

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 14/06/2022 17:46 (SGT)
Date of Accident 13/06/2022 18:50 (SGT)
Exact Location of Accident 700A Upper E Coast Rd, Singapore 465402
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKU5697R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ZHU JING YI
NRIC No GXXXX359M
Email Address JING_SEVEN9@HOTMAIL.COM
Mobile Phone No (Phone) +65-91699271
Alternative Phone No +65-91699271

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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 1500

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D22MTPV01005492
Cover Note Number -

DRIVER

Name of Driver ZHU JING YI
NRIC No GXXXX359M

Date Of Birth	30/01/1987
Occupation	Indoor
Date Of Driving Pass	05/03/2016
Driving experience	6 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91699271
Alt. Phone Number	+65-91699271
Email Address	JING_SEVEN9@HOTMAIL.COM
Address	BLK 116 BUKIT MERAH VIEW
Address complement	-
Postcode	151116
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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	WC5815U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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	ZHU JING YI
Gender	Female
Phone No	(Phone) +65-91699271
Address	BLK 116 BUKIT MERAH VIEW
Address Complement	-
Post Code	151116
Approximate Age Years Old	35
Injuries Sustained	BACK AND NECK
Injured person in which vehicle?	SKU5697R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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' 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

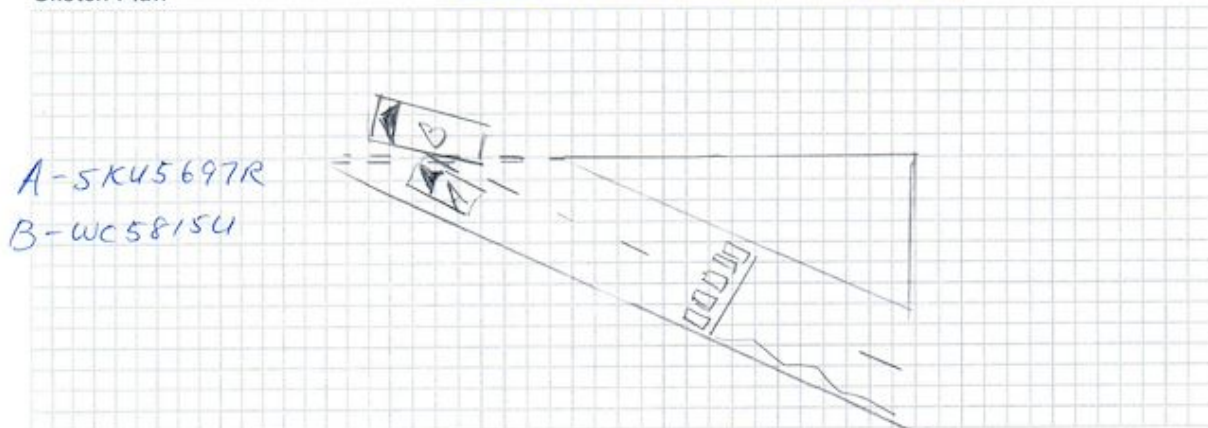
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident


I stop my veh at the gateway line at 700A Upper East Coast Road slip road to Upper East Coast Rd. Suddenly veh B from my right lane hit onto my front right side portion of my veh.

Declaration

We declare the foregoing particulars are true in every respect.

 14/06/2022
Policyholder's Signature / Date & Time

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

 14/06/22
Witnessed by Reporting Centre Personnel



























**SINGAPORE
POLICE FORCE**



D/20220614/7048

1 of 2

POLICE REPORT (NP299)

Report No. D/20220614/7048

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 14/06/2022 20:45	Vide Report No.	Station Diary No.		
Name Of Informant ZHU JINGYI	Address 116 BUKIT MERAH VIEW #02-251 SINGAPORE 151116			
ID Type / ID No. FIN NO / G6051359M	Contact No. Home/Office: Mobile: 91699271			
Nationality CHINESE	Email Address jing_seven9@hotmail.com			
Occupation Quantity surveyor	Sex Female	Age 35	Date of Birth 30/01/1987	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 13/06/2022 18:50 - 13/06/2022 18:50	Location Of Incident 116 BUKIT MERAH VIEW #02-251 SINGAPORE 151116			

Brief details.

I was driving and stop at a road junction 700A Upper East Coast Road. A Pan United Concrete Truck stopped on my right hand side. When he was moving out to the main road, the concrete truck drove into my lane and crashed into my car. damaging my right side of my car including the front bumper and bonnet. My car was stationary at the point of collision. After the accident, I was frighten and I felt stiffness and pain in my neck and lower back.

Subjects Involved
Suspect

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: 14/06/2022 20:45
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



D/20220614/7048

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20220614/7048

Person Name	Vellayan Pillappan		
ID Type	FIN NO	ID No	G5294266M
Gender	Male	Race	Indian
Language	English		
Victim			
Person Name	ZHU JINGYI		
ID Type	FIN NO	ID No	G6051359M
Gender	Female	Age	35
Race	Chinese	Language	English
Occupation	Quantity surveyor	Address	116 BUKIT MERAH VIEW #02-251 SINGAPORE 151116
Mobile No	91699271	Is Informant A Victim?	Yes
Person Name ZHU JINGYI (Informant)			

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: 14/06/2022 20:45
Officer In-Charge Of Case:	Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09226E00E Vehicle Registration No: SKU5697R
 Name (as shown in NRIC): ZHU Jing Yi NRIC/FIN/Passport No: G6051359M
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 116 Bukit merah view #02-251 Singapore (151116)
 Contact (Tel): 91699271 Mobile No.: _____
 Email Address: Jie Jing - Seven9@hotmail.com
 Date of Accident: 13/06/2022 Time of Accident: 1850
 Place of Accident: 7004 Upp East Coast RD
 Insurance Company: Sompo

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ADD IN Police Report
&
Date of accident: 13/06/2022

Policyholder / Driver's Signature
 Date:

15/06/22
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: