

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 18/04/2022 16:30 (SGT)
Date of Accident 18/04/2022 09:06 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG UPPER THOMSON ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML4892Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHEN WEIJING
NRIC No SXXXX613G
Email Address wjchen0731@gmail.com
Mobile Phone No (Phone) +65-96520954
Alternative Phone No +65-96520954

VEHICLE PARTICULARS

Manufacturer Honda
Model Fit
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D21MTPV01007269
Cover Note Number -

DRIVER

Name of Driver CHEN WEIJING
NRIC No SXXXX613G

Date Of Birth	31/07/1985
Occupation	Indoor
Date Of Driving Pass	15/07/2008
Driving experience	13 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96520954
Alt. Phone Number	+65-96520954
Email Address	wjchen0731@gmail.com
Address	APT BLK 289A PUNGGOL PLACE #13-891
Address complement	-
Postcode	821289
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	Side Swipe
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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT, REF NO: T/20220418/2045

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO FOOTAGE WITH TRAFFIC POLICE OFFICER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD212E
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	CHEN WEIJING
Gender	Female
Phone No	(Phone) +65-96520954
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SML4892Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

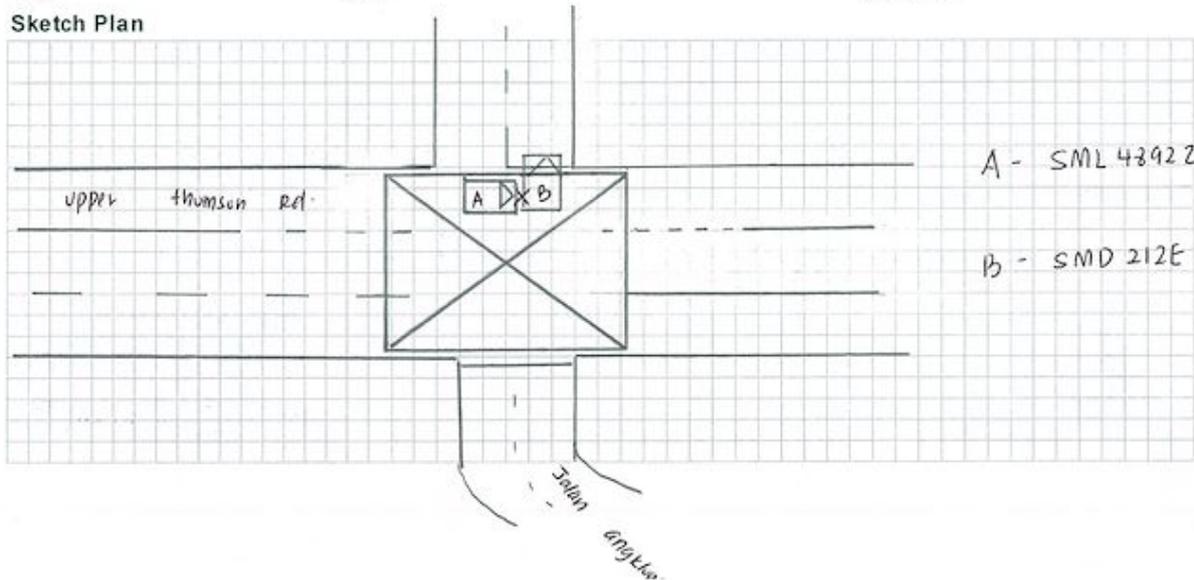
CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1234 Fax: 6453 7944
 (Claims Section)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



















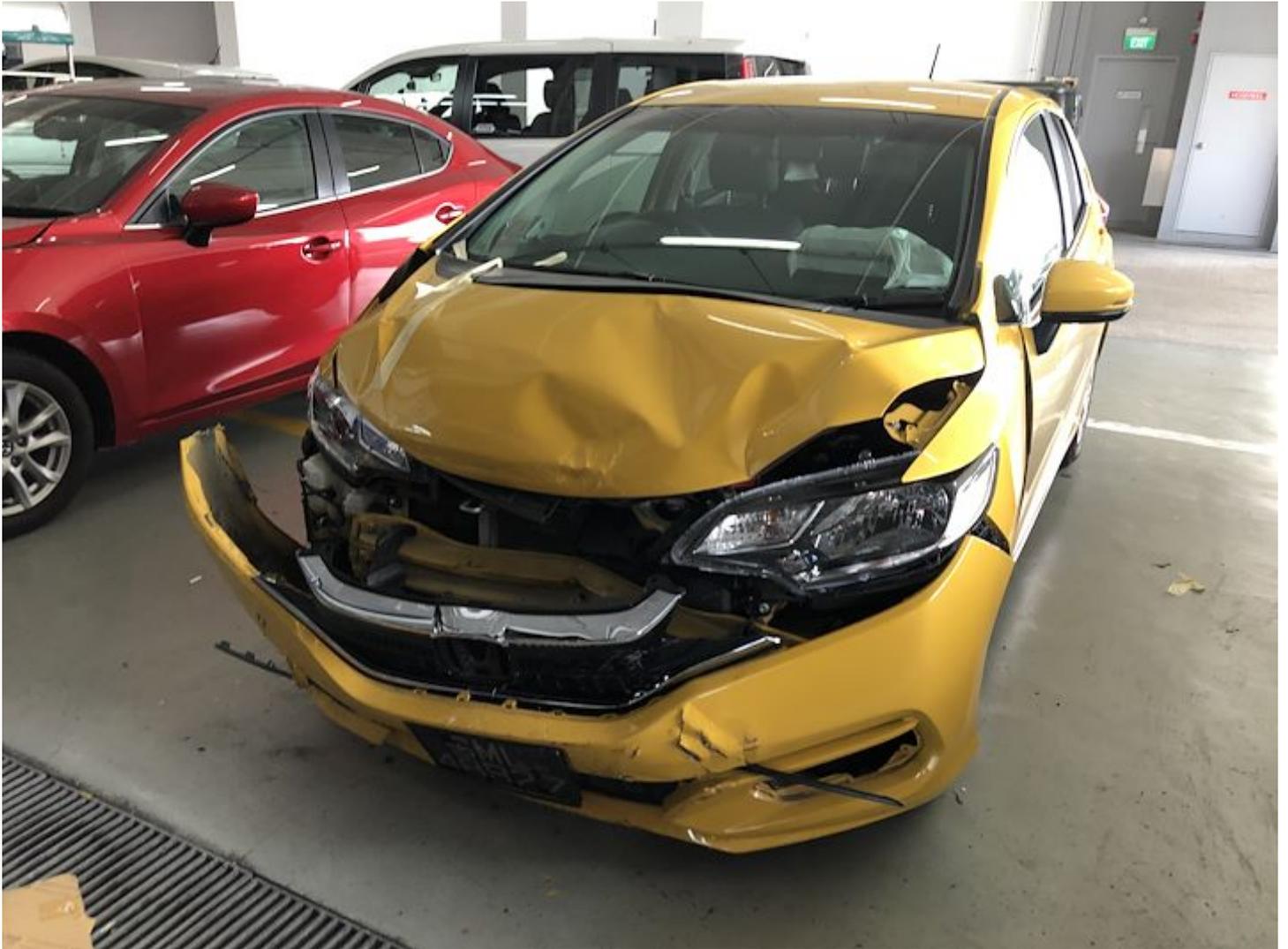







































**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



T/20220418/2045

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Report No. T/20220418/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/04/2022 13:52	Vide Report No.: E/20220418/0037	Station Diary No.: 75
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Informant's Particulars

Name of Informant: CHEN WEIJING		Address: APT BLK 289A PUNGGOL PLACE #13-891 SINGAPORE 821289	
ID Type / ID No.: NRIC NO / S8561613G		Contact No.:	Mobile: 96520954
Nationality: CHINESE		Email: wjchen0731@gmail.com	
Sex: Female	Age: 36	Date of Birth: 31/07/1985	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: HR		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/04/2022 09:10	Type of Location: X-Junction
Location: UPPER THOMSON ROAD			
Weather: Clear	Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMD212E	Car					1
SML4892Z	Car	HONDA	FIT 1.3 GF CVT	Yellow		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SML4892Z	TENET SOMPO INSURANCE PTE. LTD.	D21MTPV0100726 9	23/05/2021	22/05/2022


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545025
Tel No: 1800-343 8999



T/20220418/2045

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Report No. T/20220418/2045

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver		ID No.	S8561613G
Name	CHEN WEIJING	Contact No.	96520954
Related Vehicle	SML4892Z (Car)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Hospital/Clinic	NIL	Date Discharge	NIL
Date Treatment	NIL	Degree of Injury	NIL
No. of Days granted Medical Leave	NIL		

Brief Details.

I am Chen Weijing, NRIC S8561613G, DOB 31/07/1985 residing at Block 298A Punggol Place #13-891 Singapore 821289.

On 18/04/2022 at about 0906hrs, I was driving my vehicle bearing the registration number SML4892Z (V1) along Upper Thomson Road when I was involved in an accident with another vehicle bearing the registration number SMD212E (V2).

I wish to inform that at that point in time, I had no passengers in my vehicle and I was driving along the leftmost lane of the three lane road and approaching a yellow-box on the said road along Upper Thomson nearby the junction of Jln Angklong. I also observed that there is no vehicles to the front of mine and proceeded ahead.

That was when V2 came out from the right turn pocket area from the opposite side of the road and I was unable to stop in time and my vehicle collided the the left portion of V2. I wish to inform that both my vehicle airbags were deployed due to the collision and my vehicle was damaged. The stop sign along the said road was also damaged due to V2 colliding into it. I also observed that there is a stop line located at the right turn pocket that V2 had came out from.

At that point in time, no injuries were reported at scene and traffic police also came down to attend to the accident. My SD card from my in-car camera was seized by the Traffic Police and I was advised to lodge a Traffic Accident report. However, at this point in time, I am starting to feel some pain due to the accident and will be going to see a doctor to get myself assessed. The cost of damage is yet to be determined. That is all.



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T/20220418/2045

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Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20220418/2045

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 /

SGT 3 MOHAMMED RAMDHAN
BIN ROSELAN PANE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/04/2022 13:52

Officer In Charge Of Case:

TP / GIT /
STAFF SGT MOHAMED SUFIAN BIN
MOHAMED JUNID
Contact No.: 65476247

Classification Of Case:

NP168