

SA1E21C30002 / Abwin Service Pte Ltd
ENTRY DATE & TIME: 03/12/2021 14:51 (SGT)
SUBMITTED BY: Gerine Cheng
VERSION: 1 (03/12/2021 14:51 (SGT))

Your NCD will be affected due to late reporting

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	03/12/2021 14:51 (SGT)
Date of Accident	30/11/2021 19:25 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 10, Singapore
Additional Location Information	ANG MO KIO AVENUE 10 TOWARDS ANG MO KIO AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW1733Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHIA HUI QIN
NRIC No	S8113727G
Email Address	BUMBLEBBB8888@GMAIL.COM
Mobile Phone No	(Phone) +65-98303091
Alternative Phone No	(Home) +65-98303091

VEHICLE PARTICULARS

Manufacturer	Infiniti
Model	Q50
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	1991

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MP311676
Cover Note Number	-

DRIVER

Name of Driver	LIN SHIWEI
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Date Of Birth	04/12/1981
Occupation	Indoor
Date Of Driving Pass	20/09/2004
Driving experience	17 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96338933
Alt. Phone Number	-
Email Address	BUMBLEBBB8888@GMAIL.COM
Address	BLK 455C ANG MO KIO STREET 44
Address complement	#27-33
Postcode	563455
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Major/Minor Rd
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?	Yes
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 SKETCH PLAN 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	SLH7093B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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	LIN SHIWEI
Gender	Male
Phone No	(Phone) +65-96338933
Address	BLK 455C ANG MO KIO STREET 44
Address Complement	#27-33
Post Code	563455
Approximate Age Years Old	39
Injuries Sustained	-
Injured person in which vehicle?	SJW1733Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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' 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

Sketch Plan area for drawing the accident scene. The area is divided into a grid for drawing the vehicles and their positions at the time of the accident. The grid is 10 units wide and 10 units high. The vehicles are represented by rectangles. The positions are indicated by the grid lines. The sketch plan is used to provide a visual representation of the accident scene for the insurance claim process.

Describe Circumstances of the Accident

Refer to Police Report

Police Report No. : T/20211201/7003

Declaration

I/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/20211201/7003

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

1 of 3

Report No. T/20211201/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2021 11:17		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIN SHIWEI			Address: 455C ANG MO KIO STREET 44 #27-33 SINGAPORE 563455		
ID Type / ID No.: NRIC NO / S8140667G			Contact No.: Home/Office: Mobile: 96338933		
Nationality: SINGAPORE CITIZEN			Email: roylsw@gmail.com		
Sex: Male	Age: 39	Date of Birth: 04/12/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self-Employed			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/11/2021 19:25	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 10				
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 Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJW1733Y	Car					0
SLH7093B	Car	HONDA	SHUTTLE	White		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211201/7003

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

2 of 3

Report No. T/20211201/7003

CONTINUATION OF REPORT

Driver			
Name	LIN SHIWEI		ID No. S8140667G
Related Vehicle	SJW1733Y (Car)		Contact No. 96338933
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Class: 2B,3 Date of Expiry: NIL
Date	30/11/2021	Date	01/12/2021
No. of Days granted Medical Leave	03	Degree of	Serious
Driver			
Name	MR GOH		ID No. NIL
Related Vehicle	SLH7093B (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: ,2B,3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 30 Nov 2021 (Tue) at about 7.25pm, I was travelling straight in my vehicle bearing registration number plate: SJW 1733Y on lane 1 out of two lanes along Ang Mo Kio Ave 10 towards Ang Mo Kio Ave 1.

Suddenly, one car bearing registration number plate: SLH 7093B came out straight from carpark near Blk 412 Ang Mo Kio Ave 10 towards the direction of Ang Mo Kio St 44 without stopping or giving way to oncoming vehicles. That carpark can only turned left or turned right and cannot go straight at all.

As a result, my front portion collided with his rear left side bumper portion. I got a shocked and stayed in my car as I felt pain in my body. Luckily got one passer-by came by and assisted me. Subsequently I was conveyed to hospital by ambulance. My damages are in front portion and left hand-side portion.



**SINGAPORE
POLICE FORCE**

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



T/20211201/7003

3 of 3

Report No. T/20211201/7003

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: 01/12/2021 11:17
Officer In Charge Of Case: TP / TPIB / HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case: