

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	11/12/2019 10:27
Date Of Accident	10/12/2019 12:30
Exact Location Of Accident	ZION ROAD TURNING RIGHT INTO RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM3873E
Insured/Policyholder	
Name Of Registered Owner	LI PENGTAO
NRIC No	G7860184T
Email Address	LI_PENGTAO@CAT.COM
Mobile Phone No	(LOCAL) +65-88280233
Alternative Phone No	OTHERS-88280233

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111002384
Cover Note Number	

Driver

Name of Driver	LI PENGTAO
NRIC No	G7860184T
Date Of Birth	08/11/1978
Occupation	INDOOR
Date Of Driving Pass	04/06/2013
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88280233
Fax Number	
Contact Number	OTHERS-88280233
E-Mail Address	LI_PENGTAO@CAT.COM

Address	2 LEONIE HILL ROAD #08-06 LEONIE HILL CONDOTEL
Postcode	239192
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	COLLIDED INTO PEDESTRIAN
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : CAI ZHIJING GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191210/2079

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	PEDESTRIAN
Vehicle Category	NA/UNKNOWN
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	UNKNOWN PEDESTRIAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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, 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.

Pun Li

Policyholder's Signature

Date & Time:

11/12/2019

10:30 am.

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

11/12/2019
Raja Lina

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191210/2079

1 of 4

Report No. T/20191210/2079

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2019 14:27	Vide Report No.: E/20191210/0092	Station Diary No.: 66
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Informant's Particulars			
Name of Informant: LI PENGTAO		Address: APT BLK 2 LEONIE HILL ROAD #08-06 LEONIE CONDOTEL SINGAPORE 239192	
ID Type / ID No.: FIN NO / G7860184T		Contact No.: Home/Office: Mobile: 88780233	
Nationality: CHINESE		Email:	
Sex: Male	Age: 41	Date of Birth: 08/11/1978	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: OPERATION MANAGER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 10/12/2019 12:30	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 ZION ROAD RIVER VALLEY ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMM3873E	Car	TOYOTA	WISH 1.8 CVT	White	No Damage	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM3873E	NTUC Income Insurance Co-Operative Limited	5111002384	10/07/2019	09/07/2020

POLICE REPORT



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51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



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Report No. T/20191210/2079

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: 1		Use of Pedestrian Crossing: Used	
Driver			
Name	LI PENGTAO	ID No.	G7860184T
Related Vehicle	SMM3873E (Car)	Contact No.	88780233
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	CAI ZHIJING	ID No.	G3858453M
Related Vehicle	SMM3873E (Car)	Contact No.	88783005
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 10/12/2019 at about 1230hrs, I was driving my vehicle (SMM3873E) together with my wife namely, Cai ZhiJing. I was driving on Zion Road, on the extreme right turning lane. I wanted to make a right turn to River Valley Road. As the traffic light was in my favor. As my vision was blocked by the car pillar and the weather was raining, I noticed no one was crossing even though the green man light was in favor, thus I made the right turn.

While I was doing so, one female pedestrian was appeared to be crossing the road. I did a brake and my vehicle front right bumper hit onto the female pedestrian however she did not fell.

Later, traffic police came down to scene and the female pedestrian was also conveyed to hospital by the ambulance. I was then inform by the traffic police officer to lodge a report with regards to the incident vide to E/20191210/0092.

I have handed over my dash cam memory card to the officer at scene and was issued with an acknowledgement slip.

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



T/20191210/2079

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Report No: T/20191210/2079

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191210/2079

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
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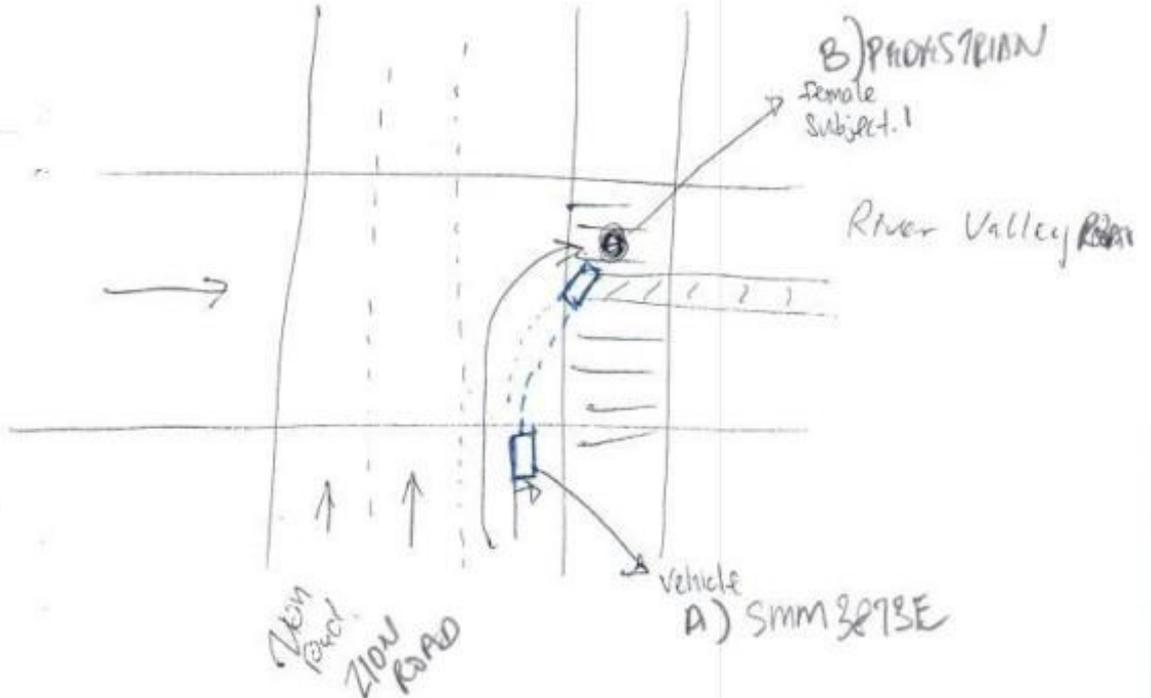
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Report No. T/20191210/2079

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: E / Sgt 2 BRYAN LIM KAH LOK	<i>[Signature]</i>
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	

Signature Of Informant:	<i>[Signature]</i>
Date/Time:	10/12/2019 14:27
Classification Of Case:	

Authentication Stamp
NP168

[Signature]

POLICE REPORT



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

*Video Footage
WNT TIP*

Ref: Report No: _____

I, _____
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of _____
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from _____
(Name, NRIC or Passport No. / Rank and No.)

of _____
(Address / Police Station / NPC / NPP)

on _____ at _____
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

(Signature)

Signature

(Name, NRIC or Passport No. / Rank and No.)

(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: _____

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

