	ZHANG JING
NRIC No	S6976385E
Date Of Birth	09/11/1969
Occupation	INDOOR
Date Of Driving Pass	23/11/2005
Driving Experience	13 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97390470
Fax Number	
Contact Number	OFFICE-97390470
EEmail Address	CHLOEZHANG98@GMAIL.COM

Address	450 CORPORATION RD #16-04
Postcode	649810
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 - 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?	NO
Was any injured conveyed to hospital by ambulance?	
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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	TP83P
Vehicle Make/Model/Colour	MUHD KHAIR AMIN
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
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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: 20/9/19 8:12

Driver's Signature

(If driver is not the policyholder)

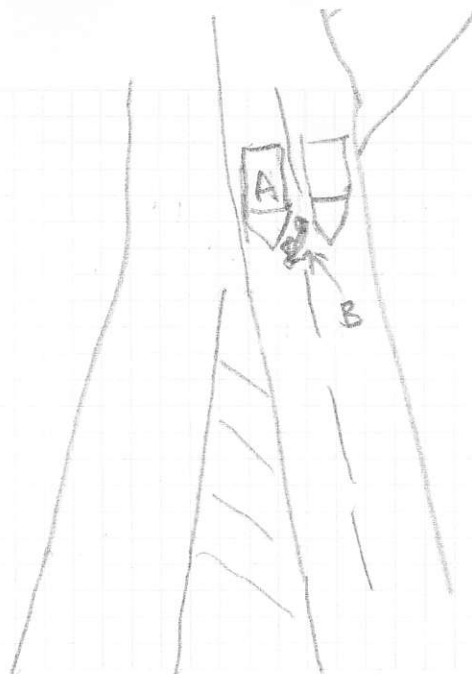
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A - SMC 18145

B - TP83P

on the bend of the exit
from PIE (To city) at
Clementi Ave 6.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report

DECLARATION

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

Policyholder's Signature

Date & Time: 20/9/19 8:12

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20190918/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2019 10:18	Vide Report No.: J/20190918/0045	Station Diary No.: 52
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Informant's Particulars

Name of Informant: ZHANG JING			Address: 450 CORPORATION ROAD #16-04 SINGAPORE 649810		
ID Type / ID No.: NRIC NO / S6976385E			Contact No.: Home/Office: Mobile: 97390470		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 49	Date of Birth: 08/11/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Accountant			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 18/09/2019 08:50	Type of Location: Bend
Location: Along Road 1 CLEMENTI AVENUE 6				
PIE twds Airport , along bend of Clementi Ave 6 Exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMC1814S		TOYOTA	C-HR 1.2 TURBO ACTIVE (AUTO)	White		0
TP83P						0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20190918/2038

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20190918/2038

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC1814S	AXA INSURANCE SINGAPORE PTE LTD	P2142966	27/06/2018	26/06/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZHANG JING	ID No.	S6976385E
Related Vehicle	SMC1814S	Contact No.	97390470
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was on the bend of the exit from PIE at Clementi Ave 6.

There was an accident further in front along the same road, hence I was stationary due to the extremely slow moving road. I was on the right lane. Suddenly I felt a slight impact.

I realized that a traffic police motorcycle, TP83P had side swiped my car, on the left side, causing a small scratch. The traffic police officer stopped to make checks, another officer came. He took my In-car Camera SD card and advised me to lodge a police report.



SINGAPORE
POLICE FORCE



T/20190918/2038

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20190918/2038

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: D / Sgt 3 KANG HUI MING, DON 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/09/2019 10:18
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151 	Classification Of Case:
Authentication Stamp NP168 <div>SIGNATURE</div>	

TYPE OF CLAIM: ☐ OD ☐ OD/UL ☒ DS

MCA: JORTAN

MOTOR ACCIDENT REPORT

Date Of Report: 20/09/2019 Time: 8:12 Date Of Accident: 18/09/2019 Time: 8:50
Exact Location Of Accident: The Bend of the exit from PIE at Clementi Ave 6
Country/State of Loss: Singapore ☒ / Wilayah Persekutuan ☐ / Selangor Darul Ehsan ☐ / Negeri Sembilan ☐ / Melaka ☐ / Pahang ☐

OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)

Vehicle Registration Number: SMC18145 Co. Reg. No(for Co. Vehicle)/NRIC/PP/FIN No: 56976385E
Name Of Registered Owner: ZHANG JING
Mobile Number: 97390470 Alternative No: Email Address: chloe Zhang 98@gmail.com

Vehicle Particulars

Manufacturer: Toyota ☒ Lexus ☐ Suzuki ☐ Hino ☐ Model: CHR
Exact Purpose for which vehicle was being used at time of accident: Normal Usage ☒ Other ☐ (please specify):
Are you claiming under your own insurance policy for repair to your vehicle? Yes ☐ Reporting Only ☐ Third Party ☒
Vehicle Category: Private Car ☒ Commercial Vehicle ☐ Others ☐

Insurance Company

Name of Insurance Company: AXA Insurance Pte Ltd
Type Of Coverage: Comprehensive ☒ Third Party ☐ Third Party Fire and/or Theft ☐
Fleet Policy: Yes ☐ No ☒ Policy / Cover Note No: CN894676

DRIVER DETAILS AT POINT OF ACCIDENT

Name of Driver: ZHANG JING NRIC/ Passport / FIN No: 56976385E
Date Of Birth: 09 Nov. 1969 Occupation: Indoor ☒ Outdoor ☐
Date Of Driving Pass: 23 Nov 2005 Gender: Male ☐ Female ☒
Mobile Number: 97390470 Fax No: Alternative No:
Address: 450 Corporation Road #16-04 Postal Code: 649810
Email Address: chloe Zhang 98@gmail.com
Was driver an employee of the Insured's Company? Yes ☐ No ☒ State relationship of the driver with the insured: OWNER

Vehicle Registration Number of Driver's Own Vehicle (if applicable):

Insurance Company of Driver's Own Vehicle (if applicable):

GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident: LEFT FRONT COLLISION
Number of Passengers in the above vehicle (Including Driver): 1 / If more than 2 Pax Please fill ANNEX B

PASSENGER 1

Name: Gender: Male ☐ Female ☒
Weather Conditions: Clear ☒ Raining ☐ Others ☐ (If others, please state condition):
Road Surface: Wet ☐ Dry ☒ Others ☐ (If others, please state condition):
Was any body injured in the Accident? No ☒ Yes ☐
Was any injured conveyed to hospital by ambulance? No ☒ Yes ☐
Was any foreign vehicle involved in this accident? No ☒ Yes ☐ Vehicle No: Vehicle type:
Number of vehicles involved in the accident: 2
Was there any witness? No ☒ Yes ☐ If yes, please furnish witness details column below
Witness Name: | Contact No.: | Email:
Was there any other vehicle or property damaged? No ☐ Yes ☒ TP83P MOTORBIKE
Was there any video captured by Car Camera? No ☐ Yes ☒ Are accident scene photos available for attachment? No ☐ Yes ☒
Was the accident reported to the police? No ☐ Yes ☒ (If yes, please state which Police Station): CLEMENTI N.P.C
Was notice of intended Prosecution given? No ☒ Yes ☐ (If yes, please state against whom):
I have been approached by unknown person(s) soliciting/offering accident claims assistance. No ☒ Yes ☐

DETAILS OF OTHER VEHICLE PROPERTY 1 (Please fill Annex A if more vehicles involved)

Vehicle Registration Number: TP83P Vehicle Make/Model/Colour:
Details Of Properties Damage in Accident:
Vehicle Category:
Name of Driver: MLLHD KHAIR AMIN
NRIC/Passport/FIN Number: Contact Number:
Address: Postal Code:
Insurance Company Name:
Nature Of Damage: No. Of Passenger (Including Driver):