# **©** 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 witholding 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 Submission10/10/2022 11:49 (SGT)Reported byBothDate of Accident09/10/2022 07:02 (SGT)Exact Location of AccidentSingaporeAdditional Location InformationALONG LORNIE HIGHWAYCountry/State of LossSingapore

## **DETAILS OF OWN VEHICLE**

**BMW** 

Vehicle Registration Number SMR8101R

INSURED/POLICYHOLDER

Is company?

No
Name Of Registered Owner

NRIC No
S8906067B

Email Address
TIMOTHYGPSA@GMAIL.COM
Mobile Phone No
(Phone) +65-93842624

Alternative Phone No
-

### VEHICLE PARTICULARS

Manufacturer

Model 116d

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 1500

#### INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5128881199

#### DRIVER

Name of DriverGAN YUANZHONG TIMOTHYNRIC No\$8906067BDate Of Birth21/02/1989OccupationIndoor

Date Of Driving Pass 09/04/2010 Driving experience 12 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-93842624 Alt. Phone Number Email Address TIMOTHYGPSA@GMAIL.COM Address BLK 108A CANBERRA WALK #12-15 Address complement Postcode 751108 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

SD CARD WITH VEHICLE OWNER

Vehicle Registration NumberSNB4334JVehicle ManufacturerToyotaVehicle ModelSienta

Reasons for not uploading a video of the accident



| Vehicle Variant                         | =                   |
|---|---------------------|
| Vehicle Colour                          | White               |
| Vehicle Category                        | Private car         |
| Name of Driver                          | MALE CHINESE DRIVER |
| Contact Number                          | -                   |
| Address                                 | -                   |
| Address complement                      | -                   |
| Postcode                                | -                   |
| nsurance Company Name                   | -                   |
| Nature Of Damage                        | FRONT RIGHT PORTION |
| Details of property damaged in accident | -                   |
| No. Of Passenger (Including Driver)     | 1                   |
|   |                     |

| INCOME MOTOR | SERVICE CENTRE |
|--------------|----------------|
|--------------|----------------|

Report Date & Start Time:

10/10/2022 / 11:39

Report No: MT/\_\_\_\_\_

D.O.A: 09/10/2022 Time: 07:20 hrs Vehicle No: SMR8101R

Reporting Type:

#### 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.
- 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.

SKETCH PLAN

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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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.
- 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.

Policyholder's Signature / Date & Time

 $\frac{10/10/22\,/\,11:39}{\text{Driver's Signature (If driver is not the policyholder)/Date \& Time}}$ 

Chen JunLiang

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

Sketch Plan

A B

ALONG LORNIE HIGHWAY

Vehicle A: SMR8101R

Vehicle B: SNB4334J

| Describe Circumstances of the Accident |   |
|--|---|
| REFER TO POLICE REPORT                 |   |
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## Declaration

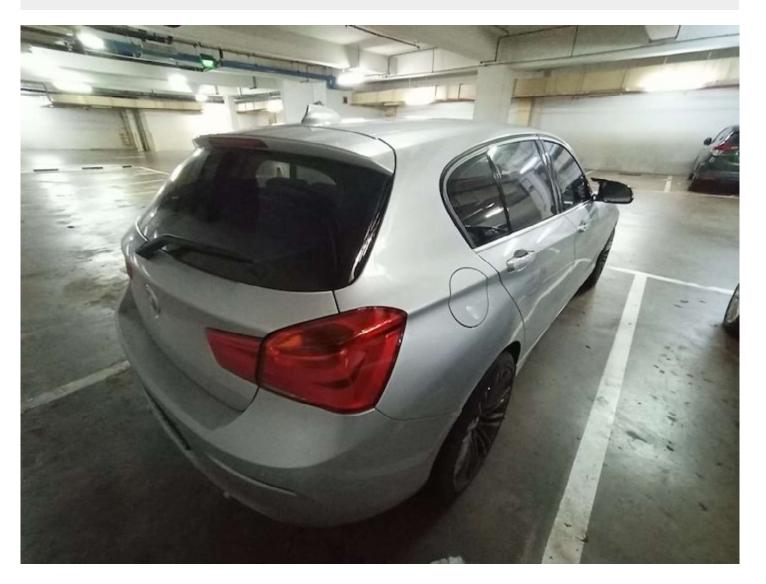
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 $\frac{10/10/22 \ / \ 11:39}{\text{Driver's Signature (If driver is not the policyholder) / Date \& Time}}$ 

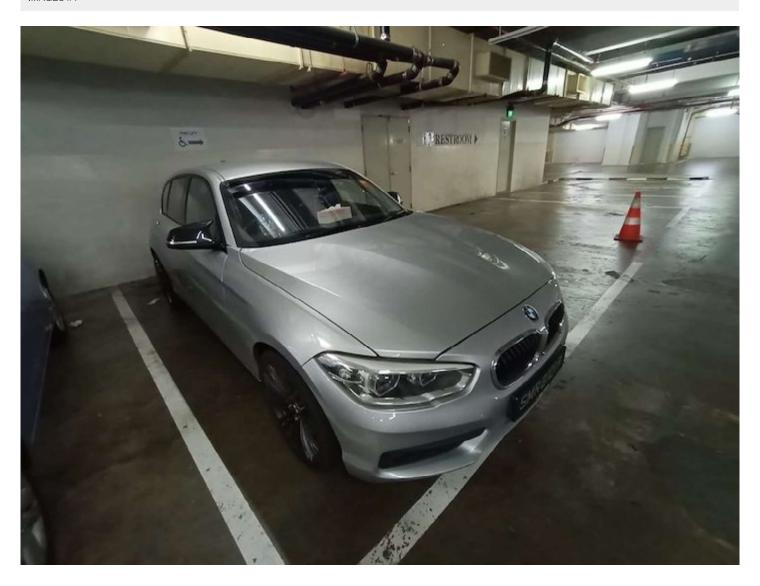
Chen JunLiang

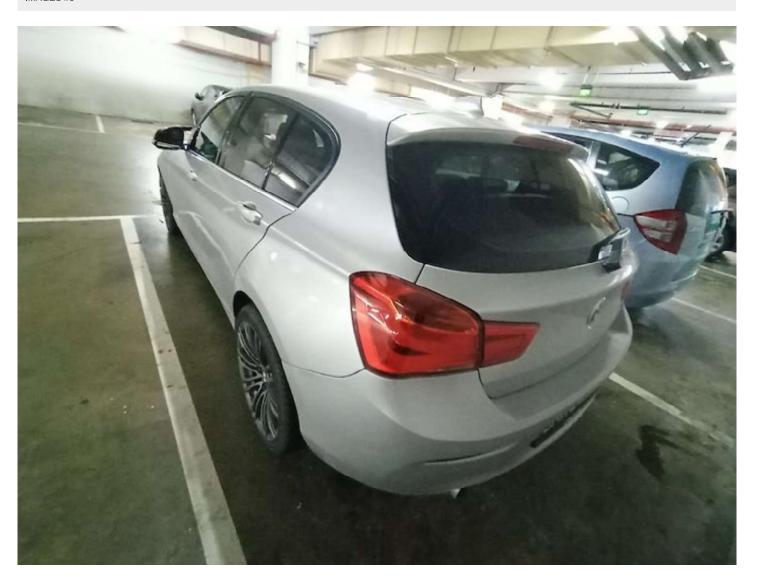
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

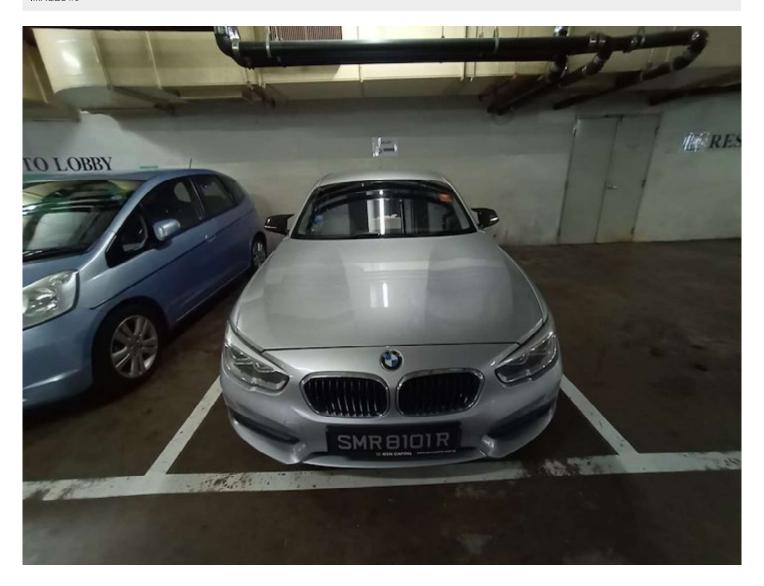




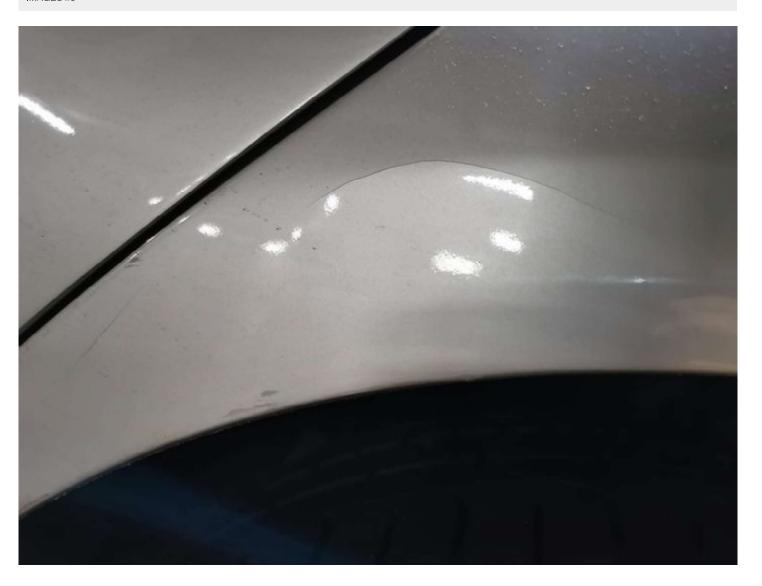
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20221009/7020

#### REPORT OF A TRAFFIC ACCIDENT

|                       | Date/Time Report Made:<br>09/10/2022 13:46 |                              | Vide Report No.:                                       | Station Diary No.:         |  |  |
|-----------------------|--|------------------------------|--|----------------------------|--|--|
| Informan              | t's Particu                                | ulars                        | 45   |                            |  |  |
|                       | Informant:<br>ANZHONG                      | , TIMOTHY                    | Address:<br>108A CANBERRA WALK #12-15 SINGAPORE 751108 |                            |  |  |
| ID Type /<br>NRIC NO  | ID No.:<br>/ \$890600                      | 67B                          | Contact No.:<br>Home/Office:                           | Mobile: 93842624           |  |  |
| Nationalit<br>SINGAPO | y:<br>ORE CITIZ                            | EN                           | Email:<br>TIMOTHYGPSA@GMAIL.C                          | СОМ                        |  |  |
| Sex:<br>Male          | Age:                                       | Date of Birth:<br>21/02/1989 | Type of Informant:<br>Vehicle Owner                    | ,                          |  |  |
| Race:<br>Chinese      |  | de .                         | Language:<br>English                                   | Institution / School Name: |  |  |
| Occupation:           |  |                              | Driving Licence Information: Class: Date of Expiry:    |                            |  |  |

| General Inforr  | nation of the Accide          | ent                   |   |  |  |
|---|-------------------------------|-----------------------|---|--|--|
| Type of<br>Accident:                                  | Non-Injury<br>Others          | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>09/10/2022 07:00 | Type of Location:<br>Straight Road     |  |
| Location:   |                               | 32.00                 |   | in a                                   |  |
| LORNIE ROA  | ND                            |                       |   |  |  |
| Weather:<br>Cloudy                                    |                               | Road Surface:<br>Dry  |   | Road Speed Limit:<br>70 Km/h           |  |
| Traffic Flow: Traffic Control: One Way Not Controlled |                               |                       | Traffic Volume:<br>Light                      |  |  |
| Type of Collis<br>Between Mov                         | ion:<br>ing Vehicles - Head i | To Side               | 6   | Anyone conveyed by<br>ambulance:<br>No |  |

| Vehicle No. | Туре                                    | Make   | Model  | Color | Conditio            | No of |
|-------------|---|--------|--------|-------|---------------------|-------|
| SMR8101R    | 100000000000000000000000000000000000000 | BMW    | 116d   | Grey  | Slightly<br>Damaged | 1     |
| SNB4334J    | Car                                     | TOYOTA | Sienta | White | 30 3.               | 1     |

| Details of Vehicle Insurance |                   |              |           |             |  |
|------------------------------|-------------------|--------------|-----------|-------------|--|
| Vehicle No.                  | Insurance Company | Insurance No | Effective | Expiry Date |  |





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

Report No. T/20221009/7020

#### CONTINUATION OF REPORT

| Details of Vehicle Insurance |   |              |            |             |
|------------------------------|---|--------------|------------|-------------|
| Vehicle No.                  | Insurance Company                             | Insurance No | Effective  | Expiry Date |
| SMR8101R                     | NTUC Income Insurance Co-Operative<br>Limited | 5128881199   | 13/07/2022 | 12/07/2023  |

| Details of Perso  | n Involved        |                        |            |  |                                   |
|-------------------|-------------------|------------------------|------------|--|-----------------------------------|
| Any Pedestrian I  | nvolved: No       |                        | 7.55 198   |  | 1070 _ 1.5-1                      |
| No. of Pedestriar | s Injured: NIL    |                        | Use of Ped | destrian Cr                                | ossing: NA                        |
| Vehicle Owner     |                   |                        |            |  | 111                               |
| Name              | GAN YUANZHONG     | GAN YUANZHONG, TIMOTHY |            | ID No.                                     | S8906067B                         |
| Related Vehicle   | NIL               |                        |            | Contact N                                  | No. 93842624                      |
| Hospital/Clinic   | NIL               |                        |            | Class of<br>Driving<br>Licence &<br>Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date              | NIL               |                        | Date       | NI   | L                                 |
| No. of Days gran  | ted Medical Leave | NIL                    | Degree of  | NI   | L                                 |

### Brief Details.

I, SMR8101R, was driving on the 1st lane towards Lornie Road/Highway from Upper Thomson Road, when a White Toyota Sienta, SNB4334J, cut into my lane and side-swiped me. His front right of the car hit the left side of my rear passenger door and tyre.

Damage was unseen at accident site as it was cloudy and not visible.

There is a dent at my left rear passenger door and some white paint on my rear left tyre fender found only after the sun came up.

The accident site is the bridge heading from upper thomson road to lornie road, near Mount Alvenia Hospital.

I have dashcam videos showing the accident and vehicle carplate exceeding 2MB, and pictures of the damage.

No driver particulars were obtained except the car plate as damage was not visible at the site, and I was on the way to work.

No injury was involved.





3 of 3

Report No. T/20221009/7020

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

#### CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

| Signature Of Officer Recording The Report:<br>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:<br>Not applicable  | Date/Time:<br>09/10/2022 13:46  |
| Officer In Charge Of Case:<br>TP / TPIB /<br>MUHAMMAD NOOR BIN ABDUL RAHMAN<br>Contact No.: 65476219 | Classification Of Case:   |
| NP168  |   |