

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	03/11/2020 13:08
Date Of Accident	02/11/2020 15:15
Exact Location Of Accident	ALONG SEMBAWANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ1372P
Insured/Policyholder	
Name Of Registered Owner	ZHOU WEIXIONG
NRIC No	SXXXX636H
Email Address	WEILING88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94887794
Alternative Phone No	OFFICE-94887794

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.6 CGI (A)
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?	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	THIRD PARTY
Fleet Policy	NO
Policy Number	5118370205
Cover Note Number	

Driver

Name of Driver	ZHOU WEIXIONG
NRIC No	SXXXX636H
Date Of Birth	24/10/1988
Occupation	OUTDOOR
Date Of Driving Pass	12/07/2008
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94887794
Fax Number	
Contact Number	OFFICE-94887794
Email Address	WEILING88@GMAIL.COM

Address	BLK 120A CANBERRA CRESCENT #11-343
Postcode	751120
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : LEONG ELIZA GENDER: : FEMALE
Passenger 2	NAME: : ZHOU LIZHEN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO 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	SLE7752Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG SIU WAH

NRIC/Passport Number
Contact Number 96884774
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ZHOU WEIXIONG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJZ1372P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address BLK 120A
#11-343
Postcode 751120

DETAILS OF INJURED PERSON 2

Name LEONG LIZA
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJZ1372P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name ZHOU LIZHEN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJZ1372P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN

Veh A- 5JZ 1370P

Veh B- 5LE 7750Z

Lyophony
Bancroft



A diagram showing two rectangular blocks stacked vertically. The top block is labeled 'A' and the bottom block is labeled 'B'.

Emdawang Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer attached Police Report.

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 Ref: _____ **AS's Signature**

Name:

NRIC/FIN No.:

SKETCH PLAN

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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.:



**SINGAPORE
POLICE FORCE**



T/20201103/7014

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

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Report No. T/20201103/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/11/2020 12:06		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ZHUO WEIXIONG			Address: 120A CANBERRA CRESCENT #11-343 SINGAPORE 751120		
ID Type / ID No.: NRIC NO / S8841636H			Contact No.: Home/Office: Mobile: 94887794		
Nationality: SINGAPORE CITIZEN			Email: WEIXIONG88@GMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 24/10/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Mechanical engineer (general)			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/11/2020 15:15	Type of Location: Straight Road
Location: SEMBAWANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle against stationary Vehicle at traffic light				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No. of
SJZ1372P	Car	MERCEDES BENZ	C 180 CGI	Blue		0
SLE7752Z	Car	HONDA	vesel	White		0

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20201103/7014

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

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Report No. T/20201103/7014

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ1372P	NTUC Income Insurance Co-Operative Limited	5118370205	24/07/2020	23/07/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ZHUO WEIXIONG		ID No.	S8841636H
Related Vehicle	SJZ1372P (Car)		Contact No.	94887794
Hospital/Clinic	RAFFLES MEDICAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	02/11/2020		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight	
Passenger				
Name	LEONG EILZA		ID No.	S8903321G
Related Vehicle	SJZ1372P (Car)		Contact No.	86881114
Hospital/Clinic	FAITH FAMILY CLINIC (JURONG)		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	02/11/2020		Date	NIL
No. of Days granted Medical Leave	02	Degree of	Slight	
Passenger				
Name	ZHUO LIZHEN		ID No.	SXXXX983C
Related Vehicle	SJZ1372P (Car)		Contact No.	94718759
Hospital/Clinic	RAFFLES MEDICAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	02/11/2020		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight	



**SINGAPORE
POLICE FORCE**



T/20201103/7014

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

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Report No. T/20201103/7014

CONTINUATION OF REPORT

Driver			
Name	ANG SIU WAH	ID No.	NIL
Related Vehicle	SLE7752Z (Car)	Contact No.	96884774
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

As the traffic light was red, my vehicle stopped along sembawang road in the middle lane (see attached map for the location). My vehicle has been stationary for a while (at least 20 seconds). While waiting for the traffic to turn green, I was hit by a vehicle (SLE 7752Z) from the back. The impact was felt by me and my passengers (my wife, Eliza Leong, SXXXX321G, front passenger seat and my sister, Zhuo Lizhen SXXXX983C). Despite having all our seat belts on, we were jerked to the front. We were shocked and injured, and proceeded to see the doctor subsequently.

From our conversation with the incident driver, she mentioned that she also recently hit another vehicle in the back. Hence, we are extremely concern about her "roadworthiness" and safety, and hope that she will not be involved in another accident.

Link to report No. T/20201103/7002, with amendments. The only amendment to report No.

T/20201103/7002 was the removal of the statement of the suspicion of incident driver using phone. This is purely speculative, as a guess, without any facts to back it or personal sighting. Hence, I have decided to remove this inaccuracy from this report. I have called the traffic police hotline and was advised to re-raise this report.



**SINGAPORE
POLICE FORCE**



T/20201103/7014

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Report No. T/20201103/7014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

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

Date/Time:
03/11/2020 12:06

Classification Of Case: