

# 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 ..... 14/09/2021 16:54 (SGT)  
Date of Accident ..... 13/09/2021 13:05 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG OPHIR RD TWDS NORTH BRIDGE RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLJ977L

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CARQUOTZ SINGAPORE LLP  
Company Reg No ..... T18LL0355F  
Email Address ..... Dreamworksgaragesg@gmail.com  
Mobile Phone No ..... (Phone) +65-88389338  
Alternative Phone No ..... (Home) +65-88389338

### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... 328i  
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 ..... 1997

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5123184177  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LENNON ZHOI YUAN XIN  
NRIC No ..... S8939738C

Date Of Birth .....	08/11/1989
Occupation .....	Indoor
Date Of Driving Pass .....	04/08/2016
Driving experience .....	5 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-88683878
Alt. Phone Number .....	-
Email Address .....	LENNONCHOI@GMAIL.COM
Address .....	30HOLLAND CLOSE #03-199
Address complement .....	-
Postcode .....	270030
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 - Change/cross lane
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

#### REFER TO ATTACHED

#### 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 .....	SMU8690R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	ZHEN WEIJIE
NRIC No .....	S8424403A
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 .....	LENNON ZHOI YUAN XIN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLJ977L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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

(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 :

(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

(collectively the "Purposes")

(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.

[illegible]

Describe Circumstances of the Accident

I was driving within the second lane and the other driver hit my rear passenger seat door.

On the 13.09.2021 at about 1305. I was driving SLJ977L along Ophir Road towards North Bridge Road. I was driving in the 2nd lane and suddenly I felt an impact on the right side of my car. I stopped my car immediately and came out to investigate and noticed SMU8690R had collided onto the right side of my car.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

14/9/2021

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

*[Signature]*

14.09.2021

Witnessed by Reporting Centre Personnel

*[Signature]*













































**SINGAPORE  
POLICE FORCE**



T/20210914/7025

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

Report No. T/20210914/7025

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/09/2021 16:16	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: CHOI YUAN XIN, LENNON			Address: 30 HOLLAND CLOSE #03-199 SINGAPORE 270030		
ID Type / ID No.: NRIC NO / S8939738C			Contact No.: Home/Office: Mobile: 88683878		
Nationality: SINGAPORE CITIZEN			Email: LENNONCHOI@GMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 08/11/1989	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Trade broker (including oil and bunker trader)			Driving Licence Information: Class: 3A		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/09/2021 13:05	Type of Location: Straight Road
Location:  OPHIR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
SLJ977L	Car					0
SMU8690R	Car	KIA		Grey		1

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20210914/7025

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

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Report No. T/20210914/7025

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHOI YUAN XIN, LENNON		ID No. S8939738C
Related Vehicle	SLJ977L (Car)		Contact No. 88683878
Hospital/Clinic	MY ORTHOPAEDIC CLINIC		Class of Driving Licence & Expiry Class: 3A Date of Expiry: NIL
Date	14/09/2021	Date	14/09/2021
No. of Days granted Medical Leave	06	Degree of	Serious
<b>Driver</b>			
Name	CHEN WEIJIE		ID No. S84244032A
Related Vehicle	SMU8690R (Car)		Contact No. 96992814
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,2A,2,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

## Brief Details.

on the 13th of September 2021 at about 1305, i was driving SLJ977L along Ophir Road towards North Bridge Road. I was driving in the second lane and suddenly i felt an impact on the right side of my vehicle. i stopped my vehicle immediately to come out and investigate only to notice SMU8690R had collided onto the right side of my vehicle.



**SINGAPORE  
POLICE FORCE**



T/20210914/7025

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

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Report No. T/20210914/7025

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

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: 14/09/2021 16:16
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

NP168



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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SY09219E0004 Vehicle Registration No: SLJ977L  
 Name (as shown in NRIC): LENNON ZHOI YUAN XIN NRIC/FIN/Passport No: SXXXX738C  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 30HOLLAND CLOSE #03-199 Singapore (270030)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 88683878  
 Email Address: LENNONCHOI@GMAIL.COM  
 Date of Accident: 13.09.2021 Time of Accident: 16:54  
 Place of Accident: ALONG OPHIR RD TWDS NORTH BRIDGE RD  
 Insurance Company: NTUC

**(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:

Usage purpose upon accident PRIVATE HIRER TO PRIVATE USE .  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SHUYI

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

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