

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	27/09/2022 10:57 (SGT)
Reported by	Both
Date of Accident	26/09/2022 13:56 (SGT)
Exact Location of Accident	Bishan Flyover, Singapore
Additional Location Information	TWDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP9130J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	QIAN LINHUI
NRIC No	G3770912W
Email Address	947482887@QQ.COM
Mobile Phone No	(Phone) +65-82686171
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
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	1598

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA607849

DRIVER

Name of Driver	QIAN LINHUI
NRIC No	G3770912W
Date Of Birth	31/07/1979
Occupation	Indoor

Date Of Driving Pass	30/08/2022
Driving experience	1 MONTH
Gender	Female
Mobile Number	(Phone) +65-82686171
Alt. Phone Number	-
Email Address	947482887@QQ.COM
Address	59 ANG MO KIO AVE 8 #08-07
Address complement	-
Postcode	567752
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 - Change/cross lane
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
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	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

ON 26/09/2022 AT ABOUT 1356HRS, I WAS DRIVING MY CAR (SKP9130J) ALONG BISHAN FLYOVER TOWARDS CTE IN THE THIRD LANE FROM THE RIGHT. OUT OF SUDDEN, A VAN (GX8368C) SWERVE INTO MY LANE FROM THE RIGHT AND COLLIDED ONTO THE RIGHT PORTION OF MY CAR. DUE TO THE ACCIDENT IMPACT, MY CAR BEING PUSHED TO THE LEFT AND THEN COLLIDED TO THE LEFT SIDE AND STUCKED AT THE ROAD DIVIDER. I THEN WENT TO VISIT MY DOCTOR AFTER THE ACCIDENT IMPACT AND WAS GIVEN 2 DAYS OF MC. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B (GX8368C)'S INSURANCE FOR MY ACCIDENT DAMAGES.

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	SD CARD WITH TP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX8368C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	THAM WILSON
Contact Number	(Phone) +65-88776564
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	QIAN LINHUI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKP9130J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.
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 based outside of Singapore, for one or more of the above Purposes.

Qian Lin Hui

Qian Lin Hui

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) SKP 9303
(B) GZ 8348C
Along Bishan Highway Towards CTE


Describe Circumstances of the Accident

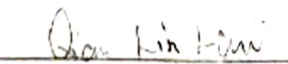
On 26/09/2022 @ about 1.55hrs, I was driving my car (SKP 9130J) along Bishan Highway towards CTC in the 3rd lane from the right. Out of sudden, a van (GX 8568C) swerve into my lane from the right and collided onto right portion of my car. Due to the accident impact, my car being push to the right and then collided to the left side and stuck at the road divider. I then went to visited my doctor after the accident impact and was given 3 days of MC. Hence, I hereby lodge this report to claim against Van B. K. 8568C's insurance for my accident damages.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220926/7053

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No: T/20220926/7053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/09/2022 17:24		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: QIAN LINHUI			Address: 59 ANG MO KIO AVE 8 #08-07 SINGAPORE 567752		
ID Type / ID No.: FIN NO / G3770912W			Contact No.: Home/Office: Mobile: 82686171		
Nationality: CHINESE			Email: 947482887@QQ.COM		
Sex: Female	Age: 43	Date of Birth: 31/07/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Home Maker			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/09/2022 13:55	Type of Location: Straight Road
Location: BISHAN ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GX8368C	Van	TOYOTA	HIACE			0
SKP9130J	Car	TOYOTA	TOYOTA COROLLA ALTIS 1.6L CVT	Brown		0



**SINGAPORE
POLICE FORCE**



1/20220326/7053

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

2 of 3

Report No T/20220926/7053

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKP9130J	AXA INSURANCE SINGAPORE PTE LTD	GA607849	06/02/2022	20/04/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	THAM WILSON	ID No.	NIL
Related Vehicle	GX8368C (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	QIAN LINHUI	ID No.	G3770912W
Related Vehicle	SKP9130J (Car)	Contact No.	82686171
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	26/09/2022	Date	NIL
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

On 26/09/2022 @ about 1356hrs, I was driving my car (SKP 9130J) along Bishan flyover towards CTE in the 3rd lane from the right. Out of sudden, a van (GX 8368C) swerve in to my lane from the right and collided onto right portion of my car. Due to the accident impact, my car being push to the left and then collided to the left side and stucked at the road divider. I then went to visit my doctor after the accident impact and was given 2 days of MC. Hence, I hereto lodge this report to claim against Veh.B (GX 8368C)'s insurance for my accident damages.



**SINGAPORE
POLICE FORCE**



T/20220926/7053

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No: T/20220926/7053

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TP1B / ABDUL RAHIM BIN SALIM Contact No.: 65476433

NP168

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 26/09/2022 17:24
Classification Of Case:

**GENERAL
INSURANCE**
ASSOCIATION

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: SS2X229R0002 Vehicle Registration No: SKP 9130J
 Name (as shown in NRIC): Qian Lin Hui NRIC/FIN/Passport No: G339 0412 W
 (* Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: S9 Jey Miao Ave 8 #01-01 Singapore (53752)
 Contact (Tel): — Mobile No.: 826 86141
 Email Address: 947482887 @ qq.com
 Date of Accident: 26/07/22 Time of Accident: 1356 hrs
 Place of Accident: Along Bishan Flyover Towards CTE
 Insurance Company: AXA Insurance

(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:

Amend Statement's sentence: Due to the accident impact my car being
push to the left and then collided and stucked at the left side road divider.

Attached Police Report No: T/20220926/7053.

Qian Lin Hui
 Policyholder / Driver's Signature
 Date: 27/09/22

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