

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 17/05/2021 21:35 (SGT)
Date of Accident 15/05/2021 09:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information TPE/CTE TO YIO CHU KANG RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFX7006R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIN YUANJIE
NRIC No SXXXX843F
Email Address yuanjie_80@hotmail.com
Mobile Phone No (Phone) +65-81008212
Alternative Phone No +65-81008212

VEHICLE PARTICULARS

Manufacturer Honda
Model Stream
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00049552100
Cover Note Number 05/03/2021 - 04/03/202

DRIVER

Name of Driver LIN JUNLIANG
NRIC No SXXXX699D

Date Of Birth	13/04/1996
Occupation	Indoor
Date Of Driving Pass	18/03/2019
Driving experience	2 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84845711
Alt. Phone Number	-
Email Address	jaryljunliang@gmail.com
Address	BLK 132 ANG MO KIO AVE 3 #08-1619
Address complement	-
Postcode	560132
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	Collided into Property
Weather Conditions	RAINING
Road Surface	DAMP

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
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	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
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

SKETCH PLAN

1. VEHICLE NO.: SFX7006R
 2. INSURER CO: China
 3. ACCIDENT DATE & TIME: 15/05/21 @ 0900

IMPORTANT NOTICE

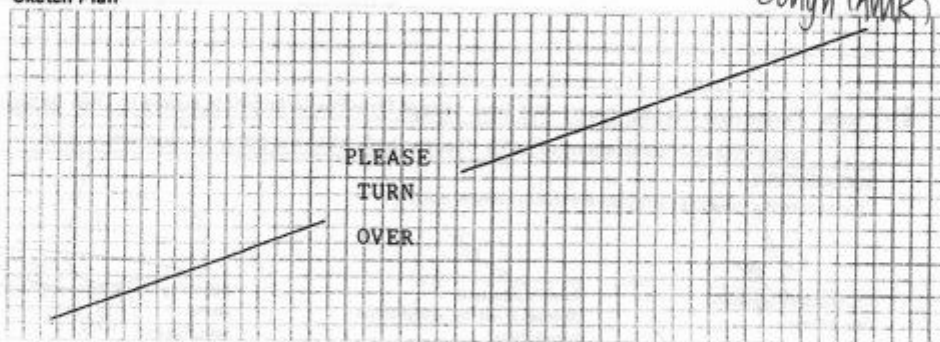
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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. 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.

[Signature] 17/05/2021
 Policyholder's Signature / Date & Time

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

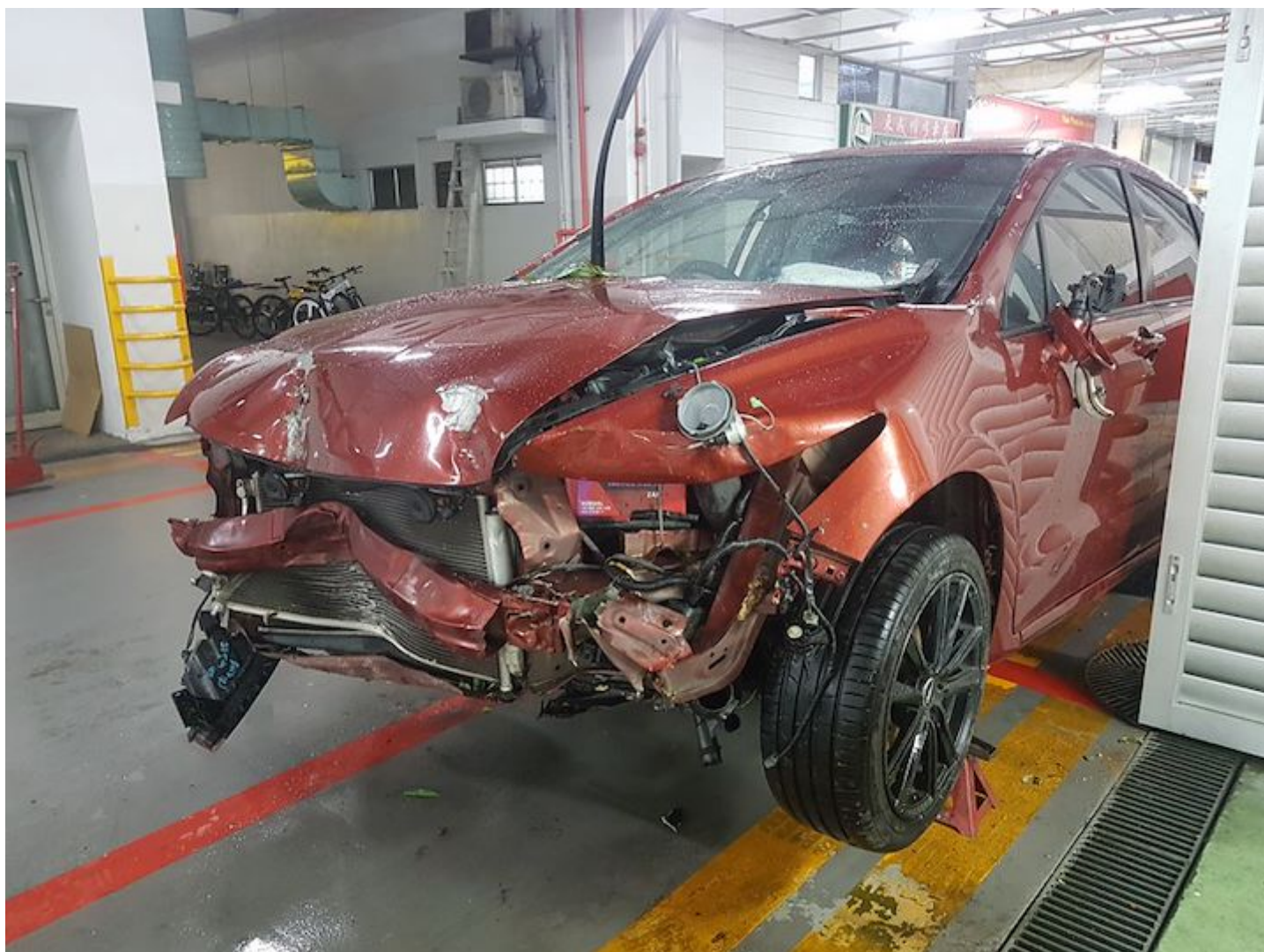
[Signature] 17/05/21
 Witnessed by Reporting Centre Personnel
 Doreen (AMK)

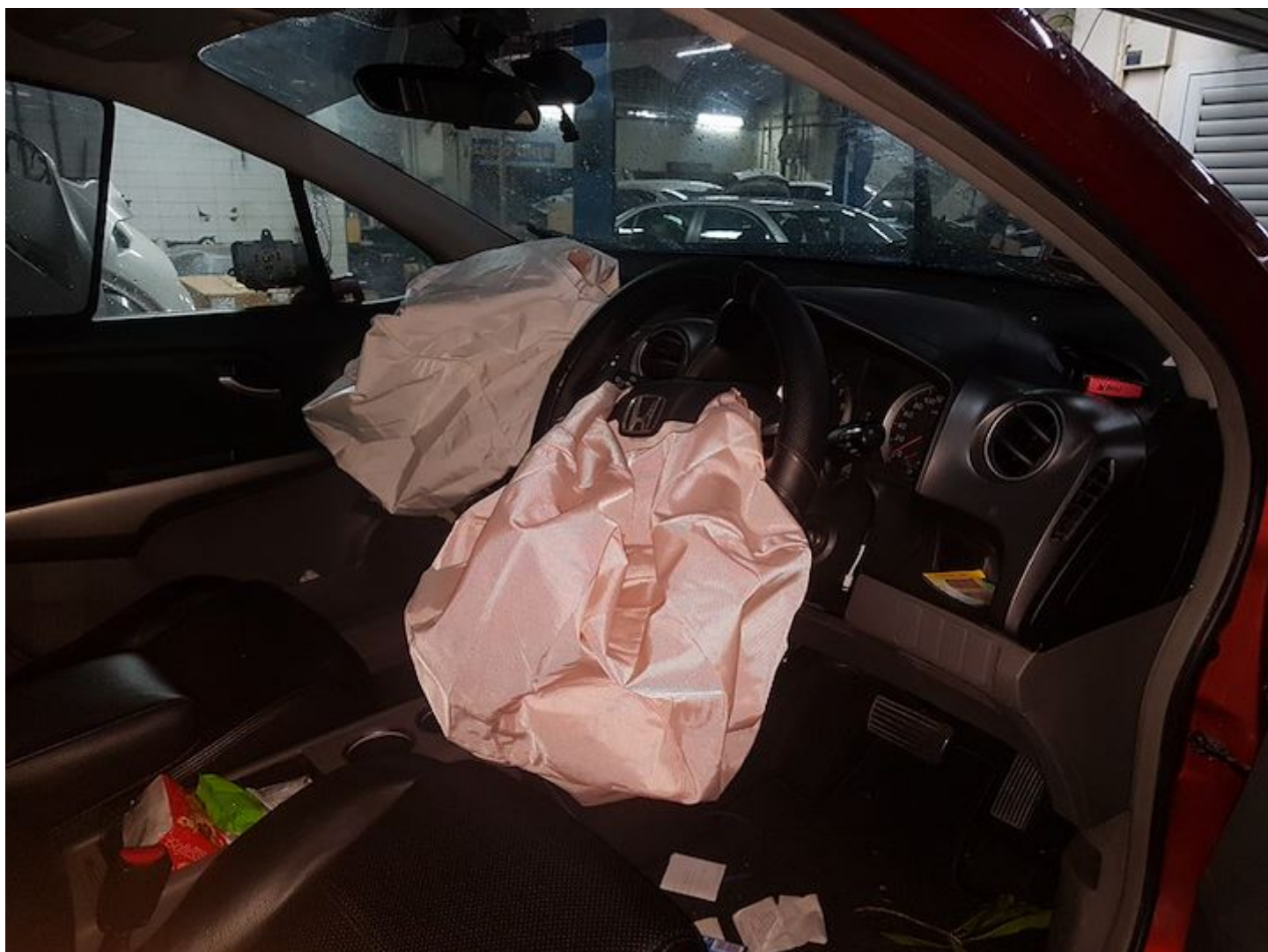
Sketch Plan

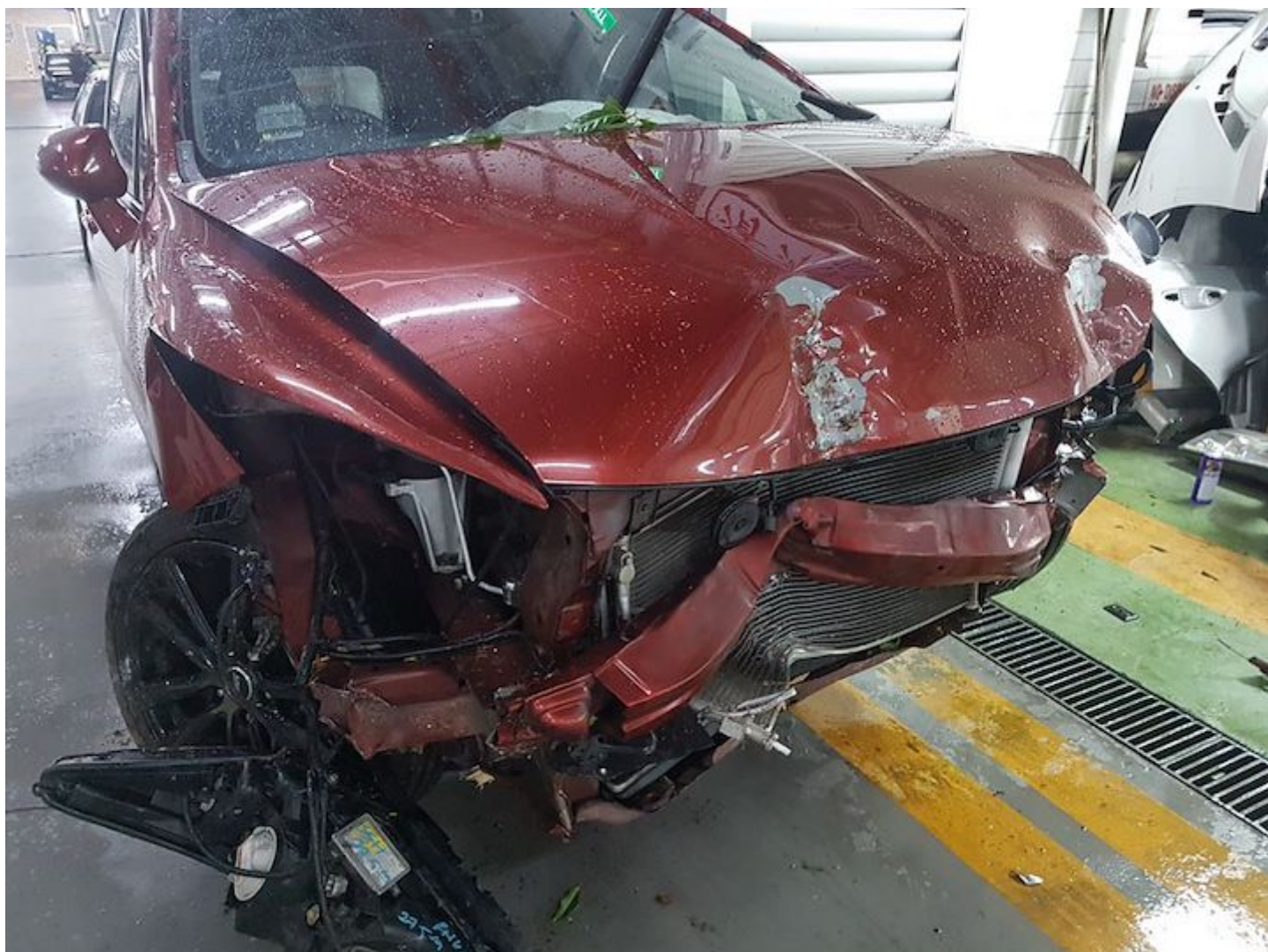


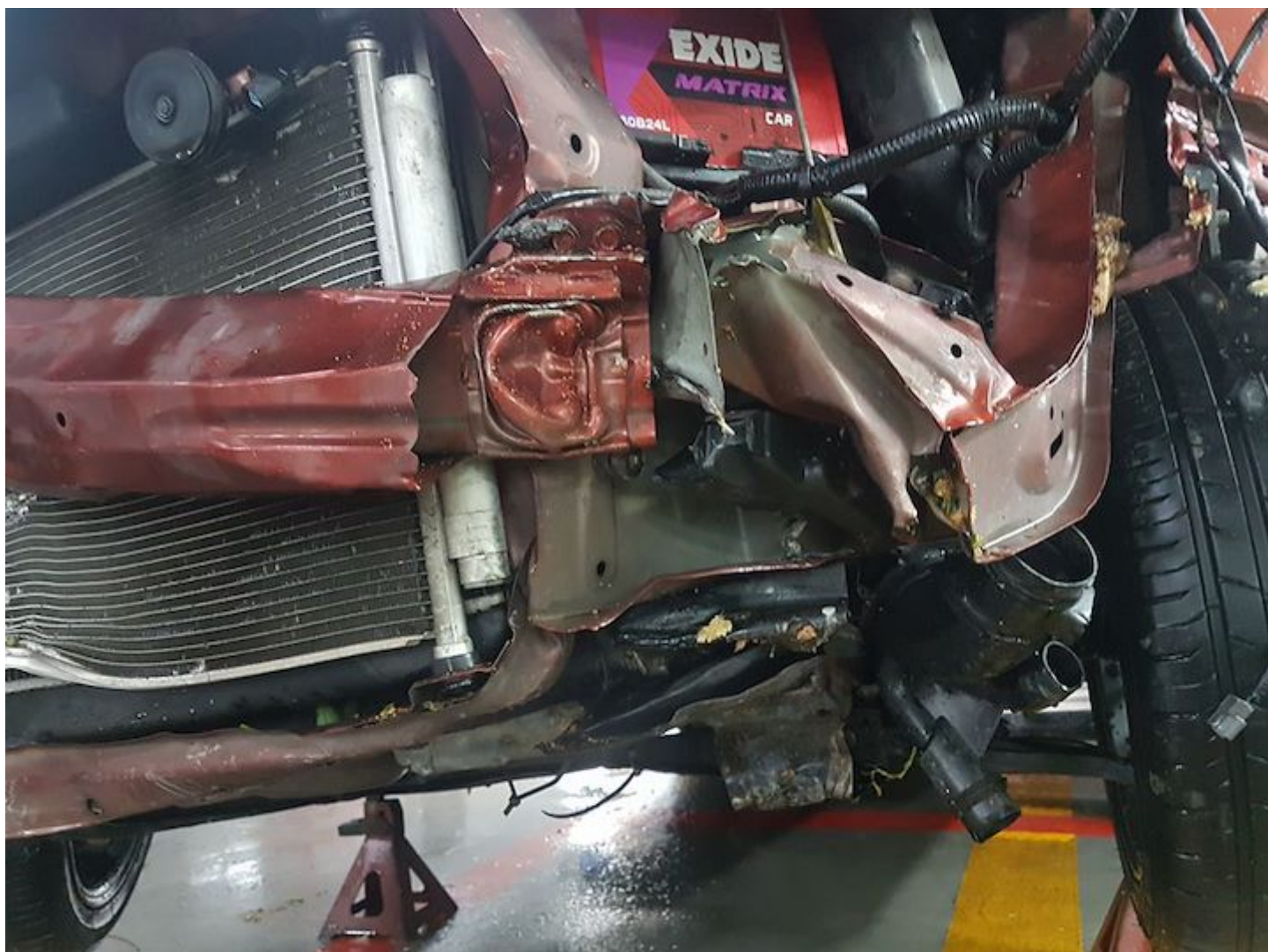








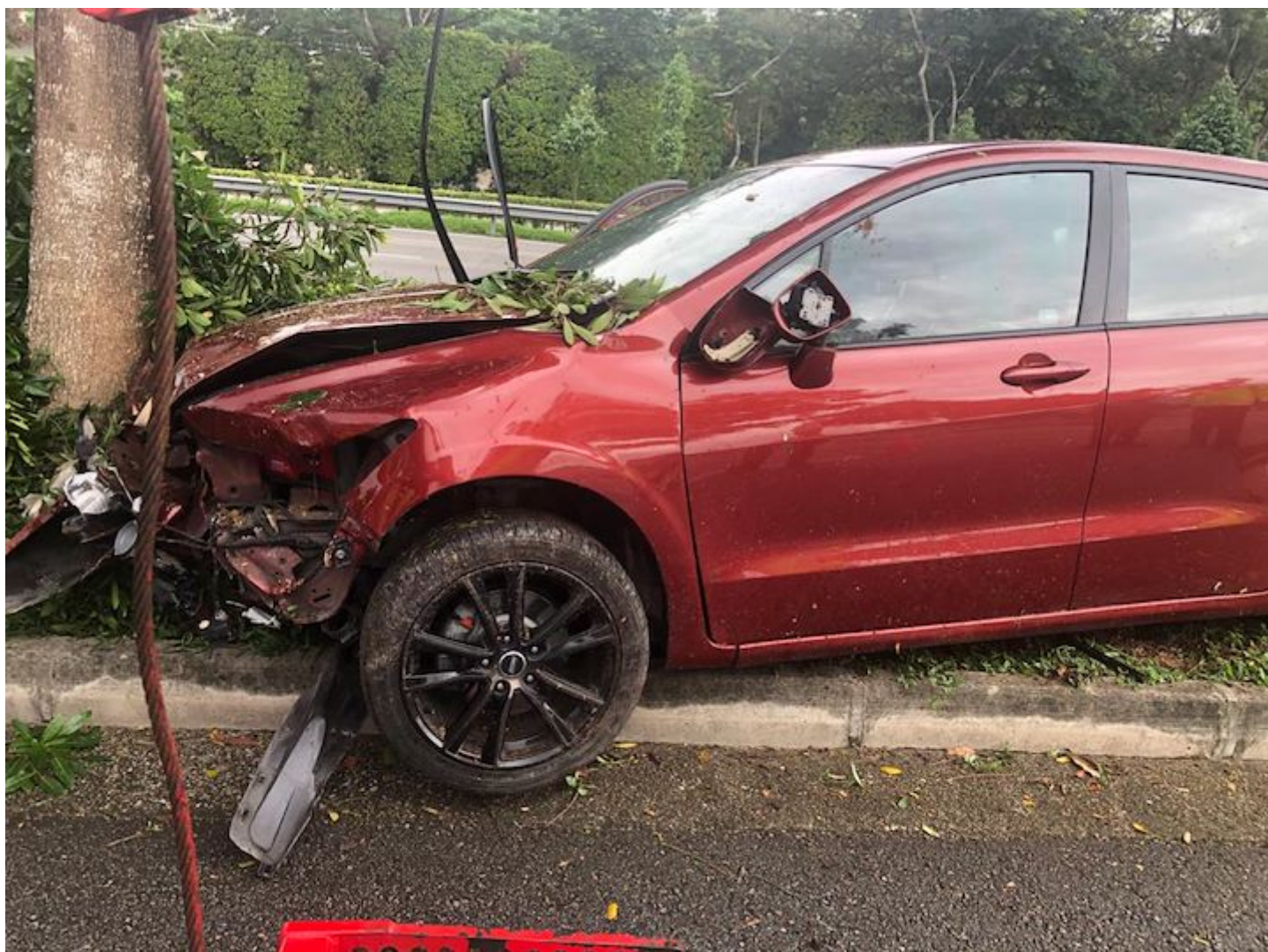














**SINGAPORE
POLICE FORCE**



F/20210515/7043

1 of 2

POLICE REPORT (NP299)

Report No. F/20210515/7043

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 15/05/2021 19:19	Vide Report No.	Station Diary No.
Name Of Informant LIN JUNLIANG	Address 132 ANG MO KIO AVENUE 3 #08-1619 SINGAPORE 560132	
ID Type / ID No. NRIC NO / S9613699D	Contact No. Home/Office:	Mobile: 84845711
Nationality SINGAPORE CITIZEN	Email Address jaryljunliang@gmail.com	
Occupation Marine engineer (shore-based)	Sex Male	Age 25
Institution/School Name	Date of Birth 13/04/1996	Race Chinese
Date/Time Of Incident 15/05/2021 09:00 - 15/05/2021 11:00	Location Of Incident 132 ANG MO KIO AVENUE 3 #08-1619 SINGAPORE 560132	

Brief details.

I was heading back home, it started to rain halfway through the journey back home. I exited TPE/CTE to Yio Chu Kang Road and lost control of the vehicle and went up the kerb, after the air bag activated, I was shocked and frightened and ran out of the car. I run across the road to ensure my own safety as the vehicle was not blocking the road. I immediately called my brother to head down to the scene as I am still in shock and confused.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/05/2021 19:19
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20210515/7043

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210515/7043

Subjects Involved			
Victim			
Person Name	LIN JUNLIANG		
ID Type	NRIC NO	ID No	S9613699D
Gender	Male	Age	25
Race	Chinese	Language	English
Occupation	Marine engineer (shore-based)	Address	132 ANG MO KIO AVENUE 3 #08-1619 SINGAPORE 560132
Mobile No	84845711	Is Informant A Victim?	Yes
Person Name LIN JUNLIANG (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/05/2021 19:19
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	