

## 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	12/01/2021 17:23 (SGT)
Date of Accident	03/12/2020 08:10 (SGT)
Exact Location of Accident	Yishun Central, Singapore
Additional Location Information	BESIDE NORTHPOINT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW8254E
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZHA JIHUA
NRIC No	SXXXX227F
Email Address	only-ifpo@hotmail.com
Mobile Phone No	(Phone) +65-97350964
Alternative Phone No	+65-97350964

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	Direct Asia
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00426087
Cover Note Number	-

#### DRIVER

Name of Driver	SEAH YEE SIONG (SHE YIXIONG)
NRIC No	SXXXX555Z
Date Of Birth	01/04/1980
Occupation	Indoor

Date Of Driving Pass .....	11/01/2016
Driving experience .....	4 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98280816
Alt. Phone Number .....	-
Email Address .....	only-ifpo@hotmail.com
Address .....	25 YISHUN CENTRAL 1 #06-55
Address complement .....	-
Postcode .....	768802
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 .....	Hit and run / Vandalism / Damaged whilst parked
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	SON
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Yishun North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008529999
Alt. Police Station Phone No .....	(Fax) +65-68522299
Police Station Address .....	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHB4598K
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) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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")

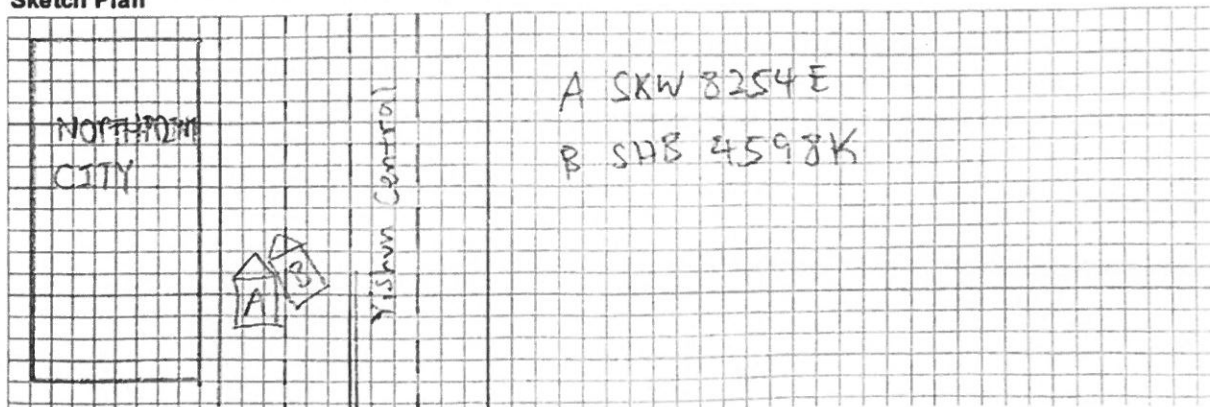
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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**

Refer to police report.

**Declaration**

We declare the foregoing particulars are true in every respect.

Yeo Peng



KV



**SINGAPORE  
POLICE FORCE**



T/20201203/2053

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 3

Report No. T/20201203/2053

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/12/2020 14:12		Vide Report No.:		Station Diary No.: 46	
<b>Informant's Particulars</b>					
Name of Informant: SEAH YEE SIONG			Address: 25 YISHUN CENTRAL 1 #06-55 SINGAPORE 768802		
ID Type / ID No.: NRIC NO / S8010555Z			Contact No.: Home/Office: Mobile: 98280816		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 01/04/1980	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: IT CONSULTANT			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/12/2020 08:10	Type of Location:
Location:  YISHUN CENTRAL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4598K	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT	Yellow		0
SKW8254E	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	White	Slightly Damaged	1



**SINGAPORE  
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T/20201203/2053

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31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20201203/2053

**CONTINUATION OF REPORT**

**Brief Details.**

1) On 03 December 2020 at about 0810hrs - 0820hrs, I was driving a vehicle with the registration number ( SKW8254E ) along Yishun Central Service Road near Yishun Golden Village. I made a left turn towards Yishun Central and my vehicle was on the most left lane. However, there was a Yellow Comfort Taxi with the registration number ( SHB4598K ) on the on the second lane from the left. The driver wanted to change to the lane that I was driving without signaling and knocked onto my vehicle front driver door.

2) The taxi driver drove off towards Yishun Avenue 5 / Yishun MRT Direction without stopping. I checked on my son and there was no injuries on either one of us. I wish to state that I have a vehicle camera installed in my vehicle and recorded the accident and there was some dents on my vehicle front driver door.



**SINGAPORE  
POLICE FORCE**



T/20201203/2053

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31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20201203/2053

## 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 /

Sgt 1 GAN WEI LEONG, ALASTAIR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/12/2020 14:12

Officer In Charge Of Case:

TP / HRT /

Insp GOH GEOK LYE

Contact No.: 65476148

Classification Of Case:

Authentication Stamp  
NP168



Signature:

SN 085

Singapore Police Force