

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 Submission 26/12/2020 16:09 (SGT)
Date of Accident 25/12/2020 14:40 (SGT)
Exact Location of Accident Boon Lay Way, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD7629C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ONG CHEN ZHOU
NRIC No SXXXX420C
Email Address ASHLEY9567@YAHOO.COM
Mobile Phone No (Phone) +65-96846485
Alternative Phone No +65-96846485

VEHICLE PARTICULARS

Manufacturer Nissan
Model Sylphy
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00052972001
Cover Note Number -

DRIVER

Name of Driver TAN JIA YI SERENA
NRIC No SXXXX954D
Date Of Birth 29/08/1989
Occupation Indoor

Date Of Driving Pass	28/11/2016
Driving experience	4 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-91880646
Alt. Phone Number	-
Email Address	ASHLEY9567@YAHOO.COM
Address	29 JURONG WEST ST 41 #09-10
Address complement	-
Postcode	649411
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ONG CHEN ZHOU
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201226/7014

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	SHC7866L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1




Name of injured person	ONG CHEN ZHOU
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLD7629C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

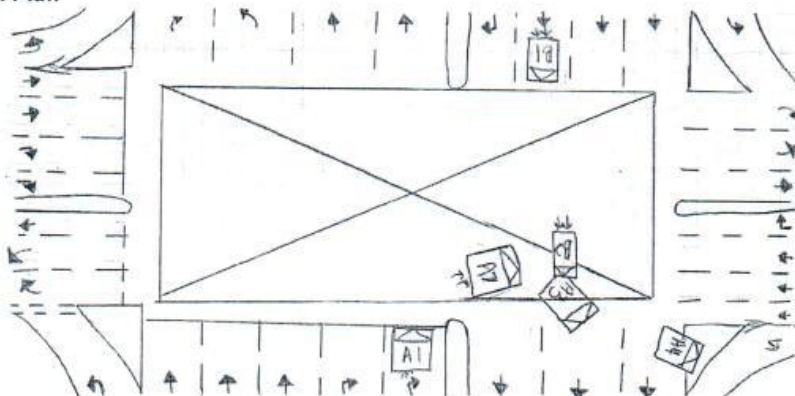
Name of injured person	TAN JIA YI SERENA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLD7629C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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.
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.

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan


Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (SD 7629C) was travelling at the stated location at Lane 1. As the traffic light turn green ^{to the right}, I proceed to do a U-turn. Suddenly, I felt an impact from my rear left portion and causing me to surge forward and end up to the kerb. vehicle B (SHL 7666L) collided onto my rear left portion of my vehicle causing damages.

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


Witnessed by Reporting Centre Personnel



















**SINGAPORE
POLICE FORCE**



T/20201226/7014

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

1 of 3

Report No. T/20201226/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2020 13:28		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: TAN JIA YI, SERENA		Address: 29 JURONG WEST STREET 41 #09-10 SINGAPORE 649411	
ID Type / ID No.: NRIC NO / S8931954D		Contact No.: Home/Office: Mobile: 91880646	
Nationality: SINGAPORE CITIZEN		Email: ser.cz@hotmail.com	
Sex: Female	Age: 31	Date of Birth: 29/08/1989	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Primary School Teacher		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/12/2020 14:40	Type of Location: X-Junction
Location: BOON LAY WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	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	Conditio	No of
SHC7866L	Car					0
SLD7629C	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20201226/7014

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

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Report No. T/20201226/7014

CONTINUATION OF REPORT

Driver			
Name	TAN JIA YI, SERENA		ID No. S8931954D
Related Vehicle	SLD7629C (Car)		Contact No. 91880646
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	26/12/2020	Date	26/12/2020
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	ONG CHEN ZHOU		ID No. NIL
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	26/12/2020	Date	26/12/2020
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON 25/12/2020 AROUND 1440HRS, I WAS DRIVING VEHICLE BEARING NUMBER PLATE (SLD7629C) TRAVELLING AT BOON LAY WAY AT LANE 1. AS THE TRAFFIC LIGHT IS TURNING GREEN TO THE RIGHT, I PROCEED TO DO A U-TURN. SUDDENLY, I FELT AN IMPACT FROM MY REAR LEFT PORTION AND CAUSING ME TO SURGE FORWARD AND END UP TO THE KERB. VEHICLE BEARING NUMBER PLATE (SHC7866L) COLLIDED ONTO MY REAR LEFT PORTION OF MY VEHICLE CAUSING DAMAGES. ME AND MY PASSENGER THEN FELT UNWELL AND WENT TO CONSULT A DOCTOR AT UNIHEALTH 24-HR CLINIC, AND THE DOCTOR HAS GIVEN ME AND MY PASSENGER 3 DAYS MC.

**SINGAPORE
POLICE FORCE**

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



T/20201226/7014

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Report No. T/20201226/7014

CONTINUATION OF REPORTSketch 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 / TPIB /
BOON YEN KIAN
Contact No.: 65476172

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:
26/12/2020 13:28

Classification Of Case: