

## 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	12/03/2020 11:57
Date Of Accident	11/03/2020 17:00
Exact Location Of Accident	ECP TWDS PIE B4 XILIN AVE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK482R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	XU WEIHUA,JONATHAN@ADAM XU
NRIC No	SXXXX160Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98586890
Alternative Phone No	OTHERS-98586890

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	19-MT107365-R01
Cover Note Number	

### Driver

Name of Driver	XU WEIHUA,JONATHAN@ADAM XU
NRIC No	SXXXX160Z
Date Of Birth	07/09/1983
Occupation	INDOOR
Date Of Driving Pass	23/07/2016
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98586890
Fax Number	
Contact Number	OTHERS-98586890
Email Address	NOEMAIL

Address	BLK 262 TOA PAYOH EAST #17-10
Postcode	310262
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 - HEAD TO REAR
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?	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200312/7005

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB8904J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 SJA2747S  
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 XU WEIHUA,JONATHAN@ADAM XU  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SJK482R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### 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 Authorized 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. 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:

- (i) 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")
- (ii) 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
- (iii) 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 situated outside of Singapore, for one or more of the above Purposes
- (iv) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and repair estimation and all future claims.
- (v) the information collected under (ii) above may be stored / 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.

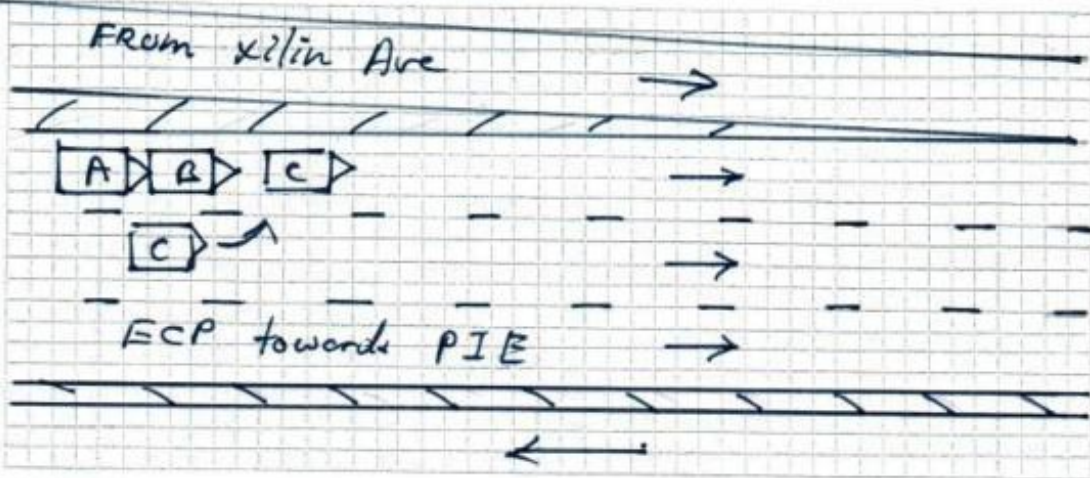
Policyholder Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Report No:-

T/20200312/7005

*[Handwritten signature]*

A - SJK482R

B - SHB8904J

C - SJA2747S

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

## DECLARATION

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

*[Handwritten signature]*  
Policyholder's Signature  
Date & Time:

*[Handwritten signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Handwritten signature]* 12/03/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:

ENCLOSURE (Sketch and Photos etc)

# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20200312/7005

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

2 of 3  
Report No. T/20200312/7005

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJK482R	TOKIO MARINE INSURANCE SINGAPORE LTD.	MT107365	17/09/2018	01/10/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	XU WEIHUA, JONATHAN		ID No. S8328160Z
Related Vehicle	SJK482R (Car)		Contact No. 98586890
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	12/03/2020		Date Discharge 12/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On the stated date and time, at along ECP(City) after Tanah Merah Coast Road Exit. I was driving my Vehicle SJK482R along Lane 3 behind SHB8904J when suddenly a vehicle SJA2747S cut in front of SHB8904J from the second lane and tapped his brake followed by applying emergency brake on purpose. SHB8904J stopped in time, however, i was not able to stop in time as i was looking to change lane to the right to avoid the recklessness of the Vehicle SJA2747S. I collided into the rear portion of the Vehicle SHB8904J, but there was no collision with SJA2747S. Thereafter, the driver of SJA2747S drove off and SHB8904J stopped together with me to settle the accident.



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

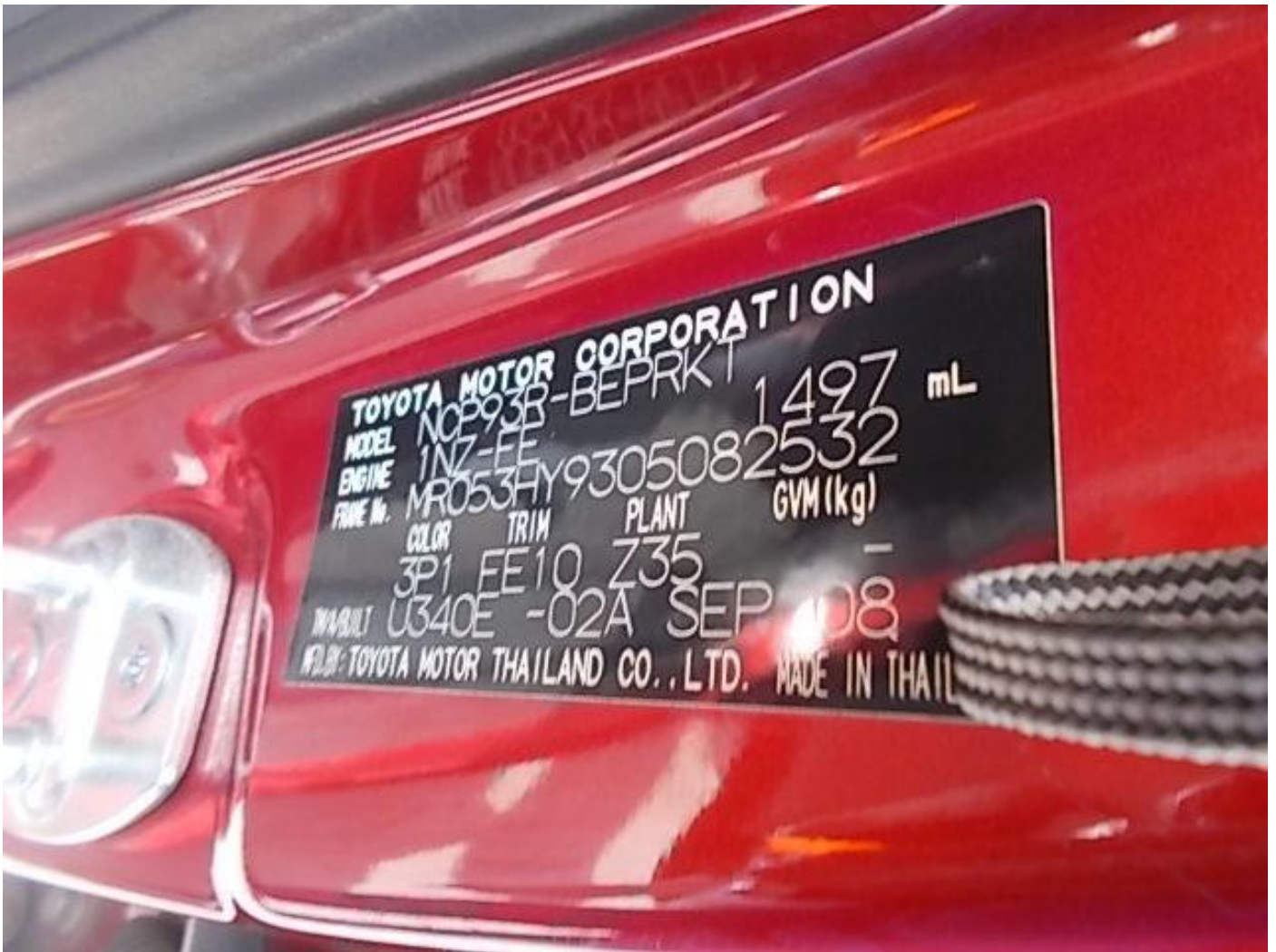


Accident Photo





Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**

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



T/20200312/7005

1 of 3

Report No. T/20200312/7005

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/03/2020 11:02		Vide Report No.:		Station Diary No.	
<b>Informant's Particulars</b>					
Name of Informant: XU WEIHUA, JONATHAN			Address: APT BLK 262 TOA PAYOH EAST #17-10 SINGAPORE 310262		
ID Type / ID No.: NRIC NO / S63281602			Contact No. Home/Office: Mobile: 98585850		
Nationality: SINGAPORE CITIZEN			Email: jon7983@hotmail.com		
Sex: Male	Age: 36	Date of Birth: 07/09/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: self-employed			Driving Licence Information: Class:		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/03/2020 17:00	Type of Location: Straight Road
Location:  EAST COAST PARKWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHE8904J	TAXI					0
SJA27476	Car					0
SJK482R	Car	TOYOTA	VIOS E AUTO	Red		0

## Details of Vehicle Insurance

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



**SINGAPORE  
POLICE FORCE**



T/202003127005

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

2 of 3  
Report No. T/202003127005

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJK482R	TOKIO MARINE INSURANCE SINGAPORE LTD.	MT107365	17/09/2018	01/10/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	XU WEIHUA, JONATHAN	ID No.	S8328160Z
Related Vehicle	SJK482R (Car)	Contact No.	88586890
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/03/2020	Date Discharge	12/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details

On the stated date and time, at along ECP(City) after Tanah Merah Coast Road Exit. I was driving my Vehicle SJK482R along Lane 3 behind SHB8904J when suddenly a vehicle SJA2747S cut in front of SHB8904J from the second lane and tapped his brake followed by applying emergency brake on purpose. SHB8904J stopped in time, however, I was not able to stop in time as I was looking to change lane to the right to avoid the recklessness of the Vehicle SJA2747S. I collided into the rear portion of the Vehicle SHB8904J, but there was no collision with SJA2747S. Thereafter, the driver of SJA2747S drove off and SHB8904J stopped together with me to settle the accident.

## Police Report



**SINGAPORE  
POLICE FORCE**

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



T/20200312/7005

3 of 3

Report No: T/20200312/7005

### 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 / TP18 /  
GCH GEOK LYE  
Contact No: 65476148

Authentication Stamp  
NP151

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

Date/Time:  
12/03/2020 11:02

Classification Of Case: