

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	28/10/2022 12:42 (SGT)
Reported by	Driver
Date of Accident	16/10/2022 20:20 (SGT)
Exact Location of Accident	Upper Changi Rd E, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ6888J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN HUI
NRIC No	S9055838B
Email Address	lisachenzhen@gmail.com
Mobile Phone No	(Phone) +65-86994108
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Glc250
Variant	4MATIC COUPE AMG LINE (R19 LED)
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1991

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00250802100

DRIVER

Name of Driver	CHEN ZHEN
NRIC No	S9275625D
Date Of Birth	25/07/1992
Occupation	Indoor

Date Of Driving Pass	23/08/2022
Driving experience	2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91479539
Alt. Phone Number	-
Email Address	lisachenzhen@gmail.com
Address	88 JELLICOE ROAD #34-22
Address complement	-
Postcode	208747
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

PLEASE REFER TO POLICE REPORT

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	SMQ7679C
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHENG YEE YONG (ZENG YURONG)
NRIC No	S7905058Z
Contact Number	(Phone) +65-98679285
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

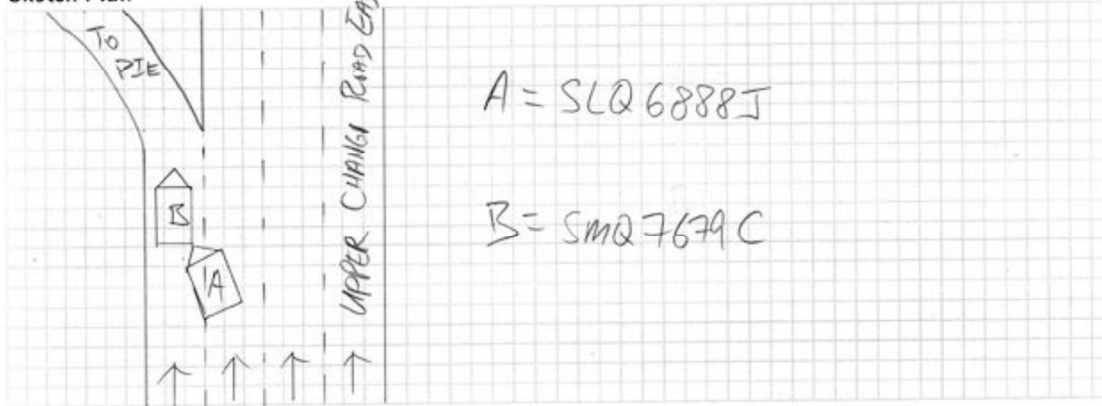
SKETCH PLAN**IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

I would like to inform to our insurer, the reason for being late to do this insurance report is that, this is my first time accident(on Sunday).

My sister (owner of SLQ6888J) also do not have knowledge about car accident procedure and we went to ask our insurance agent about this accident. We followed our insurance agent recommendation to make a Police Report first, and we did the Police Report Online the next day 17 Oct 2022.

Because Mr Cheng (Driver of SMQ7679C) was considering self repair and I pay his repair cost - to save time, hence we are waiting and we also called him, but cannot get his decision.

As we cannot wait anymore longer, and we decided to do an Own Damage Claim and just got to know from workshop that we have missed on this reproting only can be done at CNTP's authorised workshop. Please refer to my Traffic Police Report as attached.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

















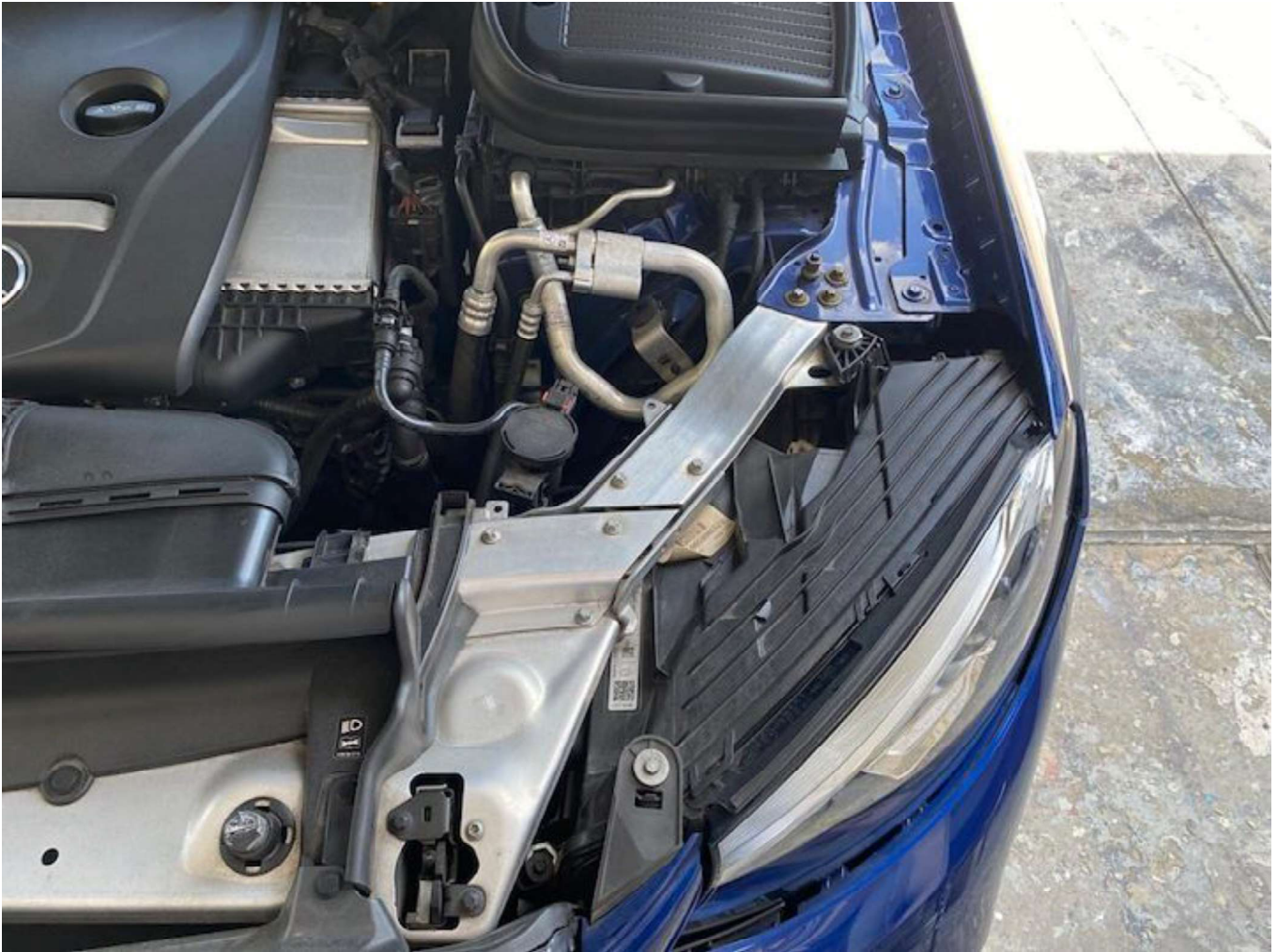




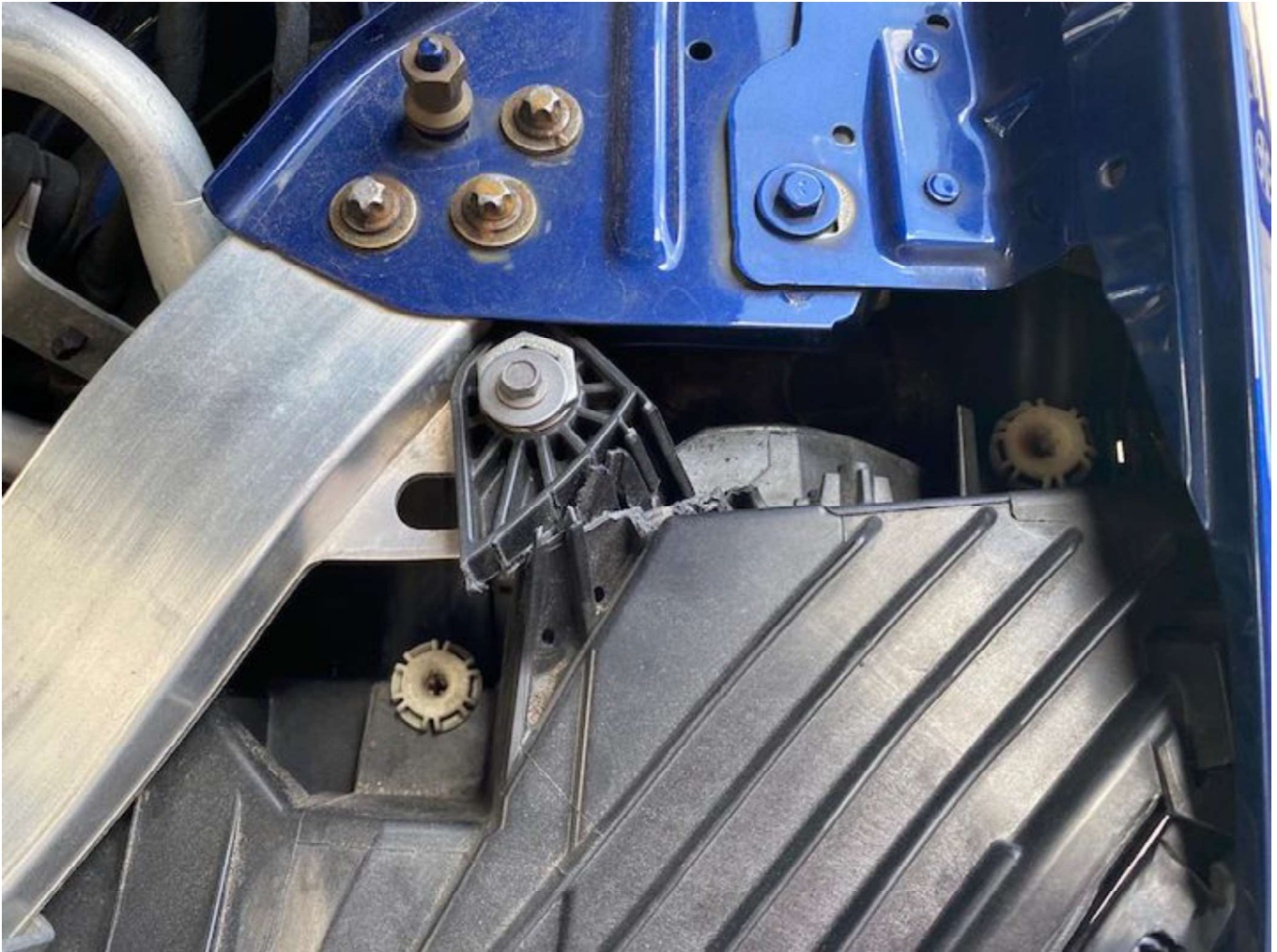




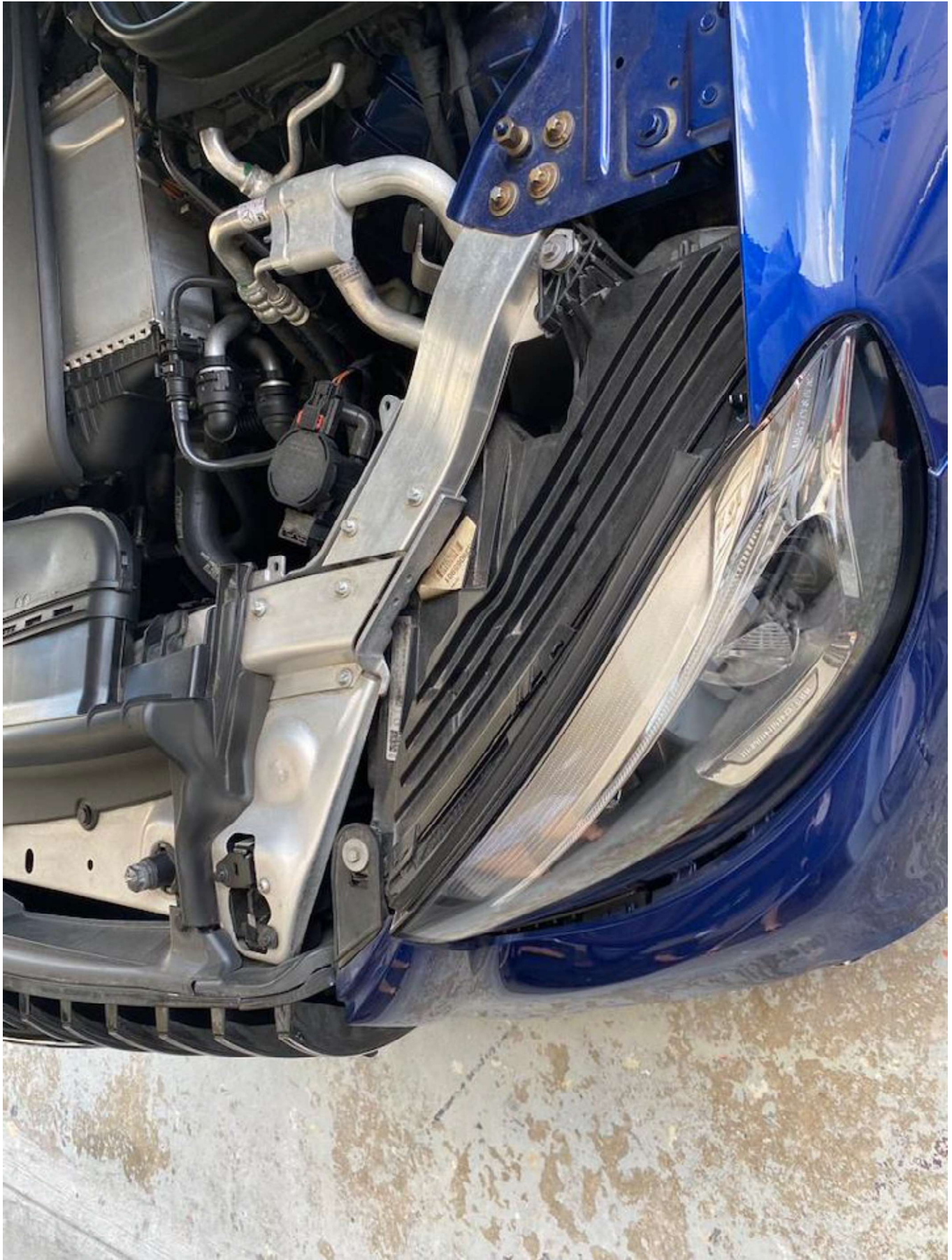




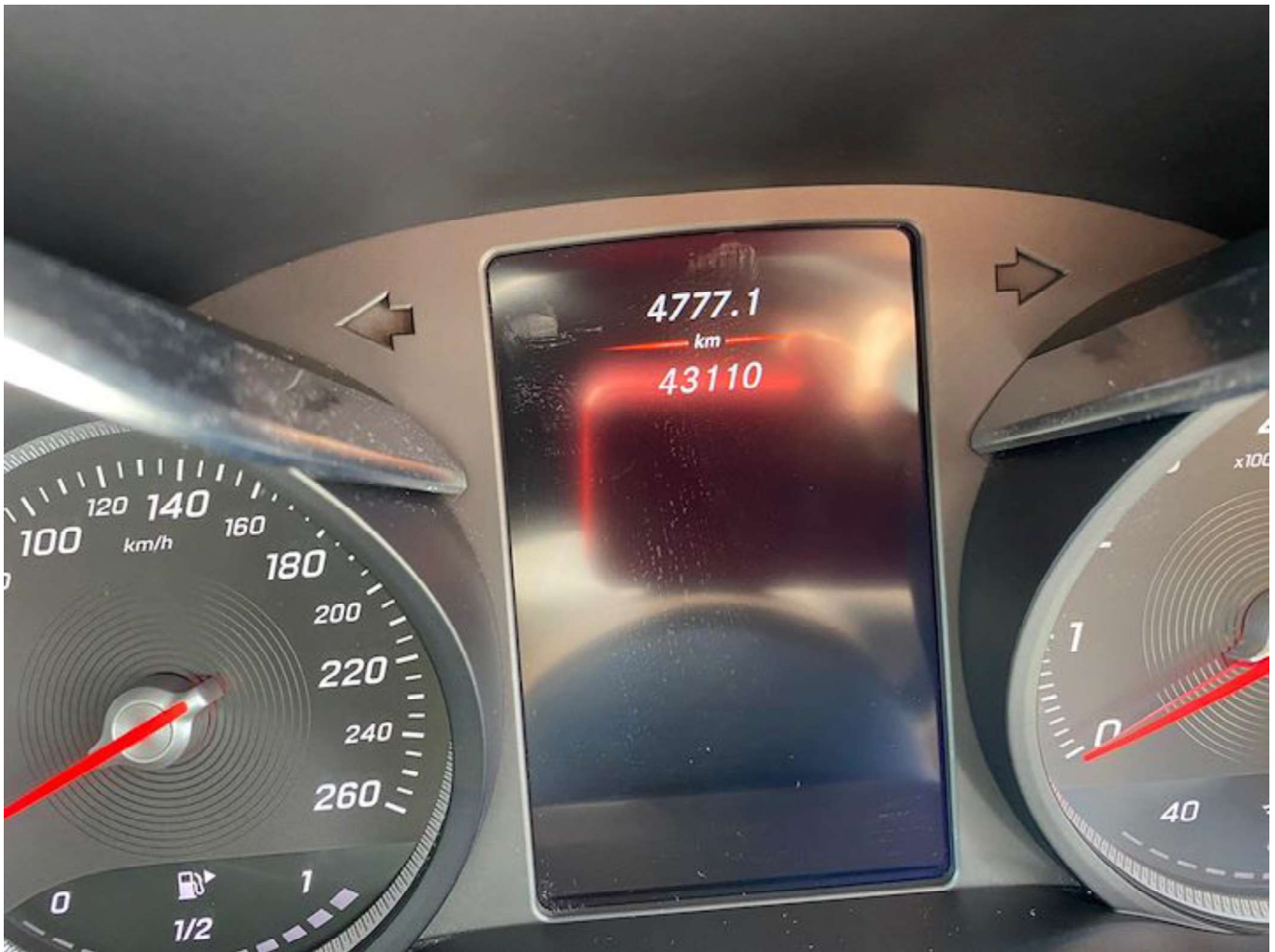
















**SINGAPORE
POLICE FORCE**



T/20221017/7032

1 of 3

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

Report No. T/20221017/7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2022 14:23	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CHEN ZHEN			Address: 88 JELlicoe ROAD #34-22 SINGAPORE 208747		
ID Type / ID No.: NRIC NO / S9275625D			Contact No.: Home/Office: Mobile: 91479539		
Nationality: SINGAPORE CITIZEN			Email: LISACHENZHEN@GMAIL.COM		
Sex: Female	Age: 30	Date of Birth: 25/07/1992	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 16/10/2022 20:20	Type of Location: Straight Road
Location: UPPER CHANGI ROAD EAST				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLQ6888J	Car	MERCEDES BENZ		Blue		0
SMQ7679C	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20221017/7032

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

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Report No. T/20221017/7032

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLQ6888J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002508 02100	18/02/2022	29/11/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHEN ZHEN		ID No.	S9275625D
Related Vehicle	SLQ6888J (Car)		Contact No.	91479539
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	CHENG YEE YONG		ID No.	S7905058Z
Related Vehicle	SMQ7679C (Car)		Contact No.	98679285
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

Brief Details.

I was driving on Changi Road West from TPE exit 1, intent to join PIE. while I making a lane change to my left in order to join the lane towards PIE(TUAS), my car's front left corner hits left front car's rear right corner.



**SINGAPORE
POLICE FORCE**



T/20221017/7032

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

3 of 3

Report No. T/20221017/7032

CONTINUATION OF REPORTSketch 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 / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

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

Date/Time:
17/10/2022 14:23

Classification Of Case:

NP168











