

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	23/02/2021 15:28 (SGT)
Date of Accident	22/02/2021 15:30 (SGT)
Exact Location of Accident	26 Pasir Ris Link, Singapore
Additional Location Information	BASEMENT CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU2893L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN ZI QI
NRIC No	SXXXX895Z
Email Address	CAROLYNTAN9718@GMAIL.COM
Mobile Phone No	(Phone) +65-96945272
Alternative Phone No	+65-96945272

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118533677
Cover Note Number	-

DRIVER

Name of Driver	TAN ZI QI
NRIC No	SXXXX895Z
Date Of Birth	15/09/1964
Occupation	Indoor

Date Of Driving Pass	01/10/1994
Driving experience	26 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96945272
Alt. Phone Number	+65-96945272
Email Address	CAROLYNTAN9718@GMAIL.COM
Address	26 PASIR RIS LINK #05-20
Address complement	-
Postcode	518145
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Side Swipe
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 STATEMENT & POLICE REPORT T/20210223/7025

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	SMT426X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 TAN ZI QI
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? SMU2893L
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN**IMPORTANT NOTICE**

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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.

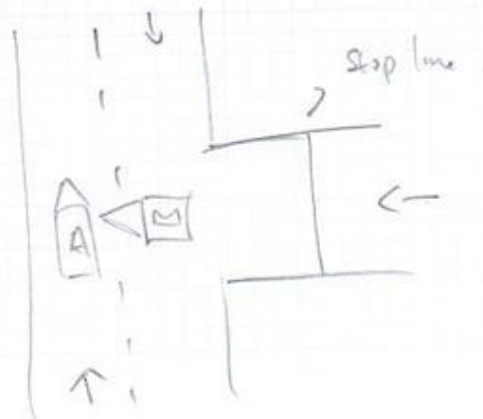
陳芳琪

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

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Witnessed by Reporting Centre Personnel

Sketch Plan

A - SMY 2893L
B - SHM 426X

Describe Circumstances of the Accident

On 22/2/21 at around 1530 HRS, I was driving straight in my car into carpark. As shown in the video and diagram drawn, I was travelling in my lane following the direction to exit the carpark.

Suddenly a vehicle B (SM7 426x) did not stop at the stop line and proceeded to turn right and collided into me.

We then get down to exchange particulars and decided to go with insurance claim.

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/20210223/7025

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

1 of 3

Report No. T/20210223/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/02/2021 16:53		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN ZI QI			Address: 26 PASIR RIS LINK #05-20 SINGAPORE 518145		
ID Type / ID No.: NRIC NO / S1659895Z			Contact No.: Home/Office: Mobile: 96945272		
Nationality: SINGAPORE CITIZEN			Email: ESSUE021@GMAIL.COM		
Sex: Female	Age: 56	Date of Birth: 15/09/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class: 3		Date of Expiry: 01/10/1994

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/02/2021 15:30	Type of Location: Car Park
Location: PASIR RIS LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMT426X	Car	TOYOTA	sienta	Maroon	Slightly Damaged	1
SMU2893L	Car	MERCEDES BENZ	C180 AVG (R17 LED)	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210223/7025

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

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Report No. T/20210223/7025

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMU2893L	NTUC Income Insurance Co-Operative Limited	5118533677	07/08/2020	06/08/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN ZI QI		ID No. S1659895Z
Related Vehicle	SMU2893L (Car)		Contact No. 96945272
Hospital/Clinic	HEALTHSPRINGS MEDICAL CLINIC		Class of Driving Licence & Expiry Class: 3 Date of Expiry: 01/10/1994
Date	23/02/2021		Date 23/02/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 22/2/21 at around 1530 hrs, i was driving straight in my condo carpark. As shown in the footage and diagram drawn, i was travelling in my lane following the direction to exit the carpark.

Suddenly a vehicle (SMT426X) did not stop at the stop line and proceeded to turn right and collided into me.

We then get down to exchange particular and decided to go with insurance claim.

**SINGAPORE
POLICE FORCE**

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



T/20210223/7025

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Report No. T/20210223/7025

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 /
TAY CHUN KEEN
Contact No.: 65476229

Authentication Stamp

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

Date/Time:
23/02/2021 16:53

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S665500106 / GST Reg. No.: M400017733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN09212N0005 Vehicle Registration No: SMU 2893L
 Name (as shown in NRIC) : TAN ZI QI NRIC/FIN/Passport No : S16598952
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 26 PASIR RIS LINK, #05-20 Singapore (S18145)
 Contact (Tel) : _____ Mobile No. : 96945272
 Email Address : Carolyn tan 9718@gmail.com
 Date of Accident : 22/02/21 Time of Accident : 1530
 Place of Accident : 26 PASIR RIS LINK #05-20 S(518145)
 Insurance Company : NIC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- * Filing In jury
- * Add In Police Report T/20210223/7025
- _____
- _____
- _____
- _____
- _____
- _____

[Signature]

Policyholder / Driver's Signature
 Date:

[Signature]

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

DEED POLL

BY THIS DEED, I, the undersigned **Tan Zi Qi 陳紫淇** holder of NRIC No. S1659895Z and residing at 26 Pasir Ris Link, #05-20 Singapore 518145, formerly known as **Tan Chiew Pheng 陳秋萍**, do hereby renounce and abandon the use of my former name **Tan Chiew Pheng 陳秋萍** and in lieu thereof do assume as from the date hereof the name **Tan Zi Qi 陳紫淇**.

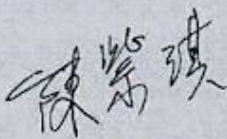

AND in pursuance the above renunciation and abandonment of my former name I **HEREBY DECLARE** that I shall at all times hereafter in all records, deeds and instruments in writing and in all actions and proceedings and in all dealings and transactions and upon all occasions whatsoever use and sign the said name **Tan Zi Qi 陳紫淇** as my name in lieu of the said name of **Tan Chiew Pheng 陳秋萍** so renounced as aforesaid.

AND I hereby authorise and request that all persons do designate and address me by such name of **Tan Zi Qi 陳紫淇**.

IN WITNESS WHEREOF, I have hereunto signed my assumed name of **Tan Zi Qi 陳紫淇** and my relinquished name of **Tan Chiew Pheng 陳秋萍** and have set my seal here in Singapore this 9th day of December, TWO THOUSAND TWENTY (2020).

SIGNED SEALED and DELIVERED

by the above named **Tan Zi Qi 陳紫淇**
formerly known as **Tan Chiew Pheng 陳秋萍**
in the presence of :-

)  
)
)
)

Baivoll

Mohamed Baivoll
Advocate & Solicitor
Singapore