

## 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	20/10/2020 11:55
Date Of Accident	19/10/2020 20:35
Exact Location Of Accident	BISHAN ST 14
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF3915S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZHANG ZI KAI, MARK
NRIC No	S8133831J
Email Address	SPARKYZEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97394169
Alternative Phone No	OTHERS-92970252

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF 2.0 GTIBM 162TSI D6F
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA162395
Cover Note Number	

### Driver

Name of Driver	OUYANG YAN
NRIC No	S8317948A
Date Of Birth	17/06/1983
Occupation	INDOOR
Date Of Driving Pass	08/12/2005
Driving Experience	14 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92970252
Fax Number	
Contact Number	
EEmail Address	NOEMAIL



Address	68 JALAN KERUING
Postcode	808983
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 20 BISHAN STREET 23 , <b>POSTCODE:</b> 579757 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5529999 - <b>FAX NO:</b> 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

refer police report

#### 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	SMR5801Z
Vehicle Make/Model/Colour	BMW X3 BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MICHELLE DUAN
NRIC/Passport Number	
Contact Number	98369578
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	



No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name MICHELLE DUAN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SMR5801Z

Were seat belts worn? YES

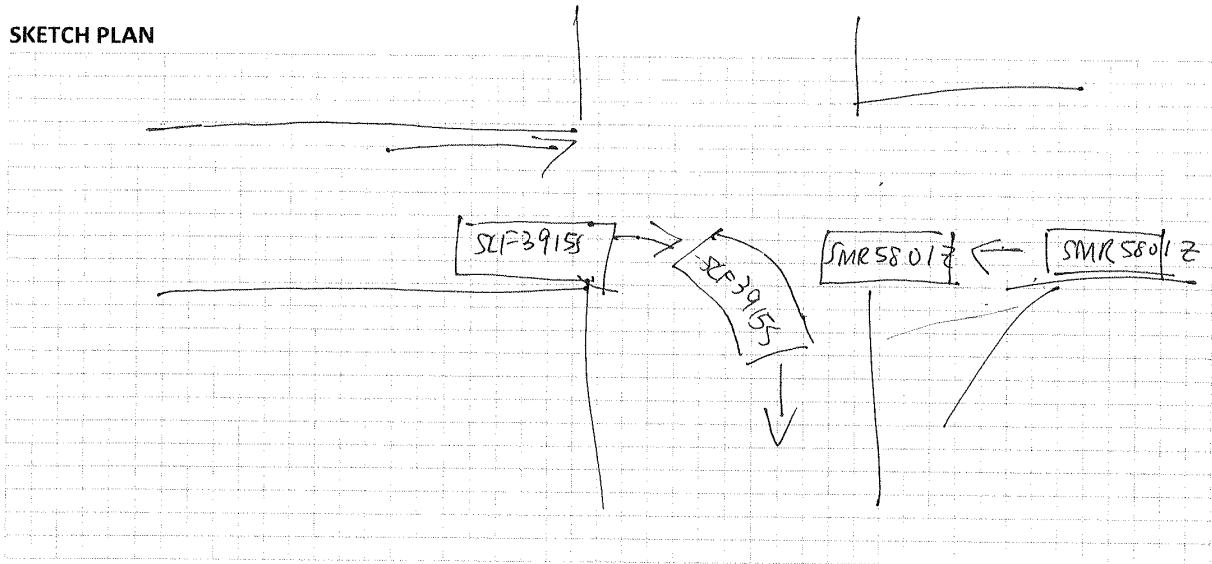
Was this injured conveyed to hospital by ambulance? YES

Address

Postcode



### SKETCH PLAN

[illegible]

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

Policyholder's Signature \_\_\_\_\_

Date &amp; Time:

20/10/20 1203

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Date & Time: 20/10/2020 12:03

Reporting Centre Personnel's Signature \_\_\_\_\_ 2020

Name:

NRIC/FIN No.:

20 OCT 2020



## Accident Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

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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)**

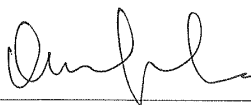
I understand, acknowledge, agree and consent that:

- (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:

20/10/20 1203



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

20/10/2020 1203



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

20 OCT 2020



# Identification Card Pg. 1

**REPUBLIC OF SINGAPORE DRIVING LICENCE**


Licence Number: **S8317948A**

Name: **OUYANG YAN**

Birth Date: **17 Jun 1983**

Issue Date: **26 Nov 2019**

003001168H



**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S8317948A**


Name: **OUYANG YAN**

Race: **CHINESE**

Date of Birth: **17-06-1983**

Sex: **F**

Country of Birth: **SINGAPORE**




## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

### EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg 08 Dec 2005

NP 428A





2608185

NRIC No. **S8317948A**

Blood Group: **B+**

Date of Issue: **05-04-1995**

Address: **68 JALAN KERUING SINGAPORE 2680**



## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20201019/2145

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 4

Report No. T/20201019/2145

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/10/2020 22:18		Vide Report No.: E/20201019/0142		Station Diary No.: 116	
<b>Informant's Particulars</b>					
Name of Informant: OUYANG YAN			Address: 68 JALAN KERUING SINGAPORE 808983		
ID Type / ID No.: NRIC NO / S8317948A			Contact No.: Home/Office: Mobile: 92970252		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 37	Date of Birth: 17/06/1983	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: MARKETING MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/10/2020 20:35	Type of Location:
Location:  BISHAN STREET 14				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF3915S	Car	VOLKSWAGO N	GOLF GTI 2.0 TSI 5G19TY	Red	Seriously Damaged	0
SMR5801Z	Car	BMW	X3 XDRIVE35I A/T 4WD S/R DSC NAV LED HUD	Black	Seriously Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20201019/2145

2 of 4

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20201019/2145

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	OUYANG YAN	ID No.	S8317948A
Related Vehicle	SLF3915S (Car)	Contact No.	92970252
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
<b>Driver</b>			
Name	Michelle Duan	ID No.	NIL
Related Vehicle	SMR5801Z (Car)	Contact No.	98369578
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 the 19/10/2020 at 2035hrs, my vehicle (SLF3915S) was travelling along Bishan st 22 turning right towards Bishan road. The weather was clear and traffic volume was moderate. As my vehicle was on the most right lane, I spotted one black vehicle (SMR5801Z) from the opposite direction with the left signal on and the vehicle seem to be proceeding to turn left onto bishan road. I started moving off. Suddenly, I felt an impact from the left side of my vehicle. I hit the brakes and vehicle came to a stop. I alighted from my vehicle and spotted the black vehicle had collided into my vehicle.

Shortly, there was one police car who came to scene. Traffic Police, Ambulance and Fire truck had arrived. The damages to my vehicle is the left portion and the damages to the black vehicle is the front portion. The other driver was conveyed to the hospital. Both vehicles were towed away. There is no in-car camera installed me my vehicle. However, there is a camera inside the black vehicle. TP had issued me a case card vide E/20201019/0142.

I wish to inform that I am currently still shocked from the accident and I am not injured. I am lodging this report for insurance claim.





**SINGAPORE  
POLICE FORCE**



T/20201019/2145

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

3 of 4

Report No. T/20201019/2145

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20201019/2145

4 of 4

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No. T/20201019/2145

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 CASSIDY TAN GIA LOK	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 19/10/2020 22:18
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:  SN 061
Authentication Stamp NP168 	



Accident Photo



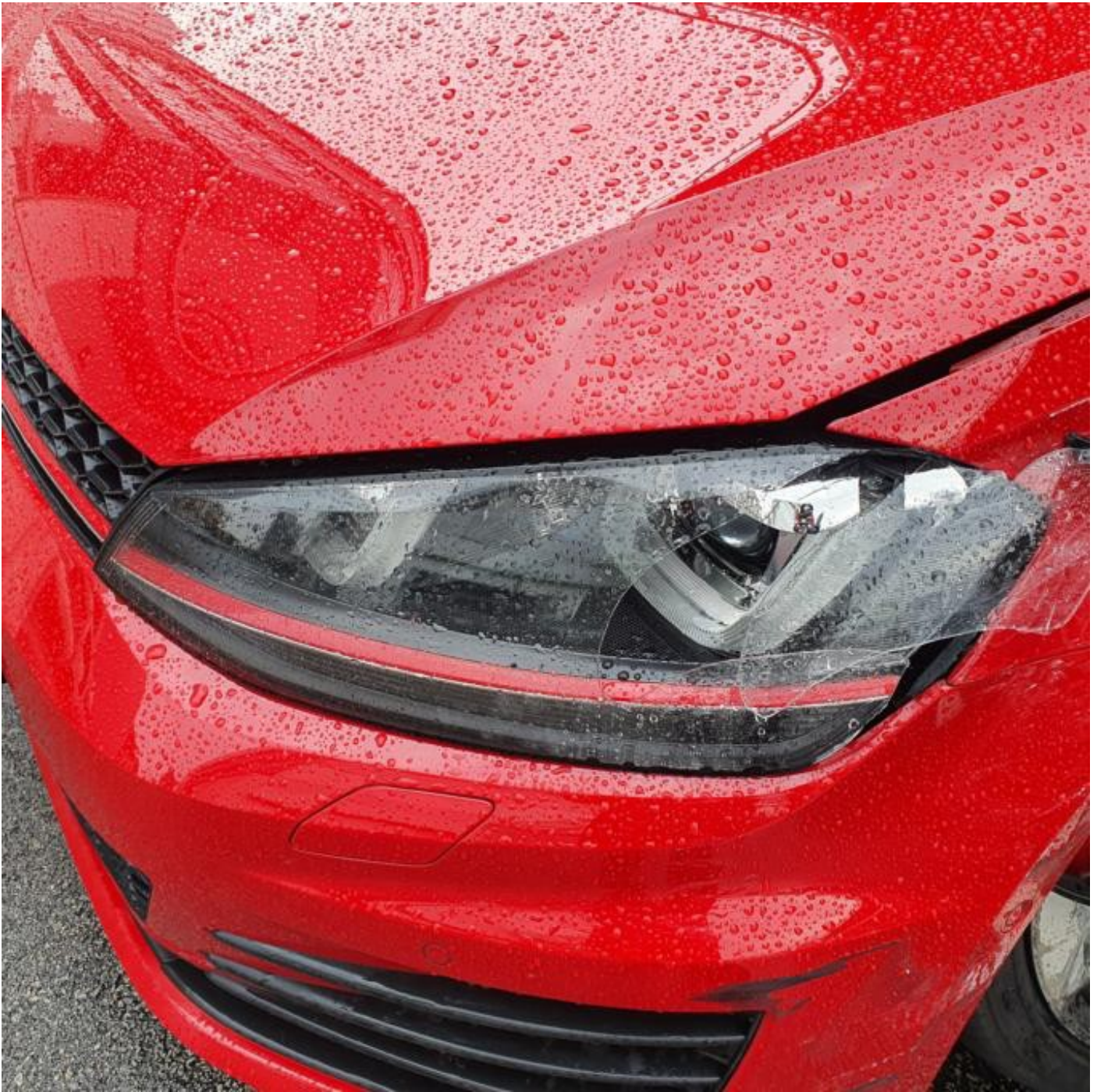


Accident Photo





Accident Photo





Accident Photo





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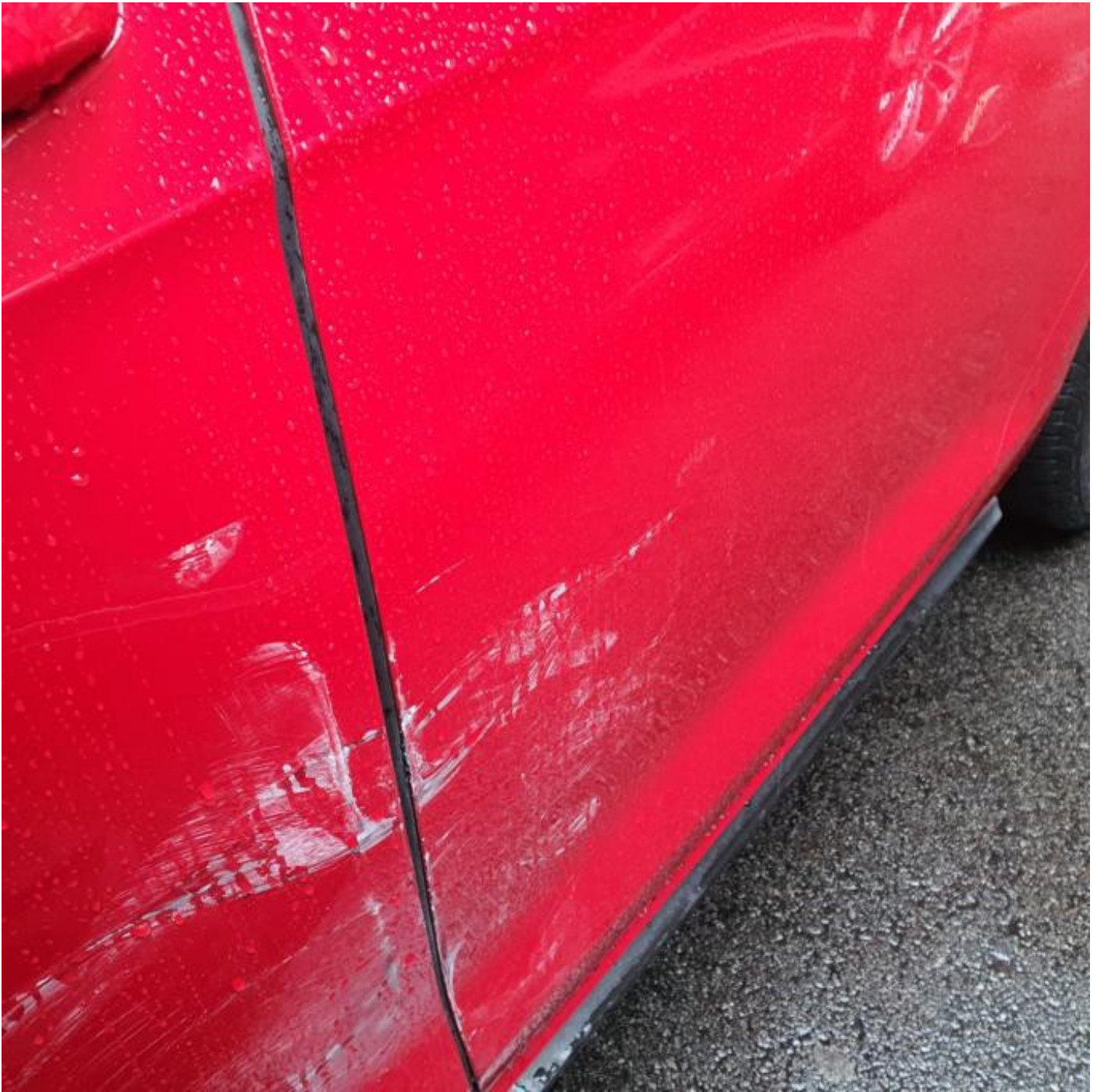


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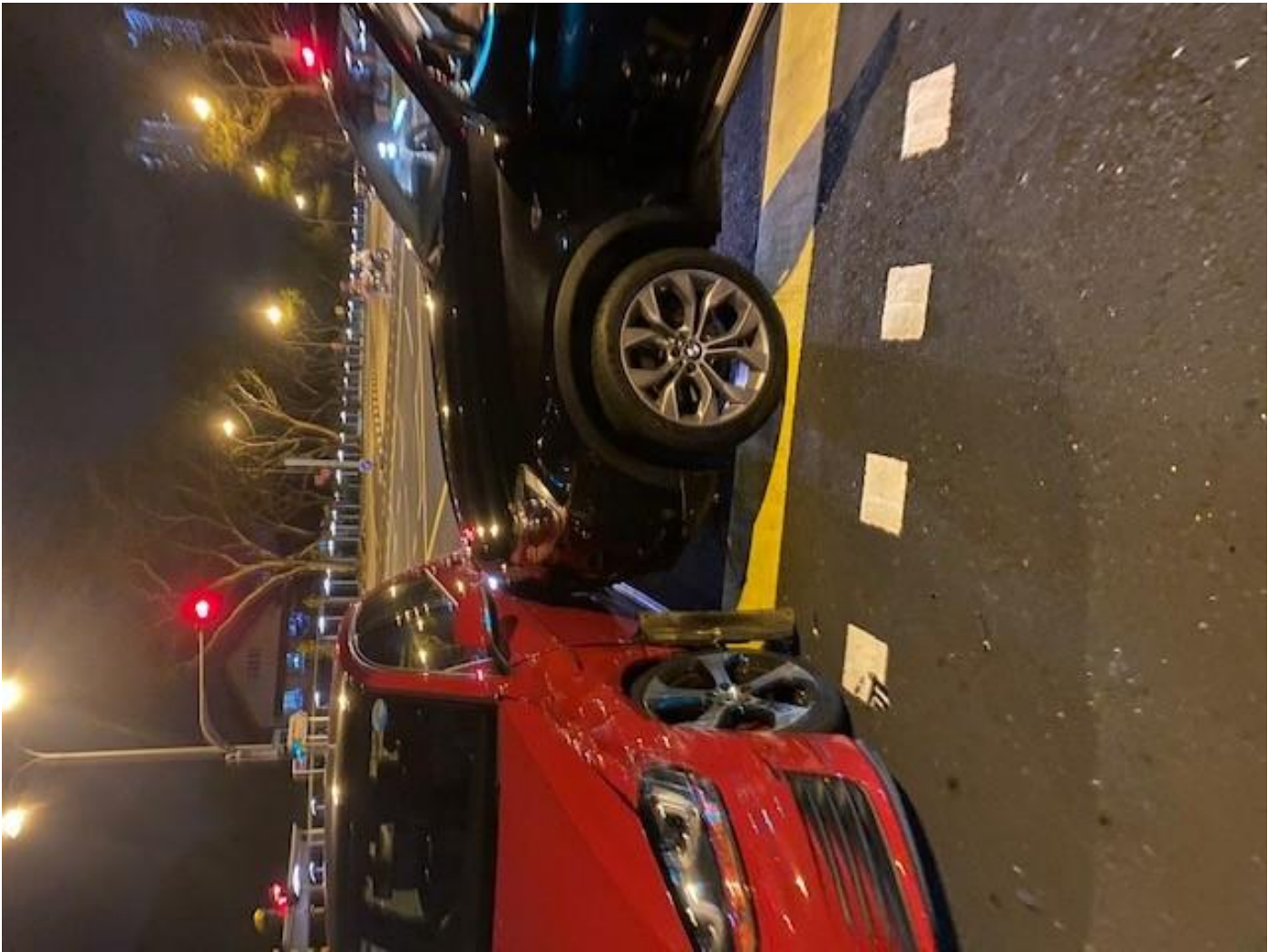


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