



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 | 12/10/2021 11:45 (SGT) |
| Date of Accident | 10/10/2021 17:15 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | CTE(AYE) BEFORE PIE(CHANGI) EXIT, LANE 2 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMZ4388P |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | ZHANG CHUANDA |
| NRIC No | S9775313Z |
| Email Address | fatboy521@gmail.com |
| Mobile Phone No | (Phone) +65-92275958 |
| Alternative Phone No | +65-92275958 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mazda |
| Model | 3 |
| 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 | 1500 |

INSURANCE COMPANY

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5121878541 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | ZHANG CHUANDA |
| NRIC No | S9775313Z |

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode

20/01/1997
Indoor
20/04/2021
6 MONTHS
Male
(Phone) +65-92275958
+65-92275958
fatboy521@gmail.com
BLK 442 #02-117 CLEMENTI AVENUE 3

Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

120442
Yes
No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Chain Collision
Raining
Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?

No
3
Yes
No
Yes
1
Yes

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes
Kampong Java Neighbourhood Police Centre
(Phone) +65-1800295999
(Fax) +65-63913442
21 Kampong Java Road Singapore 228892
No

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT FOR STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident
Was there any audio recorded?

Yes
Yes
ADV OI TO SEND VIDEO TO MOTORVIDEO@INCOME.COM.SG
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour

SLV8551R

| | |
|---|----------------------|
| Vehicle Category | Private car |
| Name of Driver | ONG WOEH HSIUNG |
| NRIC No | S8213844G |
| Contact Number | (Phone) +65-82224048 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 3 |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|----------------------|
| Vehicle Registration Number | SHB5021B |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | YIP SENG FATT NEWTON |
| NRIC No | S1646125C |
| Contact Number | (Phone) +65-90664510 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 3 |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|--|
| Name of injured person | ZHANG CHUANDA |
| Gender | Male |
| Phone No | (Phone) +65-92275958 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | 24 |
| Injuries Sustained | MEDICAL LEAVE FROM 10/10/2021 TO 12/10/2021 SUFFERED INJURIES TO LEFT UPPER CHEST SMZ4388P |
| Injured person in which vehicle? | No |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

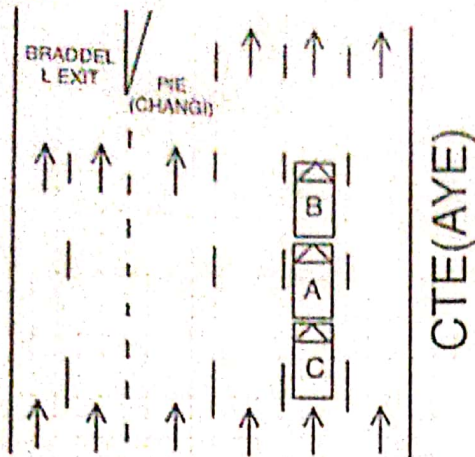
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 12/10/2021
1115HRS

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

Reporting Centre Personnel's Signature
Name: SUMAN SUKUMAR
NIC/FIN No: S990983

SKETCH PLAN



A : SMZ4388P

B : SLV8551R

C : SHB5021B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT FOR STATEMENT

DECLARATION

DECLARATION
I/We declare the foregoing particulars are true in every respect.

Robot's Signature

Date & Time: 12/10/2021
11:15 AM

Driver's Signature

It drives it not the policyholder.
Date & Time:

Reporting Centre Personnel's Signature

Name: SUMAN SUKUMAR
MIL/TIN No: S990968



**SINGAPORE
POLICE FORCE**



E/20211012/7011

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-3910000

Report No. E/20211012/7011

| | | | | |
|--|--|-----------|-----------------------------|-----------------|
| Date/Time Report Made 12/10/2021 11:10 | Vide Report No. | | Station Diary No. | |
| Name Of Informant ZHANG CHUAN DA | Address 442 CLEMENTI AVENUE 3 #02-117 SINGAPORE 120442 | | | |
| ID Type / ID No. NRIC NO / S9775313Z | Contact No. Home/Office: | | Mobile: 92275958 | |
| Nationality SINGAPORE CITIZEN | Email Address FATBOYY521@GMAIL.COM | | | |
| Occupation SELF EMPLOYED | Sex Male | Age 24 | Date of Birth 20/01/1997 | Race Chinese |
| Institution/School Name | Language English | | | |
| Date/Time Of Incident 10/10/2021 17:15 - 10/10/2021 19:00 | Location Of Incident PIE TO MACPHERSON | | | |

Brief details.

My car slow down and brake, felt a strong impact from the back and pushes my car forward and hit onto the front car rear portion , came out and check after impact, found out it was a chain collision, went to consult doctor after accident as felt pain from my chest, given 3 days Mc.

| | |
|-------------------|----------------|
| Subjects Involved | |
| Victim | |
| Person Name | ZHANG CHUAN DA |

| | |
|--|---|
| 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: 12/10/2021 11:10 |
| Officer In-Charge Of Case: | Classification Of Case: |



**SINGAPORE
POLICE FORCE**



E/20211012/7011

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20211012/7011

| | | | |
|-------------|---------------------------|---------------------------|---|
| ID Type | NRIC NO | ID No | S9775313Z |
| Gender | Male | Age | 24 |
| Race | Chinese | Language | English |
| Occupation | SELF EMPLOYED | Address | 442 CLEMENTI AVENUE 3 #02-117 SINGAPORE 120442 |
| Mobile No | 92275958 | Is Informant A Victim? | Yes |
| | | | |
| Person Name | ZHANG CHUANDA (Informant) | | |
| | | | |

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
12/10/2021 11:10

Classification Of Case: