

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	27/05/2021 17:27 (SGT)
Date of Accident	25/05/2021 16:30 (SGT)
Exact Location of Accident	Corporation Rd, Singapore
Additional Location Information	INTERNATIONAL ROAD JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS8172D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIU NING
NRIC No	SXXXX889G
Email Address	kaseng_353@hotmail.com
Mobile Phone No	(Phone) +65-96715800
Alternative Phone No	+65-96715800

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
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNA00081762105
Cover Note Number	-

DRIVER

Name of Driver	LIU NING
NRIC No	SXXXX889G

Date Of Birth	14/05/1969
Occupation	Indoor
Date Of Driving Pass	17/11/2006
Driving experience	14 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96715800
Alt. Phone Number	+65-96715800
Email Address	kaseng_353@hotmail.com
Address	6 LAKEPOINT DRIVE #01-31
Address complement	-
Postcode	648925
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	Collision - Head to Rear
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	YU FEI
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

PLEASE REFER TO POLICE REPORT T/20210527/7009

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	GBL1036D
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	LIU NING
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKS8172D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


INJURED 2

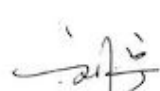
Name of injured person	YU FEI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKS8172D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

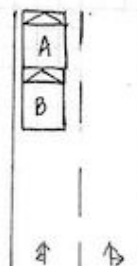

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

Corporation Road and International Road
Junction

Vehicle A: SKS 8172D
Vehicle B: GBL1026D



Accident report **SN08215R0004**

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Describe Circumstances of the Accident

Refer to Police Report No: T | 20210527 | 7609

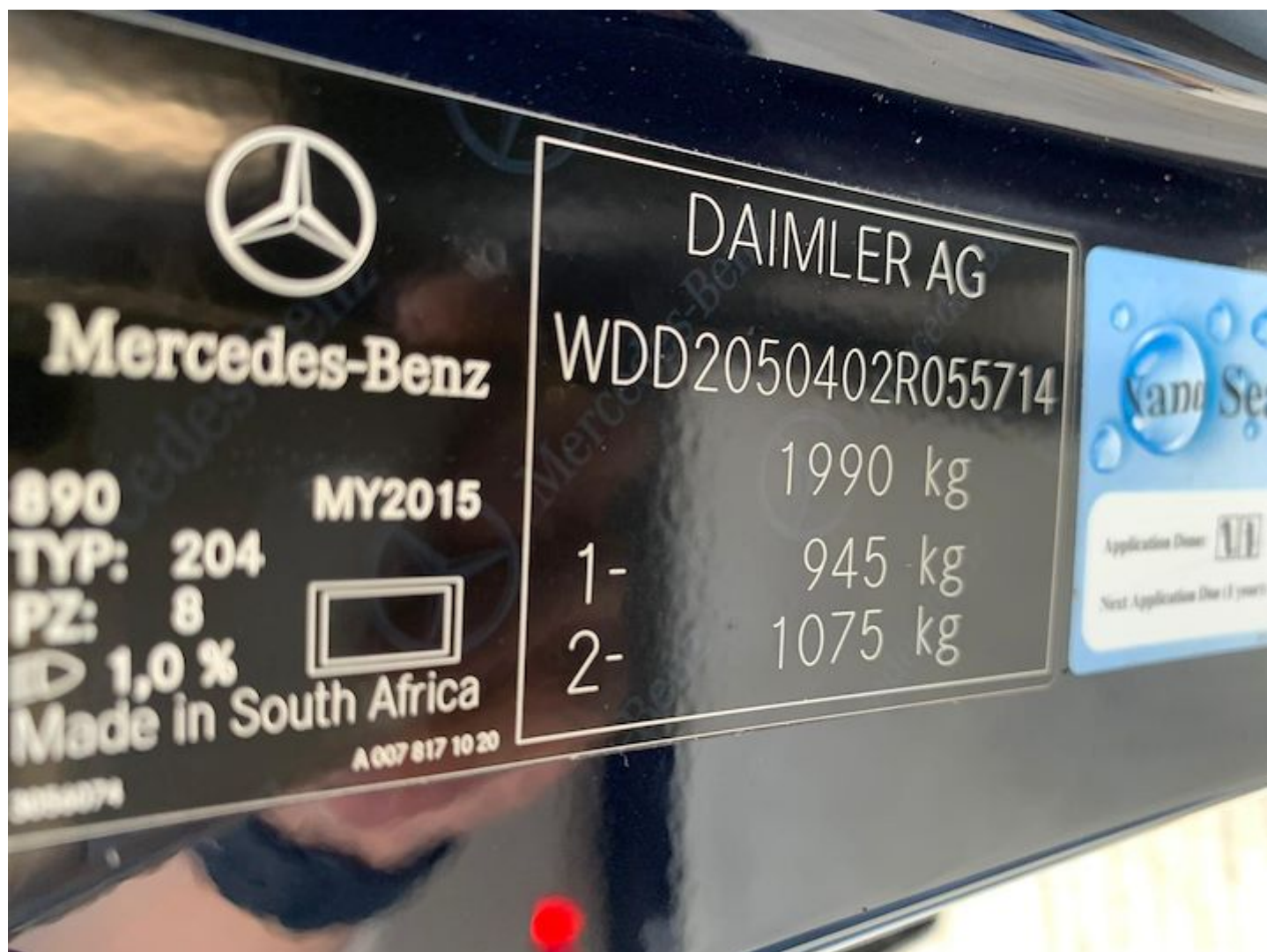
Declaration

We declare the foregoing particulars are true in every respect.

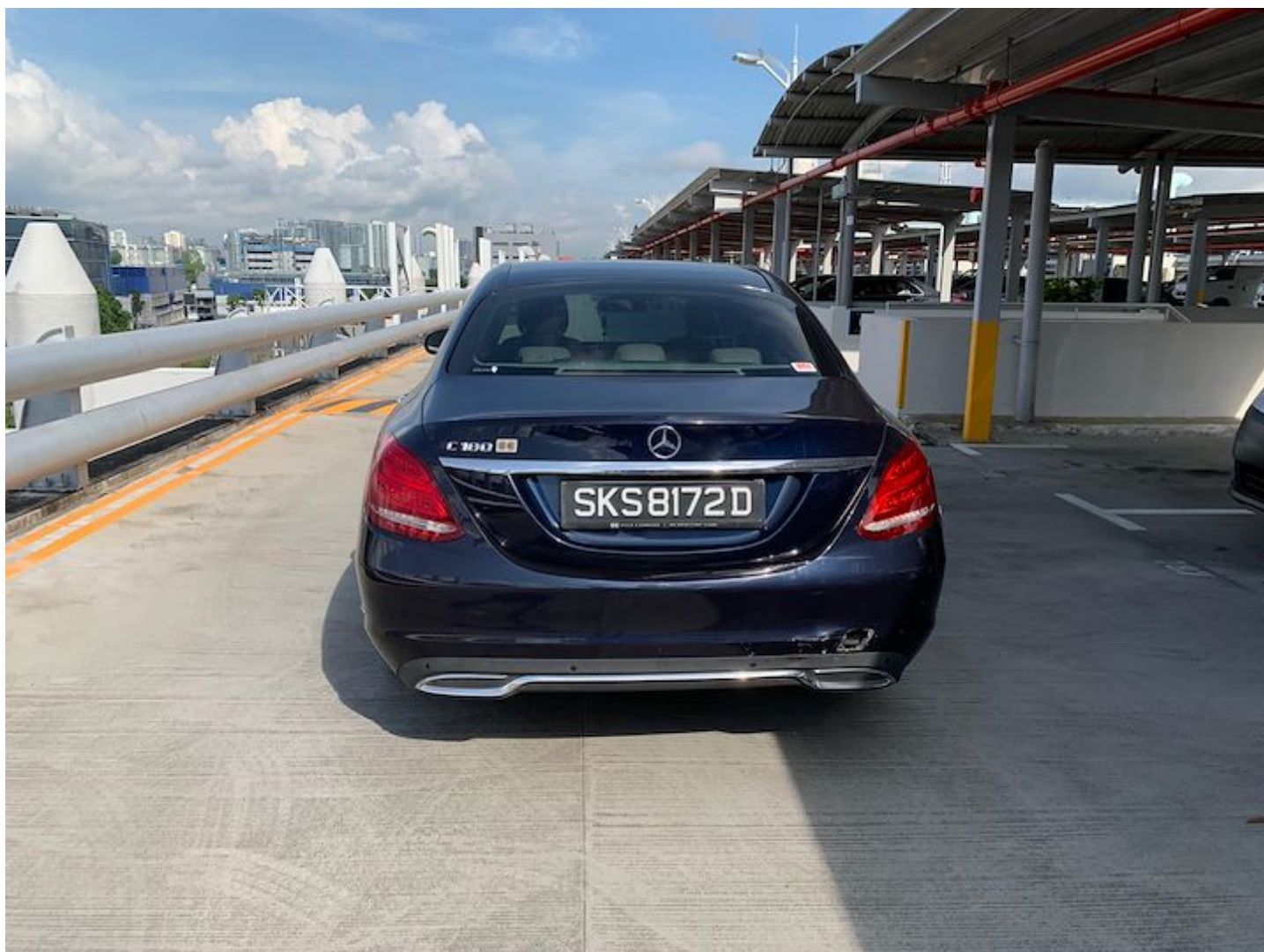
Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel



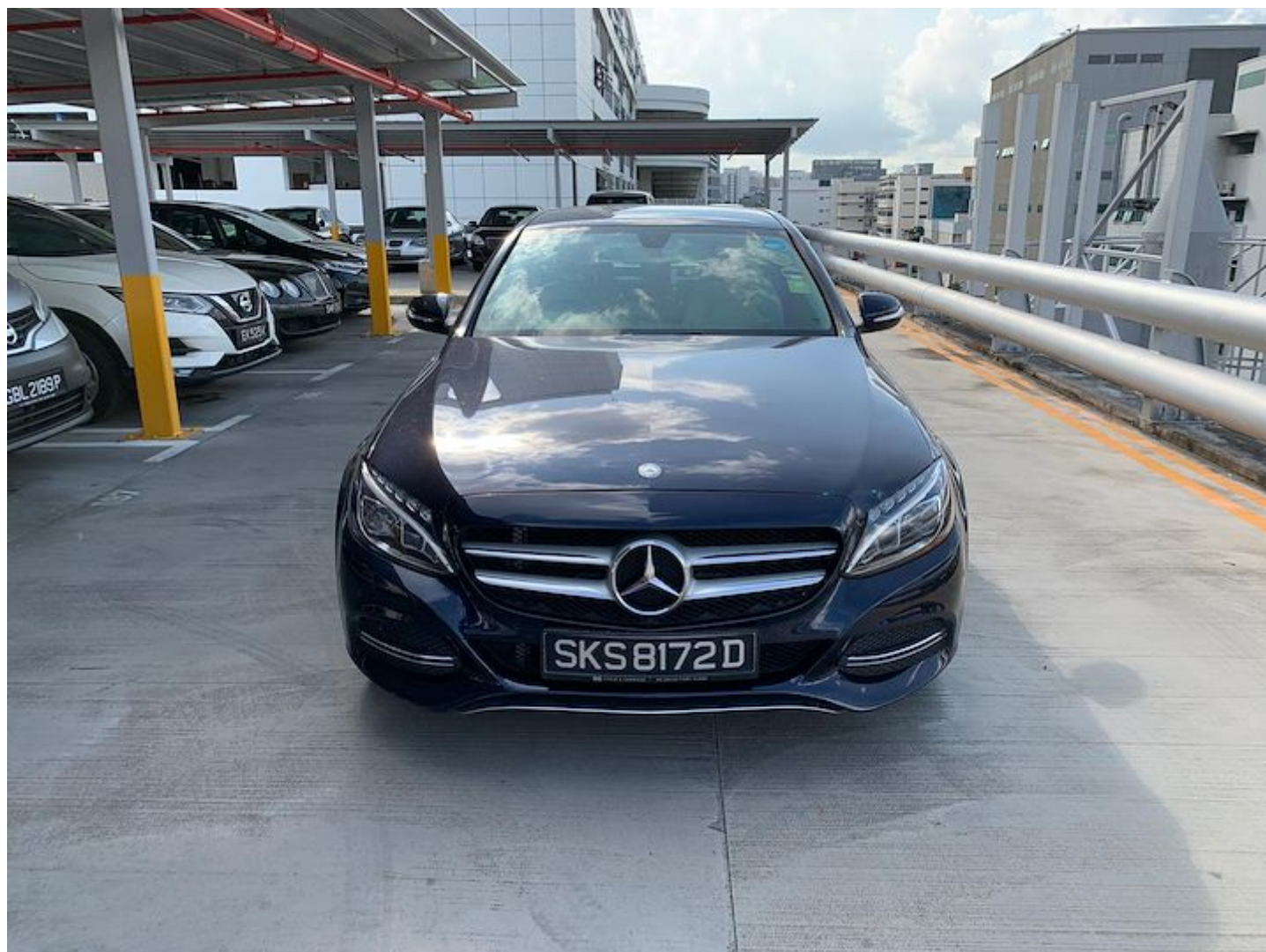
















**SINGAPORE
POLICE FORCE**



T/20210527/7009

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

1 of 3

Report No. T/20210527/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/05/2021 11:35		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIU NING			Address: 6 LAKEPOINT DRIVE #01-31 SINGAPORE 648925		
ID Type / ID No.: NRIC NO / S6981889G			Contact No.: Home/Office: Mobile: 96715800		
Nationality: SINGAPORE CITIZEN			Email: YUSHUKAI@YAHOO.COM		
Sex: Female	Age: 52	Date of Birth: 14/05/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: F&B MANAGER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/05/2021 16:45	Type of Location: X-Junction
Location: CORPORATION ROAD				
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 Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBL1036D	Van					0
SKS8172D	Car	MERCEDES BENZ	C180 AVANTGAR DE (R17 LED)	Blue		0



**SINGAPORE
POLICE FORCE**



T/20210527/7009

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

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Report No. T/20210527/7009

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKS8172D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNA00081762105	08/05/2021	07/05/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIU NING		ID No.	S6981889G
Related Vehicle	SKS8172D (Car)		Contact No.	96715800
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/05/2021		Date	25/05/2021
No. of Days granted Medical Leave	03	Degree of	Slight	
Passenger				
Name	YU FEI		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/05/2021		Date	25/05/2021
No. of Days granted Medical Leave	03	Degree of	Slight	

Brief Details.

ON 25/05/2021 AROUND 1645HRS, I WAS DRIVING VEHICLE BEARING NUMBER PLATE (SKS8172D) TRAVELLING AT CORPORATION ROAD AND INTERNATIONAL ROAD JUNCTION ON THE EXTREME LEFT LANE. AS THE TRAFFIC LIGHT TURN TO AMBER I SLOWED DOWN AND CAME TO A STOP. SUDDENLY, I FELT AN IMPACT FROM THE REAR PORTION OF MY VEHICLE. I ALIGHTED AND REALISED VEHICLE BEARING NUMBER PLATE (GBL1036D) COLLIDED ONTO MY REAR PORTION OF MY VEHICLE CAUSING DAMAGES. ME AND MY PASSENGER THEN FELT UNWELL AND WENT TO CONSULT A DOCTOR AT UNIHEALTH 24-HR CLINIC, THE DOCTOR WAS GIVEN BOTH OF US 3 DAYS MC EACH.

**SINGAPORE
POLICE FORCE**

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



T/20210527/7009

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Report No. T/20210527/7009

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 / TPB /
TAY CHUN KEEN
Contact No.: 65476436

Authentication Stamp
NP158

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

Date/Time:
27/05/2021 11:35

Classification Of Case: