

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	29/09/2022 17:11 (SGT)
Reported by	Both
Date of Accident	28/09/2022 14:53 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	OUTSIDE MAKEPEACE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP5582R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZHANG GUANGJIA
NRIC No	SXXXX171B
Email Address	kerry.liao@outlook.com
Mobile Phone No	(Phone) +65-98943339
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	X-trail
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	1997

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00188802100

DRIVER

Name of Driver	ZHANG GUANGJIA
NRIC No	SXXXX171B
Date Of Birth	08/01/1971
Occupation	Indoor

Date Of Driving Pass	10/06/2016
Driving experience	6 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98943339
Alt. Phone Number	-
Email Address	kerry.liao@outlook.com
Address	BLK 64 KALLANG BAHRU #10-351
Address complement	-
Postcode	330064
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 to Rear
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)	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	ZHANG JUN QING
Gender	Female

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

PLEASE REFER TO POLICE REPORT T/20220929/7038

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ1510G
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	ZHANG GUANGJIA
Gender	Male
Phone No	(Phone) +65-98943339
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	SMP5582R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ZHANG JUN QING
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	SMP5582R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

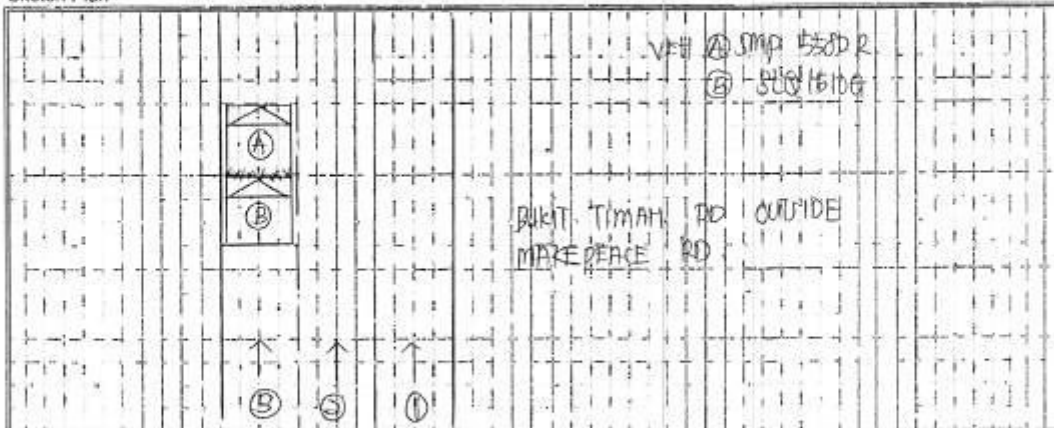
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

3/8 张崇
Policyholder's Signature / Date & Time

3/8 张崇
Driver's Signature (if driver is not the policyholder) / Date & Time

29/09/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

PLEASE REFER TO POLICE REPORT NO = T/20220929/2028

Declaration

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

张焕荣

Policyholder's Signature / Date & Time

张焕荣

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

29/09/2022

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)




















**SINGAPORE
POLICE FORCE**

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



T/20220929/7038

1 of 3

Report No. T/20220929/7038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/09/2022 13:44			Vide Report No.:		Station Diary No.:	
Informant's Particulars						
Name of Informant: ZHANG GUANGJIA			Address: 64 KALLANG BAHRU #10-351 SINGAPORE 330064			
ID Type / ID No.: NRIC NO / S7167171B			Contact No.: Home/Office:		Mobile: 98943339	
Nationality: CHINESE			Email: deionlim16@gmail.com			
Sex: Male	Age: 51	Date of Birth: 08/01/1971	Type of Informant: Driver			
Race: Chinese			Language: English		Institution / School Name:	
Occupation: F&B			Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/09/2022 14:55	Type of Location:
Location: BUKIT TIMAH ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMP5582R	Car	NISSAN	X-TRAIL 2.0 CVT	White		1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP5582R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001888 02100		



**SINGAPORE
POLICE FORCE**

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



T/20220929/7038

2 of 3

Report No. T/20220929/7038

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZHANG GUANGJIA	ID No.	S7167171B
Related Vehicle	SMP5582R (Car)	Contact No.	98943339
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time, I was driving SMP5582R along Bukit Timah Road towards Little India direction with my wife, Zhang Jun Qing, on board my vehicle.

I had gradually come to a stop due to traffic conditions near the junction of Makepeace Road when suddenly, a massive impact slammed into the rear of my vehicle.

Our bodies lurched forward due to the unexpected impact, resulting in the back of our heads hitting against the head rest of our vehicle.

Upon alighting, I realised that our vehicle was hit from the back by SLQ1510G.

Immediately after the accident, I started experiencing aches in my neck area while my wife complained of pain in her neck, shoulders, mid and lower back areas.

The pain got increasingly worse and we decided to seek treatment at Livewell Medical Clinic later the same evening.

Each of us were given 5 days MC.

The following morning, the pain got increasingly worse. My wife complained that her left arm and left hand also felt painful.

I also stated experiencing aches in my shoulders, mid and lower back areas as well.

We will be following up with the same doctor if the pain persists.



SINGAPORE POLICE FORCE

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



T/20220929/7038

3 of 3

Report No. T/20220929/7038

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 / TPB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
29/09/2022 13:44

Classification Of Case: