

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 Actual 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	09/09/2022 19:25 (SGT)
Reported by	Driver
Date of Accident	09/09/2022 07:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KJE TOWARDS PIE JURONG AFTER BRICKLAND EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ818P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN HUI LING, VALERIE
NRIC No	S8222231F
Email Address	GODLOVESEDNVAL@GMAIL.COM
Mobile Phone No	(Phone) +65-96236337
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
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	0

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA585784/1

DRIVER

Name of Driver	FU JIZHENG, EDWIN
NRIC No	S8308932F
Date Of Birth	04/04/1983
Occupation	Indoor

Date Of Driving Pass	20/02/2003
Driving experience	19 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96236337
Alt. Phone Number	-
Email Address	GODLOVESEDNVAL@GMAIL.COM
Address	15 WOODLANDS AVENUE 8 #02-12 TWIN FOUNTIANS
Address complement	-
Postcode	738995
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	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	4
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

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	With Owner.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKM517C
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMS8552S
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMU1175H
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	FU JIZHENG,EDWIN
Gender	Male
Phone No	(Phone) +65-96236337
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMQ818P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

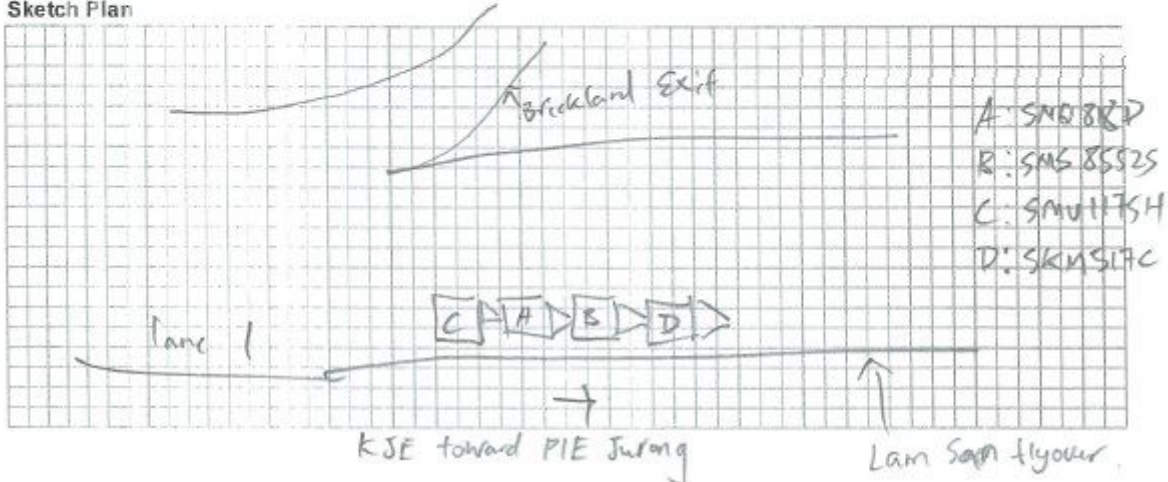
SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

<p style="text-align: center;">X </p> <p>Policyholder's Signature / Date & Time</p>	<p style="text-align: center;"></p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p style="text-align: center;"></p> <p>Witnessed by Reporting Centre Personnel</p>
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Sketch Plan



Describe Circumstances of the Accident

Please Refer Police Report No: J/20220909/7012

Email GIA to accident@myinfinity.com.sg

Declaration

We declare the foregoing particulars are true in every respect.

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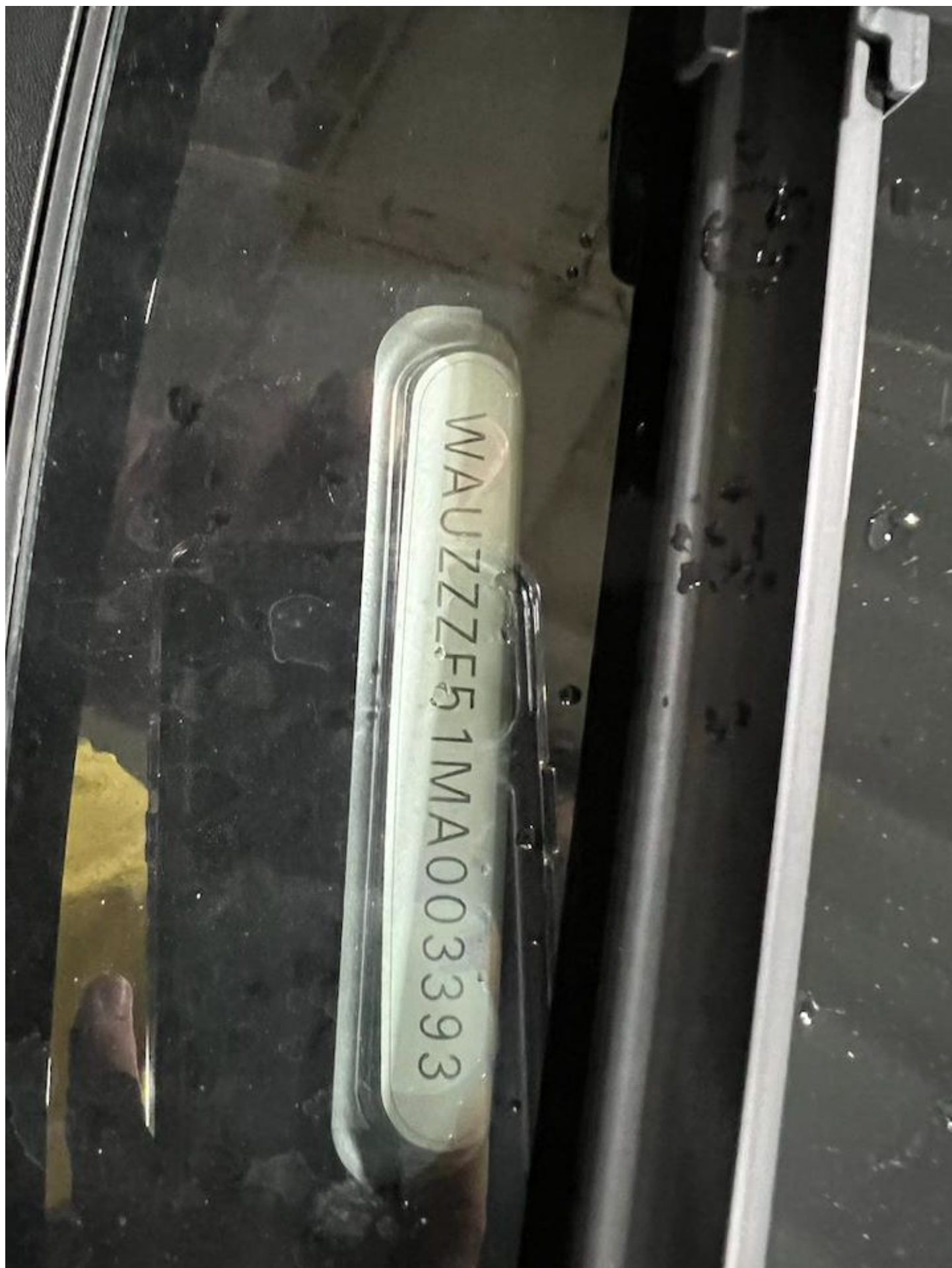






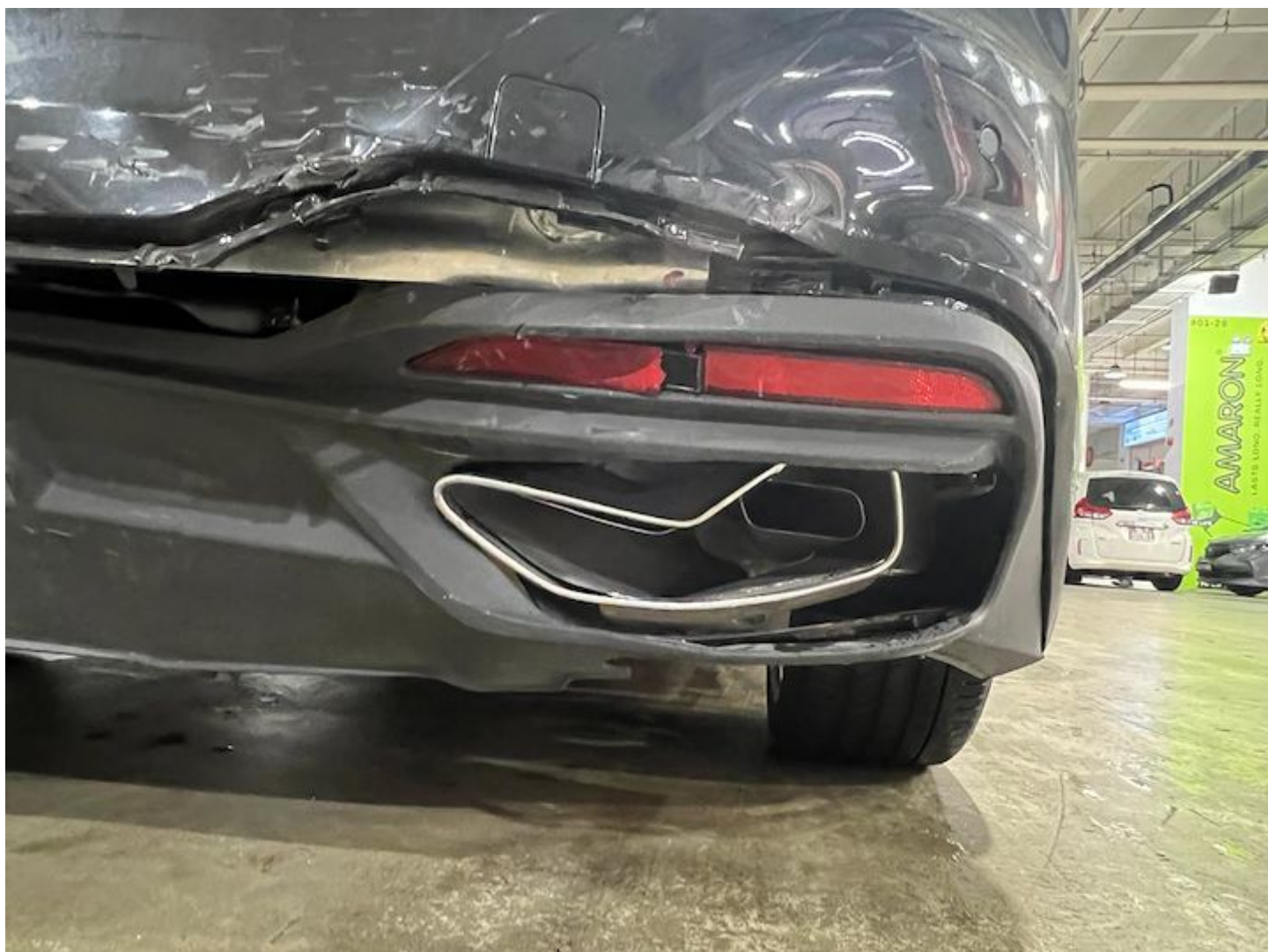


















**SINGAPORE
POLICE FORCE**



J/20220909/7012

1 of 2

POLICE REPORT (NP299)

Report No. J/20220909/7012

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 09/09/2022 10:18	Vide Report No.	Station Diary No.
Name Of Informant FU JIZHENG, EDWIN	Address 15 WOODLANDS AVENUE 6 #02-12 TWIN FOUNTAINS SINGAPORE 738995	
ID Type / ID No. NRIC NO / S8308932F	Contact No. Home/Office: Mobile: 96236337	
Nationality SINGAPORE CITIZEN	Email Address godlovednval@gmail.com	
Occupation Teaching assistant/Tutor in university	Sex Male	Age 39
Institution/School Name	Date of Birth 04/04/1983	Race Chinese
Date/Time Of Incident 09/09/2022 07:45 - 09/09/2022 08:30	Location Of Incident LAM SAN FLYOVER	

Brief details.

I was driving my vehicle (SMQ818P) (3rd vehicle) along KJE toward PIE Jurong at around 0745hrs on the first lane. I saw the vehicle in front of me (SMS8552S)(2nd Vehicle) collided on to the vehicle (SKM517C)(1st Vehicle) in front him. I immediate come to a stop to avoid collision toward SMS8552S. Unfortunately, the vehicle behind me (SMU1175H)(4th/last vehicle) did not react on time and it collided onto my car, the impact was so huge that my car was being push forward, and my car then collided on to SMS8552S. I lost my conscious for a moment, and follow by I have an immediate pain and discomfort on my right arm and having difficulty to get out of my car.

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: 09/09/2022 10:18
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20220909/7012

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220909/7012

When I got out of my car, the driver in front solicited me to go to his workshop for the accident damages. I refused and proceed to authorized reporting center for the accident.

I am filing this report just in case in my insurance require any further investigation in future, as I am feeling giddiness right now.

Subjects Involved			
Suspect			
Person Name	1st Vehicle (SKM517C)		
Person Name	2nd Vehicle (SMS8552S)		
Victim			
Person Name	FU JIZHENG, EDWIN		
ID Type	NRIC NO	ID No	S8308932F
Gender	Male	Age	39
Race	Chinese	Language	English
Occupation	Teaching assistant/Tutor in university	Address	15 WOODLANDS AVENUE 6 #02-12 TWIN FOUNTIANS SINGAPORE 738995
Mobile No	96236337	Is Informant A Victim?	Yes
Person Name	FU JIZHENG, EDWIN (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: 09/09/2022 10:18
Officer In-Charge Of Case:	Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 100 Raffles Quay #18-00 Singapore 048580
 Tel: (65) 6224 0010 Fax: (65) 6224 0080
 Operating Hours: Monday to Friday, 09:00 – 17:00
 J.N. S965900203 / GST Reg. No. M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No.: _____ Vehicle Registration No.: SMQ 818P
 Name (as on vehicle licence): FU SIZHENH NRIC/FIN/Passport No.: S8308932F
 (* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: 15 Woodlands Ave 6 #02-12 Twin Frontiers Singapore 738995
 Contact (Tel): _____ Mobile No.: 96236337
 Email Address: godlove.sedra@gmail.com
 Date of Accident: 09/09/22 Time of Accident: 0745am
 Place of Accident: KJE towards PIE Juvang After Bridgehead Exit
 Insurance Company: AxIA

(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:

vehicle property change to Sms 85525

Policyholder / Driver's Signature
 Date:

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

STAMPED FOR RECORD