

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 28/06/2021 18:52 (SGT)
Date of Accident 04/01/2021 17:30 (SGT)
Exact Location of Accident Geylang, Singapore
Additional Location Information GEYLANG ROAD NEAR BUS STOP OF BLK 14
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number EX38G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner JORDAN CHANG KA YANG
NRIC No SXXXX050A
Email Address SUHENG@GMAIL.COM
Mobile Phone No (Phone) +65-83832016
Alternative Phone No (Office) +65-83832016

VEHICLE PARTICULARS

Manufacturer Bentley
Model Continental
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 3993

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNA00118412005
Cover Note Number -

DRIVER

Name of Driver CHANG JINN SHING
NRIC No SXXXX530H

Date Of Birth	04/07/1946
Occupation	Indoor
Date Of Driving Pass	05/04/1977
Driving experience	43 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93290716
Alt. Phone Number	-
Email Address	SUHENG@GMAIL.COM
Address	66 BODMIN DRIVE
Address complement	-
Postcode	559665
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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 vehicle 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

PLEASE REFER TO POLICE REPORT NO T/20210607/7023

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	SJX1409D
Vehicle Manufacturer	Suzuki
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	NORIANA BINTE NORSEDEK
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NORIANA BINTE NORSEDEK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	SJX1409D
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

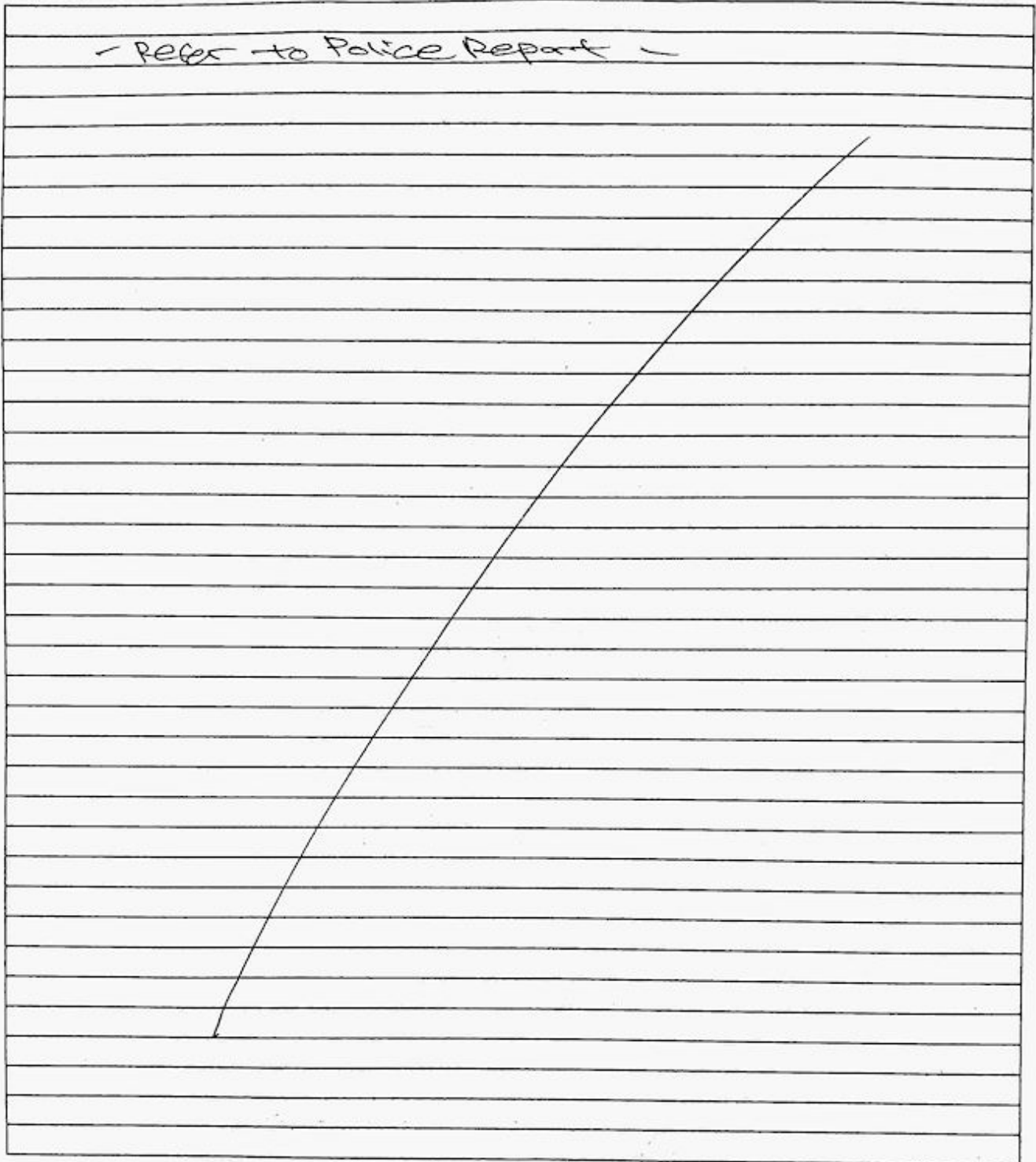
Sketch Plan

A = SSX14091
B = EX386

Geylang Rd near bus stop of BLK 14

Describe Circumstances of the Accident

- Refer to Police Report -



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/20210607/7023

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

1 of 3
Report No. T/20210607/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/06/2021 15:37		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHANG JINN SHING			Address: 66 BODMIN DRIVE SINGAPORE 559665		
ID Type / ID No.: NRIC NO / S2564530H			Contact No.: Home/Office: Mobile: 93290716		
Nationality: SINGAPORE CITIZEN			Email: JSCHANG_SG@YAHOO.COM		
Sex: Male	Age: 74	Date of Birth: 04/07/1946	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Working proprietor (manufacturing)			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/01/2021 17:30	Type of Location: Straight Road
Location: GEYLANG ROAD				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
EX38G	Car					0
SJX1409D	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210607/7023

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

Report No. T/20210607/7023

CONTINUATION OF REPORT

Driver			
Name	CHANG JINN SHING	ID No.	S2564530H
Related Vehicle	EX38G (Car)	Contact No.	93290716
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	NORIANA BINTE NORSIDEK	ID No.	NIL
Related Vehicle	SJX1409D (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I was travelling along Geylang Road on the stated date. As the front vehicle stopped, I also stopped my vehicle but accidentally touched the rear of the vehicle SJX1409D. I alighted from my car and saw that my car number plate area just barely touched the rear bumper of her car. Out of precaution I also asked the driver if she is ok which she mentioned that she is not injured. Then she mentioned that she wanted to go to her workshop to check if there is any issue with her rear bumper which I agreed. However, she subsequently called me and told me that her car was badly damaged and she is also injured during the accident and she mentioned that she wanted to claim insurance. As I was not aware that I was required to make a report, I did not take any further action on my part. However, after a few months, I suddenly received a letter dated 31 May 2021 from my insurer China TaiPing claiming that they had tried to write to me a couple of times which I did not receive any letter asking me to make an insurance report. Upon receiving this letter, I immediately went online to lodge this police report and will proceed to make a report at my insurer reporting centre as soon as possible. However I wish to highlight that I suspect there has been bogus insurance claims involved as I have accident photo of her car showing that there is barely any damage on her car and it is impossible that she is injured in the accident. There is also totally no damage on my car.



**SINGAPORE
POLICE FORCE**

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



T/20210607/7023

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Report No. T/20210607/7023

CONTINUATION OF REPORT

Sketch 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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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:
07/06/2021 15:37

Classification Of Case: