



## 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	18/09/2022 18:02 (SGT)
Reported by	Both
Date of Accident	18/09/2022 08:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DUNMAN ROAD JUNCTION OF JOO CHIAT ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG3019L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ZHANG ZAIZHI
NRIC No	S8876889B
Email Address	zai_zhi@live.com
Mobile Phone No	(Phone) +65-98809062
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Accent
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	1400

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5114690804-02

#### DRIVER

Name of Driver	ZHANG ZAIZHI
NRIC No	S8876889B
Date Of Birth	12/01/1988
Occupation	Indoor



Date Of Driving Pass	21/03/2018
Driving experience	4 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98809062
Alt. Phone Number	-
Email Address	zai_zhi@live.com
Address	BLK 72 #02-09 DAKOTA CRESCENT
Address complement	-
Postcode	399942
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	Collision - Head on collision
Weather Conditions	Raining
Road Surface	Wet

#### 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?	No
Was any injured conveyed to hospital by ambulance?	-
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	HANNING
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS MAKING A RIGHT TURN INTO JOO CHIAT ROAD FROM DUNMAN ROAD AS THE RIGHT TURN GREEN LIGHT APPEARED AFTER THE RED LIGHT, WHEN THE OTHER VEHICLE (SJR596J) BEAT THE RED LIGHT TRAVELLING STRAIGHT FROM THE OPPOSITE DIRECTION AND COLLIDED INTO THE FRONT LEFT OF MY VEHICLE.

#### 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	ADVISED TO EMAIL TO MOTORVIDEO@INCOME.COM.SG

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR596J
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SOH YONG JIE
NRIC No	S8724084C
Contact Number	(Phone) +65-90688576
Address	-
Address complement	265A #15-330 PUNGGOL WAY
Postcode	821265
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

PASSENGER 1

Name	WIFE
Gender	Female

PASSENGER 2

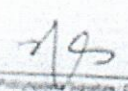
Name	CHILD
Gender	-


Describe Circumstances of the Accident

*Refer to GERTS report for statement*

Declaration

I/We declare the foregoing particulars are true in every respect

  
 Police Officer's Signature: Date & Time  
 18/04/2022 17:30

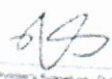
  
 Driver's Signature (if driver is not the policyholder): Date & Time  
 18/04/2022 17:30

Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)  
 NIKHA KULIA SYAH BINTI ROSA 2  
 0904049

**IMPORTANT NOTICE**

**SKETCH PLAN**

1. Please report correctly the details of the accident to speed up the claims process.
  2. This Form must be completed by the **POLYGRAPH** and/or the **Actual Driver**.
  3. Information provided must be an **accurate and complete** account. Any willful misrepresentation or withholding of material facts may cause insurance companies to **reject your claim**.
  4. The use 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 Traffic Police Department for investigation.**
  6. This report will be forwarded by the insurers to the **GIA Roadside Management Centre** established by the **Tameng Insurance Association of Singapore (TIA)** for reviewing and that copies of this report will be a fee for made available upon application by interested parties.
  7. By the completion of this report to the insurers, you hereby warrant to the delivery of this report to the service and to costs of the report being made available to the insurers.
- 2. Consent under the Personal Data Protection Act (PDPA):**
- (i) understand and appreciate the significance of the consent;
  - (ii) understand that the **Tameng Insurance Association of Singapore (TIA)** may be permitted to collect, use, disclose and/or process my personal data (personal information) and any other personal information provided by me or disclosed by my insurer (collectively the **Personal Information**), and disclose and transfer such Personal Information to all insurers and have insured vehicles involved in this accident (all insurers) and have insured vehicles involved in this accident that be 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 purposes of:
  - (a) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (b) investigating the accident and/or any claims;
  - (c) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (d) administering my claims (including the making of correspondence, statements, notices, 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 correspondence packages); and/or
  - (e) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the **Purposes**);
  - (iii) understand that the Insurers (lawyers/law firms) may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
  - (iv) my Personal Information may 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 based outside of Singapore for one or more of the above Purposes.

Insurer's Signature:  Date & Time:  
18 09 2022 17:30  
Sketch Plan

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC card):  
TUMBA KIZIA SIAH BIN POLI 994944

