

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	17/01/2022 15:00 (SGT)
Date of Accident	16/01/2022 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE AYE before Ang Mo Kio Ave 5 Exit
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN2185H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZHENG CHUNMU
Passport No/FIN	G0791511Q
Email Address	WENGHAI99@GMAIL.COM
Mobile Phone No	(Phone) +65-93862606
Alternative Phone No	+65-93862606

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X3
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	2000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5096901722-04
Cover Note Number	-

DRIVER

Name of Driver	ZHENG CHUNMU
Passport No/FIN	G0791511Q

Date Of Birth	25/08/1967
Occupation	Indoor
Date Of Driving Pass	23/09/2010
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93862606
Alt. Phone Number	+65-93862606
Email Address	WENGHAI99@GMAIL.COM
Address	51 EDEN GROVE
Address complement	-
Postcode	539093 V
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Passenger
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon Neighbourhood Police Centre
Police Station Address	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN / POLICE REPORT

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	SHA783Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	NG KAR SNEG
NRIC No	S1214595J
Contact Number	(Phone) +65-96588281
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLG7295R
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	ZHENG CHUNMU
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKN2185H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	DRIVER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLG7295R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 17/01/2022 14:43

Report No: MT

D.O.A: 16/01/2022
Time: 18:30 hrs

Vehicle No: SKN2185H Reporting Type:

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment 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.
- (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.



17/01/22 / 14:43

Policyholder's Signature / Date & Time

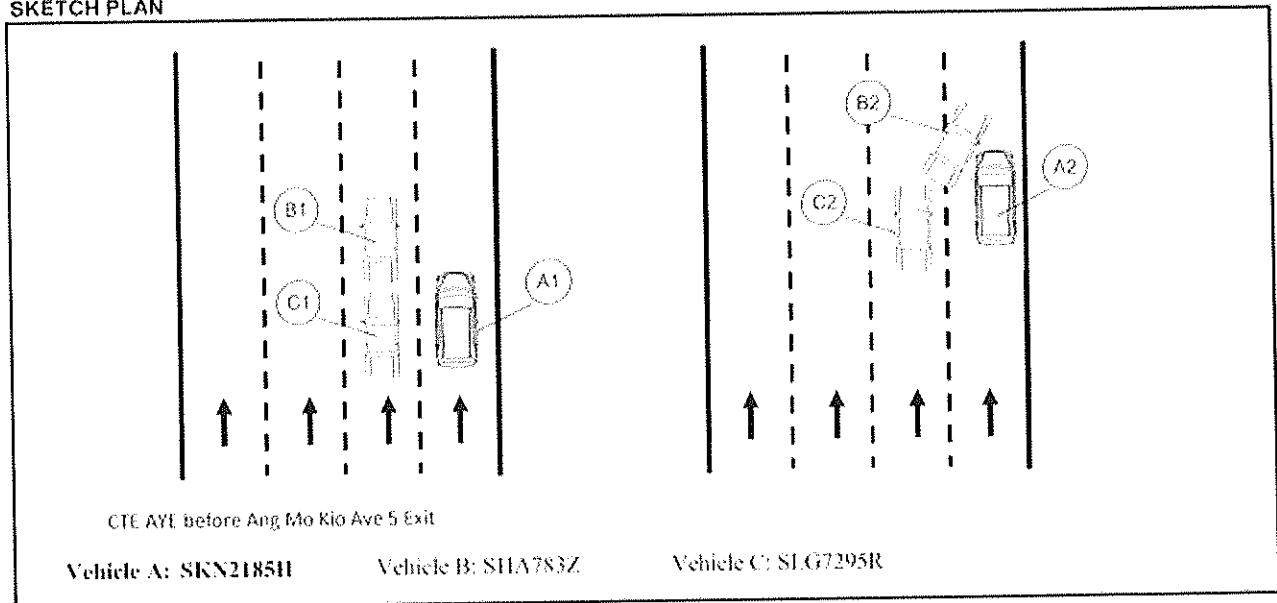
17/01/22 / 14:43

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

 Alan Tang (S098825)
 Customer Care Executive
 Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]

17/01/22 : 14:43

Policyholder's Signature / Date & Time

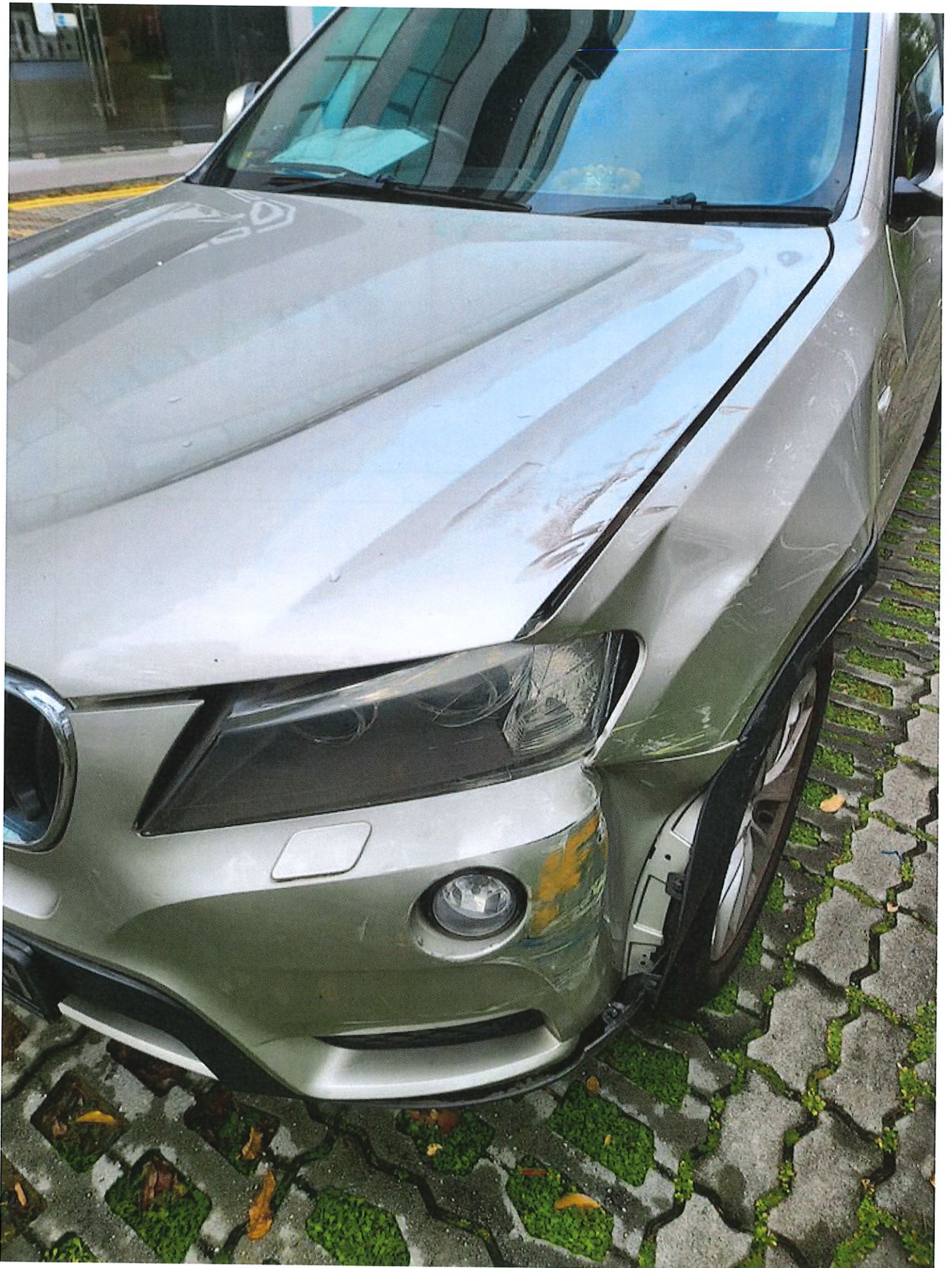
17/01/22 : 14:43

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

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

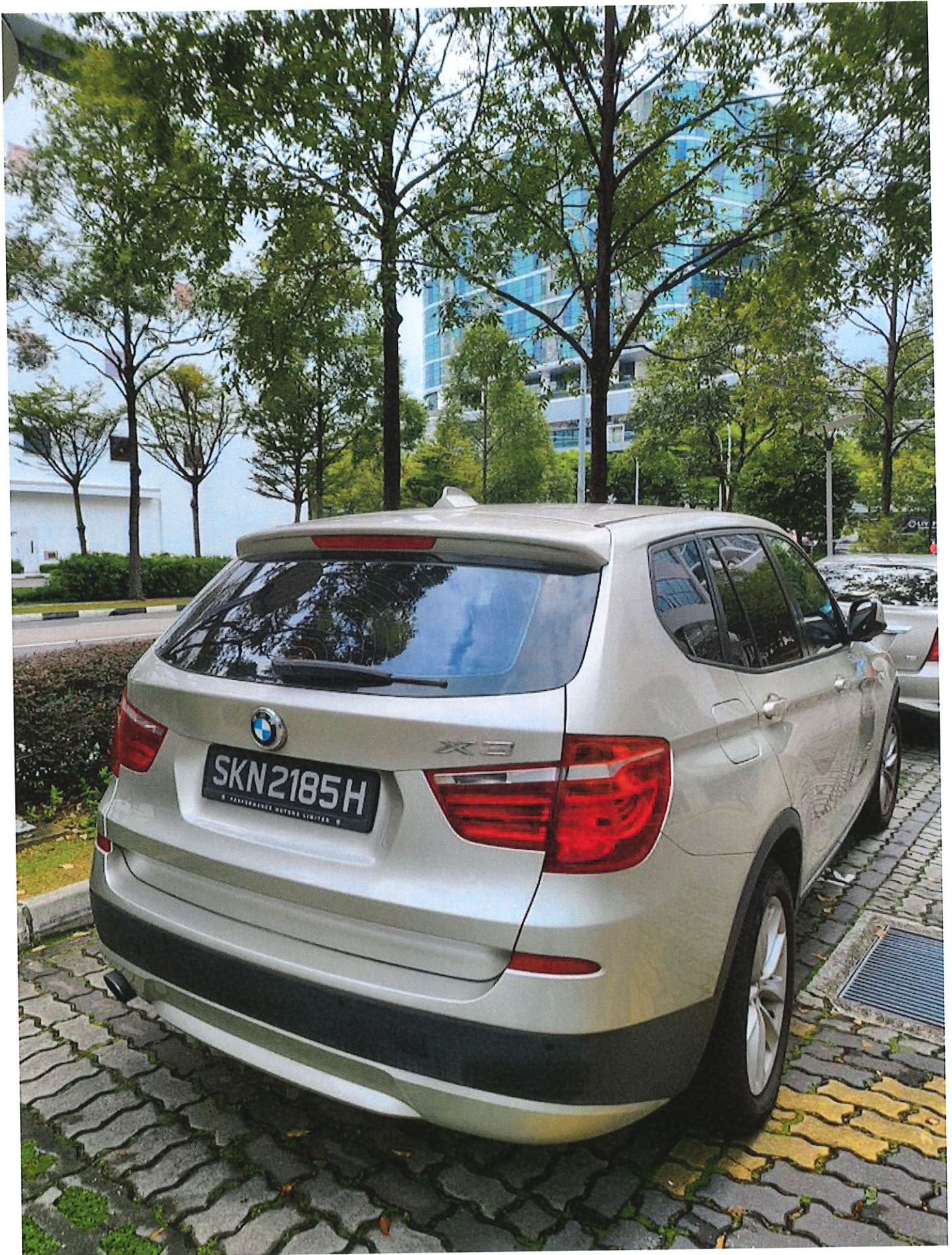
[Signature]

Witnessed by Reporting Centre Personnel

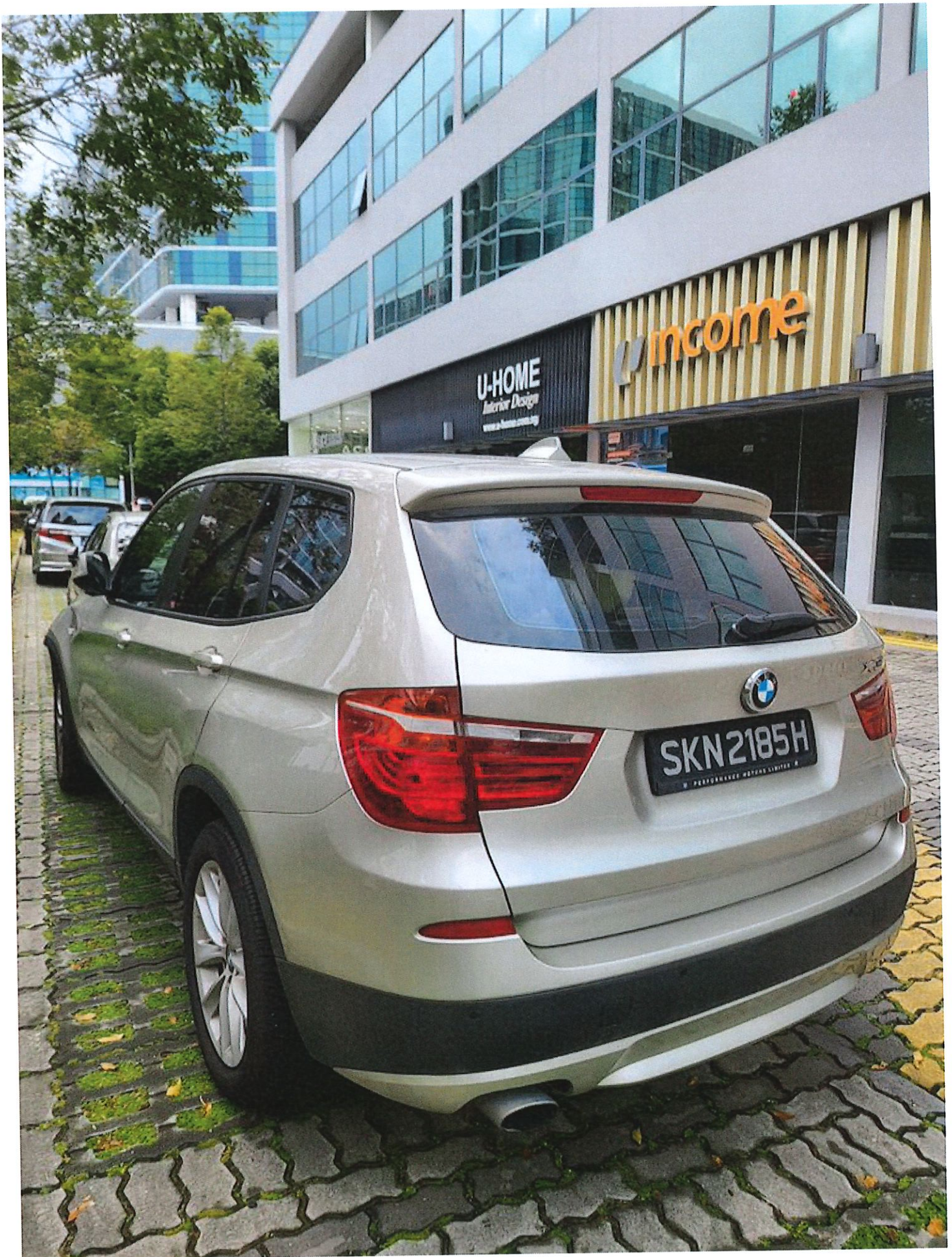
















**SINGAPORE
POLICE FORCE**



T/20220116/2062

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No. 1800-4880999

1 of 3

Report No. T/20220116/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/01/2022 21:03		Vide Report No.: F/20220116/0200		Station Diary No.: 43	
Informant's Particulars					
Name of Informant: ZHENG CHUNMU			Address: 51 EDEN GROVE SINGAPORE 539093		
ID Type / ID No.: FIN NO / G0791511Q			Contact No.: Home/Office: Mobile: 93862606		
Nationality: CHINESE			Email:		
Sex: Male	Age: 54	Date of Birth: 25/08/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: MANAGING DIRECTOR			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/01/2022 18:30	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA783Z	Car					1
SKN2185H	Car	BMW	X3 XDRIVE20i ABS 4WD HID DSC	Silver		1
SLG7295R	Car					0



**SINGAPORE
POLICE FORCE**



T/20220116/2062

2 of 3

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20220116/2062

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKN2185H	NTUC Income Insurance Co-Operative Limited	5096901722-04	26/12/2021	25/12/2022

Brief Details.

On 16/1/22 at about 1832hrs. I was driving my car SKN2185H along CTE towards AYE and at that point of time I was at the 1st lane from the right. During that point of time my lane was clear and I saw one yellow taxi SHA783Z, wanting to switch lane to my lane without signaling. I quickly slowed down for him to switch to my lane. The head of the taxi was already in the 1st lane, however, one black car SLG7295R suddenly hit onto the taxi from the back, and as a result the taxi driver's door hit onto the front left portion of my car. After the hit, the taxi continued to drive to the 1st lane.

All of us stopped the vehicle and came out of the car. I asked the taxi driver why he shifted his car and he explained that he could not brake on time. The black car driver came out and was seen in pain and ambulance was called. Traffic Police and ambulance came thereafter and the black car driver was conveyed by the ambulance. We also took photos of the accident and exchange particulars and the traffic police advised us to make an accident report.

I am also making this report for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20220116/2062

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Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20220116/2062

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report
F /

Other YUANA BINTE KASSIM.
Sgt 3 Teo Jing Xun

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/01/2022 21:03

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD SYARIFUDDIN
MUHAMMAD AJMAIN
Contact No.: 65476367

Classification Of Case:

