# **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 witholding 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.

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   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 05/05/2022 15:50 (SGT) Date of Accident 04/05/2022 15:50 (SGT) Exact Location of Accident 272 Yishun Street 22, Block 272, Singapore 760272 Additional Location Information **BLK 272 YISHUN STREET 22 CARPARK** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SI J6706M

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner LIANG SHAN Company Reg No 5XXXX004X **Email Address** LIANGSHAN1998@GMAIL.COM Mobile Phone No (Phone) +65-93865323 Alternative Phone No (Home) +65-93865323

VEHICLE PARTICULARS

Manufacturer Hyundai Model Avante Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to your vehicle?

No - Claiming third party Vehicle Category Private hire Transmission Auto CC

**INSURANCE COMPANY** 

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5096716554-04 Cover Note Number

DRIVER

Name of Driver CHEN LIANGZHENG NRIC No. SXXXX146F

Date Of Birth 15/12/1973 Occupation Outdoor Date Of Driving Pass 16/05/1996 Driving experience 26 YEARS Gender Male Mobile Number (Phone) +65-93865323 Alt. Phone Number Email Address LIANGSHAN1998@GMAIL.COM Address 9 WOODLANDS DRIVE 72 #14-19 Address complement Postcode 738093 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **OWNER** Does Driver Own Other Vehicles? Nο 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name MUHD SHARUL Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? 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** 

SMR5371Y

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant	- -
Vehicle Colour Vehicle Category	- Drivets son
Name of Driver	Private car
Contact Number	_
Address	-
Address complement	-
Postcode	-
Insurance Company Name	EQ Insurance Company Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# INJURED PERSONS DETAILS

# INJURED 1

Name of injured person Gender	MUHD SHARUL
	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLJ6706M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	

Was this injured conveyed to hospital by ambulance?	Yes No
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	-
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#### SKETCH PLAN

### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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. The 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.
- 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)

Lunderstand, 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.

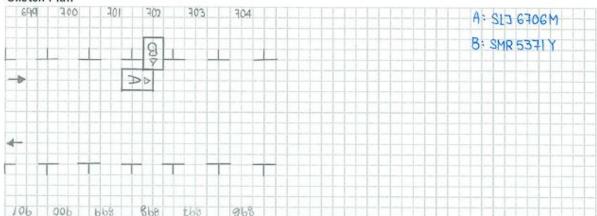
(collectively the "Purposes")

- (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.

LIANG SHAN Co Reg No: 53353004X

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

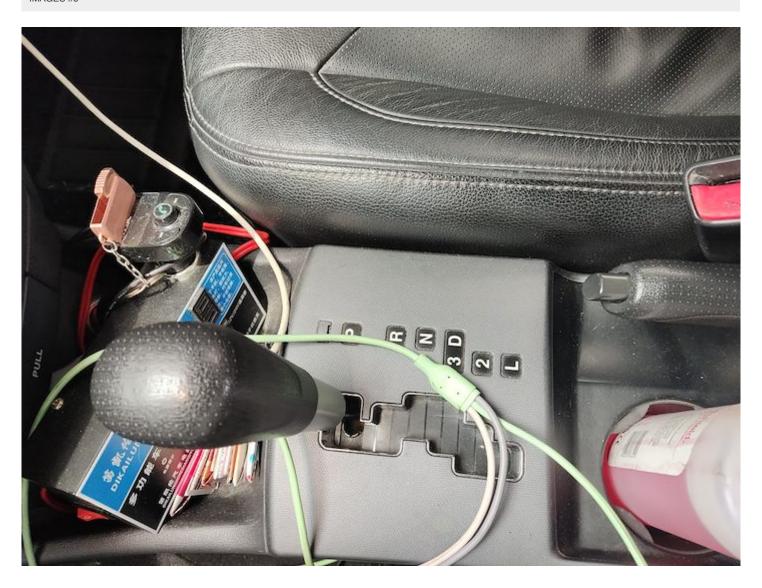
# Sketch Plan



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Police Station Of Origin: Traffic Police

REPORT OF A TRAFFIC ACCIDENT

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220505/7017

Date/Time Report Made: 05/05/2022 13:12	Vide Report No.:	Station Diary No.:			
Informant's Particulars					
Name of Informant: CHEN LIANGZHENG	Address: 9 WOODLANDS DRIVE 72 #14-19 SINGAPORE 73809:				
ID Type / ID No.: NRIC NO / S7372146F	Contact No.: Home/Office: Mobile: 93865323				
Nationality:	Email:	4411 0014			

SINGAPORE CITIZEN LIANGSHAN1998@GMAIL.COM Sex: Age: Date of Birth: Type of Informant: Male 48 15/12/1973 Driver Race: Language: Institution / School Name: Chinese English Occupation: Driving Licence Information: Class: 3 Date of Expiry:

Type of Accident:

Type of Accident:

Drink Date/Time of Accident:

Drive: Accident:

No 04/05/2022 15:50

Drive: O4/05/2022 15:50

YISHUN STREET 22

Weather:
Clear

Traffic Flow:
Two Way

Type of Collision:
Between Moving Vehicles - Head To Side

Road Surface:
Dry

Traffic Control:

Traffic Control:

Traffic Control:

Anyone conveyed by ambulance:
No

Details of V	emcie mvo	iveu				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLJ6706M	Car	HYUNDAI	HD AVANTE 1.6			1
SMR5371Y	Car		1,2000			0

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			



Details of Vehicle Insurance

Vehicle No. Insurance Company



Effective

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220505/7017

Expiry Date

#### CONTINUATION OF REPORT

Insurance No

Expiry

05/05/2022

Serious

	CONTRACTOR OF STREET						- Libity Date	
SLJ6706M	(4.20 vs. 11.00 vs.	UC Income Insurance of nited						
Details of Po	erso	n Involved			-8-7	7		
Any Pedestri	an Ir	volved: No						
No. of Pedes	strian	s Injured: NIL		Use of Pe	destrian	Cross	sing: NA	
Passenger			VA COLUMN		Pig 19	1011		The season of
Name		MUHD SHARUL		ID No.		NIL		
Related Vehi	icle	SLJ6706M (Car)		Contact No.		NIL		
Hospital/Clini	ic	NIL		Class of Driving Licence & Expiry		Class: ,3 Date of Expiry: NIL		
Date		NIL	Date	NIL				
No. of Days	grant	ted Medical Leave	NIL	Degree of	e of NIL			
Driver						5		
Name		CHEN LIANGZHENG		ID No.		S7372146F	=	
Related Vehi	icle	SLJ6706M (Car)		Contact No.		93865323		
Hospital/Clini	ic	A LIFE CLINIC PTE L		Class of Driving Licence &		Class: 3 Date of Expiry: NIL		

# Brief Details.

05/05/2022

No. of Days granted Medical Leave

ON 04.05.2022 AT ABOUT 15:50PM. I WAS TRAVELLING ALONG BLK 272 YISHUN STREET 22 CARPARK. I WAS TRAVELLING STRAIGHT. SUDDENLY, THE VEHILCE (SMR 5371Y) DASHED OUT FROM THE CARPARK LOT 702 AND HIT MY VEHICLE (SLJ 6706M) FRONT LEFT PORTION.

Date

Degree of

I VISITED A LIFE CLINIC PTE LTD AFTER THE ACCIDENT AND WAS GIVEN 5 DAYS MC. I FELT PAIN IN THE BACK OF MY NECK AND MY WAIST.

05





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220505/7017

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: 05/05/2022 13:12
Officer In Charge Of Case: TP / TPIB / BOON YEN KIAN Contact No.: 65476172	Classification Of Case:
NP168	

