

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	18/03/2020 15:39
Date Of Accident	17/03/2020 09:20
Exact Location Of Accident	CTE TWDS CITY B4 BRADDELL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX8989B
Insured/Policyholder	
Name Of Registered Owner	HUANG QIAO ZHEN
NRIC No	SXXXX581Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96676948
Alternative Phone No	OFFICE-96676948

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE KOUP 1.6 AT SX ABS D/AB SR
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090804920-02
Cover Note Number	

Driver

Name of Driver	HUANG QIAO ZHEN
NRIC No	SXXXX581Z
Date Of Birth	30/05/1989
Occupation	INDOOR
Date Of Driving Pass	21/07/2010
Driving Experience	9 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96676948
Fax Number	
Contact Number	OFFICE-96676948
Email Address	NOEMAIL

Address	5 YISHUN ST 51 #10-10
Postcode	767998
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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200317/2158

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	SGJ4177L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BOEY WENG YEW
NRIC/Passport Number	SXXXX067J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	HUANG QIAO ZHEN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLX8989B
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, 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.

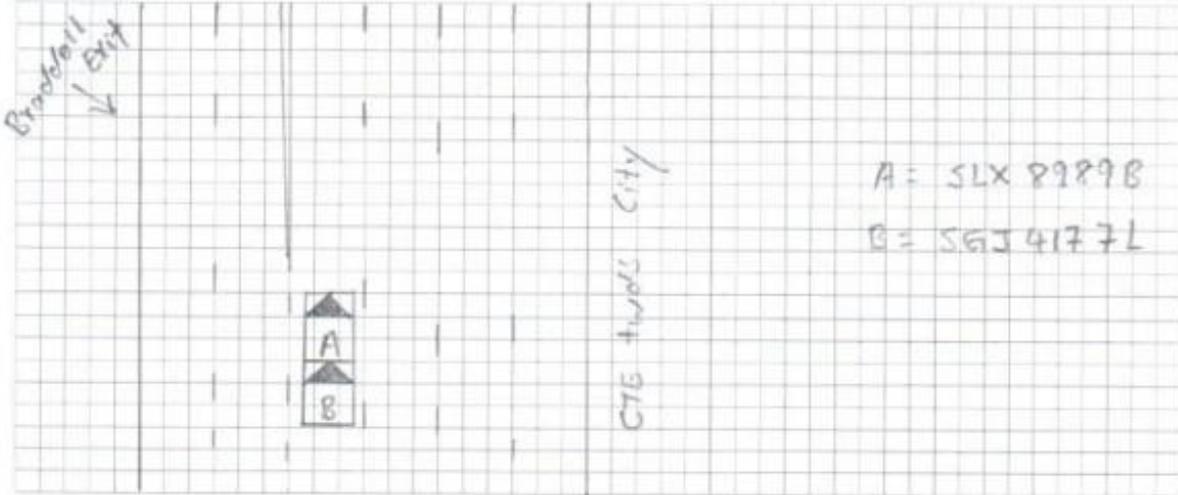
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along CTE towards City B4
Braddell Exit, My veh was stationary due to
traffic congested. All of a sudden, I felt an
impact from behind. After the incident, I realized
Veh B from behind collided onto my veh rear portion

DECLARATION

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


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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200317/2158

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3
Report No. T/20200317/2158

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2020 21:13	Vide Report No.:	Station Diary No.: 142
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Informant's Particulars			
Name of Informant: HUANG QIAOZHEN		Address: 5 YISHUN STREET 51 #10-10 SINGAPORE 767998	
ID Type / ID No.: NRIC NO / S8917581Z		Contact No.: Home/Office: Mobile: 96676948	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 30	Date of Birth: 30/05/1989	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: ACCOUNT MANAGER		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/03/2020 09:20	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY Towards City, before Braddell Road Exit				
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: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGJ4177L	Car				Slightly Damaged	1
SLX8989B	Car	KIA	CERATO FORTE KROUP 1.6 AT SX ABS D/AB SR	White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT



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POLICE FORCE**



T/20200317/2158

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

2 of 3
Report No. T/20200317/2158

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLX8989B	NTUC Income Insurance Co-Operative Limited	5090804920-02	17/09/2019	16/09/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	HUANG QIAOZHEN		ID No.	S8917581Z
Related Vehicle	SLX8989B (Car)		Contact No.	96676948
Hospital/Clinic	PLATINUM MEDICAL CENTRE PTEL LTD		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	17/03/2020		Date Discharge	17/03/2020
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	Boey Weng Yew		ID No.	S7324067J
Related Vehicle	NIL		Contact No.	84983240
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 17/03/2020 at about 0920hrs, I was driving on the 4th lane from the right at Central Expressway, the road was congested and my car was stationary at the point of time. My car was then hit from the rear by the other car, the impact caused my car to move. I then got out of my car and went to talk to the other driver. We then exchanged particulars and continued our journey. Around 1600hrs, I was at work and I felt back pains and decided to go for a check up at the said clinic and was given 3 days of MC. I was then advised to lodge a police report.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200317/2158

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

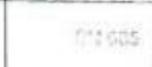
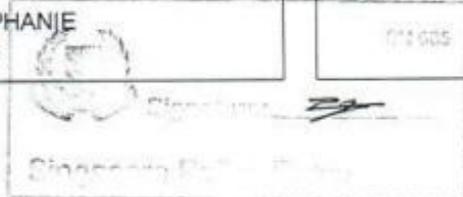
3 of 3
Report No. T/20200317/2158

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 / SC2 MUHAMMAD SYAFI'IE BIN JUPRI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/03/2020 21:13
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANJE Contact No.: 65476414	Classification Of Case: 
Authentication Stamp NP168 	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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