

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	01/10/2019 17:42
Date Of Accident	30/09/2019 21:10
Exact Location Of Accident	PUNGGOL RD TWDS HOUGANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7049T
Insured/Policyholder	
Name Of Registered Owner	MR WONG TEE WEE
NRIC No	S1505939G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82001472
Alternative Phone No	OFFICE-82001472

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMM D
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	BUS

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMB1SN3037771900
Cover Note Number	

Driver

Name of Driver	LIANG XIAOZHEN
NRIC No	S8127524F
Date Of Birth	09/09/1981
Occupation	OUTDOOR
Date Of Driving Pass	16/05/2003
Driving Experience	16 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82001472
Fax Number	
Contact Number	OFFICE-82001472
Email Address	NOEMAIL

Address	BLK 116C RIVERVALE DRIVE #11-38
Postcode	543116
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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)	4

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191001/7004.

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	SJJ9639C
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 INJURED PERSON 1

Name	LIANG XIAOZHEN
Approximate Age	
Injuries Sustain	NECK, BACK & BODY
Injured person in which vehicle?	CB7049T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	GAN SIEW KIAT
Approximate Age	
Injuries Sustain	NECK, BACK & BODY
Injured person in which vehicle?	CB7049T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	TRICIA FOO SHU HUI
Approximate Age	
Injuries Sustain	NECK, BACK & BODY
Injured person in which vehicle?	CB7049T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4


Name	LINDA LEONG
Approximate Age	
Injuries Sustain	NECK, BACK & BODY
Injured person in which vehicle?	CB7049T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


Accident 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, regulatory, 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.:

Accident Sketch Plan

SKETCH PLAN

REFER TO ATTACHMENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to traffic police report

T / 20181001 / 7004

DECLARATION

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

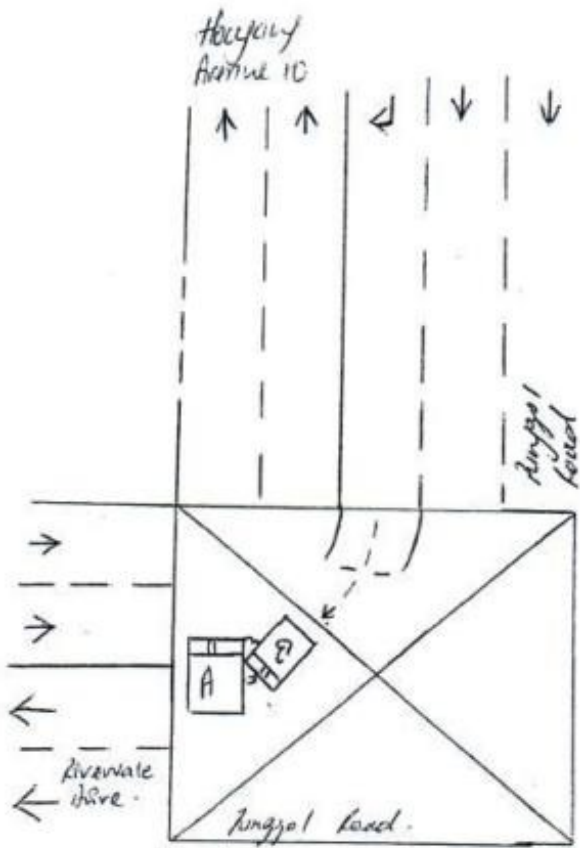
Wong
Policyholder's Signature
Date & Time:

Signature of Policyholder: 1/1

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

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

Accident Sketch Plan



A: CB7048T

B: JJJ9639C

along them.

Police Report



**SINGAPORE
POLICE FORCE**



T/20191001/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20191001/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2019 11:12	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LIANG XIAOZHEN		Address: APT BLK 116C RIVERVALE DRIVE #11-38 SINGAPORE 543116	
ID Type / ID No.: NRIC NO / S8127524F		Contact No.: Home/Office: Mobile: 82001472	
Nationality: SINGAPORE CITIZEN		Email: xiao9981@gmail.com	
Sex: Female	Age: 38	Date of Birth: 09/09/1981	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Bus driver		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: 30/09/2019 21:10	Type of Location: X-Junction
Location: RIVERVALE DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB7049T	Van					0
SJJ9639C	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20191001/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191001/7004

CONTINUATION OF REPORT

Driver			
Name	LIANG XIAOZHEN	ID No.	S8127524F
Related Vehicle	CB7049T (Van)	Contact No.	82001472
Hospital/Clinic	GALILEE CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/10/2019	Date Discharge	01/10/2019
No. of Days granted Medical Leave	04	Degree of Injury	Serious
Passenger			
Name	GAN SIEW KIAT	ID No.	S1306908E
Related Vehicle	CB7049T (Van)	Contact No.	82687937
Hospital/Clinic	GALILEE CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/10/2019	Date Discharge	01/10/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	TRICIA FOO SHU HUI	ID No.	S8116459B
Related Vehicle	CB7049T (Van)	Contact No.	83830406
Hospital/Clinic	GALILEE CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/10/2019	Date Discharge	01/10/2019
No. of Days granted Medical Leave	04	Degree of Injury	Serious
Passenger			
Name	LINDA LEONG	ID No.	S7822559I
Related Vehicle	CB7049T (Van)	Contact No.	94558648
Hospital/Clinic	GALILEE CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/10/2019	Date Discharge	01/10/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Police Report



**SINGAPORE
POLICE FORCE**



T/20191001/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191001/7004

CONTINUATION OF REPORT

Brief Details.

On the stated date and time I vehicle (CB7049T) was travelling on Punggol Road towards Hougang as reaching the junction of Punggol road and Rivervale drive vehicle (SJJ9639C) make a right turn and hit onto my vehicle right side.

Police Report



**SINGAPORE
POLICE FORCE**



T/20191001/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191001/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
01/10/2019 11:12

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

