

## 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	01/08/2020 11:18
Date Of Accident	30/07/2020 16:00
Exact Location Of Accident	CTE TWDS CITY BEFORE BUKIT TIMAH EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP1600Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EDMUND ZHANG MUTONG
NRIC No	SXXXX173D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83331173
Alternative Phone No	OFFICE-83331173

### Vehicle Particulars

Manufacturer	JAGUAR
Model	XF 2.0P TSS
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900167901
Cover Note Number	

### Driver

Name of Driver	ZHANG MUTONG, EDMUND
NRIC No	SXXXX173D
Date Of Birth	10/01/1983
Occupation	INDOOR
Date Of Driving Pass	12/05/2004
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83331173
Fax Number	
Contact Number	OFFICE-83331173
EEmail Address	NOEMAIL

Address	BLK 686 HOUGANG STREET 61 #07-172
Postcode	530686
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)	2
Passenger 1	NAME: : TAN CHIN NA, REGINA GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 60 HOUGANG AVE 9 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4890999 - <b>FAX NO:</b> 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200730/2155.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA532J
Vehicle Make/Model/Colour	AUDI A4
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 ZHANG MUTONG, EDMUND  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SMP1600Z  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name TAN CHIN NA, REGINA  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SMP1600Z  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

### SKETCH PLAN

(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.

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NBIC/FIM No.: \_\_\_\_\_

# Accident Sketch Plan

SKETCH PLAN

CTE/CITY BUKIT TIMAH

VEHICLE  
A: SMP16002  
B: SLA53DJ

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE, TIME AND LOCATION.


I WAS TRAVELING AT CTE TOWARDS CITY BEFORE BUKIT TIMAH ON THE FIRST LANE ON THE RIGHT.


ALL OF A SUDDEN IN FRONT OF MY VEHICLE BRAKED HARD AND I ~~SA~~ BRAKED HARD IN A SPLIT SECOND VEHICLE "B" COLLIDED ONTO MY REAR. THE IMPACT WAS HUGE.

SMP16002  
FEMALE PASSENGER  
REGINA

## DECLARATION

(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.:

STRAIT TIMES REPORT Form 122

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200730/2155

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20200730/2155

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2020 23:34	Vide Report No.:	Station Diary No.: 128
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### Informant's Particulars

Name of Informant: ZHANG MUTONG, EDMUND			Address: APT BLK 686 HOUGANG STREET 61 #07-172 SINGAPORE 530686	
ID Type / ID No.: NRIC NO / S8301173D			Contact No.: Home/Office: Mobile: 83331173	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 37	Date of Birth: 10/01/1983	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SALES EXECUTIVE			Driving Licence Information: Class: 2B,3 Date of Expiry:	

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/07/2020 16:05	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Along CTE towards City Before Bukit Timah				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SLA532J	Car	AUDI	A4	Silver		1
SMP1600Z	Car	JAGUAR	XF 2.0P TSS	Black		1

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP1600Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900167901	01/10/2019	29/12/2020

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T/20200730/2155

Police Station Of Origin:  
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60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20200730/2155

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEONG WEI JIE	ID No.	S9126319Z
Related Vehicle	SLA532J (Car)	Contact No.	NIL
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
Driver			
Name	ZHANG MUTONG, EDMUND	ID No.	S8301173D
Related Vehicle	SMP1600Z (Car)	Contact No.	83331173
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	30/07/2020	Date Discharge	30/07/2020
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Passenger			
Name	TAN CHIN NA, REGINA	ID No.	S8028308C
Related Vehicle	SMP1600Z (Car)	Contact No.	96808422
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/07/2020	Date Discharge	30/07/2020
No. of Days granted Medical Leave	05	Degree of Injury	NIL

### Brief Details.

On 30/07/2020 at about 1604hrs, I was driving my car(Registration No. SMP1600Z) along CTE towards City Before Bukit Timah on the 1st lane of the 4lanes road when suddenly, I observed another unknown vehicle infront of me brake hard which I follow suit and another car(Registration No. SLA532J) behind me collided onto my car's rear resulting in dent damages. My passenger and I suffered impact on our back and neck area. I then alighted from my car to take photos, exchange particulars, agree on Insurance Claim and left the scene. There front dash camera in my car.

My passenger and I later went to Mount Alvernia Hospital and has 5days of MC each therefore lodging

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20200730/2155

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

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Report No. T/20200730/2155

**CONTINUATION OF REPORT**

this Traffic Accident report.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200730/2155

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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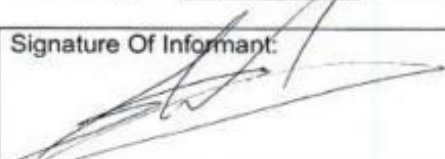

Report No. T/20200730/2155

### 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: F / Sgt 2 BOH YONG SENG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/07/2020 23:34
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168 	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

