# **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.

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   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 01/11/2022 14:08 (SGT) Reported by Date of Accident 28/10/2022 13:45 (SGT) Exact Location of Accident Singapore Additional Location Information AMK AVE 5 Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJT9795G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **HWEE ZHICHENG IVAN** NRIC No SXXXX646D Fmail Address IVANHWEE@HOTMAIL.COM Mobile Phone No (Phone) +65-96442510 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Hyundai Model Avante Variant Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

Private use

No - Claiming third party

Private car Auto 1598

**INSURANCE COMPANY** 

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00014802200

DRIVER

Name of Driver **HWEE ZHICHENG IVAN** NRIC No SXXXX646D Date Of Birth 22/05/1993 Occupation Indoor

Date Of Driving Pass	23/05/2013
Driving experience	9 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96442510
Alt. Phone Number	-
Email Address	IVANHWEE@HOTMAIL.COM
Address	BLK 649 ANG MO KIO AVENUE 5 #13-3311
Address complement	-
Postcode	S 560649
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?	Yes
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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO ATTACHED REPORT	
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 TRAFFIC POLICE
DETAILS OF OTHER	VEHICLE PROPERTY 1

FBR3561J

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement	- Motorcycle AMIRUL ASYRAF BIN ABDUL AZIZ (Phone) +65-93866112 -
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 AMIRUL ASYRAF BIN ABDUL AZIZ Gender Male Phone No (Phone) +65-93866112 Address Address Complement Post Code Approximate Age Years Old
Injuries Sustained **SERIOUS** Injured person in which vehicle? FBR3561J Were seat belts worn? No Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person **HWEE ZHICHENG IVAN** Gender Phone No (Phone) +65-96442510 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained
Injured person in which vehicle? **BACK AND NECK PAIN** SJT9795G Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? Yes

### SKETCH PLAN

#### 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 Traffic Police Department for investigation.

- 6. 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.
- 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 sited outside of Singapore, for one or more of the above Purposes.

1 NOV 2022

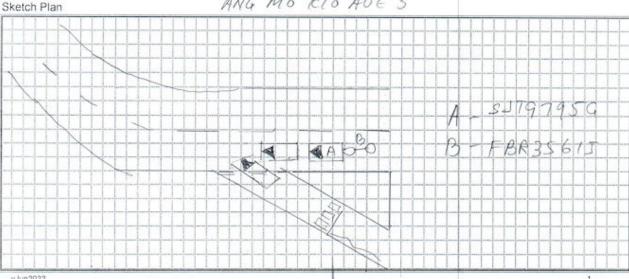
Policyholder's Signature / Date & Time

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

ANG MO KLO AUE

1/11/2022

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



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clare th	e foregoing pa	articulars a	ire true in e	every respect.					
2	I NOV 3	2022					R	1/11/202	7_
older's			Actual D	river's Signature	(if driver is not	the policyholder	) Witnessed b	y Reporting Centre F	
			/ Date &	Time				NRIC/ID card)	



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Report No. T/20221028/2068

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Details of Vehicle Insurance				CONTRACTOR
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT9795G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000148 02200	04/01/2022	03/01/2023

Any Pedestrian II	nvolved: No					
No. of Pedestrian			Use of Pedestrian Crossing: NA			
Rider		SEVER E			VIII I	
Name	AMIRUL ASYRAF BIN ABDUL AZIZ			ID No		NIL
Related Vehicle	FBR3561J (Motorcycle)			Conta	ct No.	93866112
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.			Class Drivin Licena Expiry	g	Class; NIL Date of Expiry: NIL
Date Treatment	NIL	S-00-0111	Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		Serio	us
Driver		soliespas				All Cantellines Widow
Name	HWEE ZHICHENG, I	VAN		ID No		S9317646D
Related Vehicle	SJT9795G (Car)			Conta	ct No.	96442510
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.			Class Drivin Licend Expiry	g ce &	Class: 2B,3 Date of Expiry: NIL
Date Treatment	28/10/2022		Date Disc	Date Discharge 28/10		/2022
No. of Days gran	ted Medical Leave	01	Degree o	f Injury	Slight	

# Brief Details.

On the above mentioned date and time, I was driving my car (SJT9795G) along Ang Mo Kio Ave 5. I then made a right turn towards CTE direction.

Upon turning and reaching the filter lane, a vehicle in front of me stopped suddenly as such I applied my brakes immediately.

Subsequently, I felt a impact from the rear and noticed a motorcycle(FBR3561J) had collided onto me. I shortly felt a second collision as if something fell on the bonnet of my vehicle and I believe that it was the rider.

I then switch on my hazard light and went out of my vehicle. I noticed that the rider was on the road and subsequently rendered assistance to him along with some passerby at the area.

I then called for the ambulance as the rider informed me that his leg was in pain and could not walk. I then took some photos of the scene and exchange particulars with the rider. I then moved my vehicle to the



3 of 4

Report No. T/20221028/2068

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

side of the road as to not obstruct traffic.

Tel No: 1800-343 8999

Shortly after, the ambulance and the traffic police arrived.

The rider was conveyed by the ambulance. However I was also feeling pain at the back of my neck as such the paramedics decided to convey my to Sengkang General Hospital. I then received 1 day of MC. No government property was damage. My car suffered slight damages on the rear right side.

CONTINUATION OF REPORT



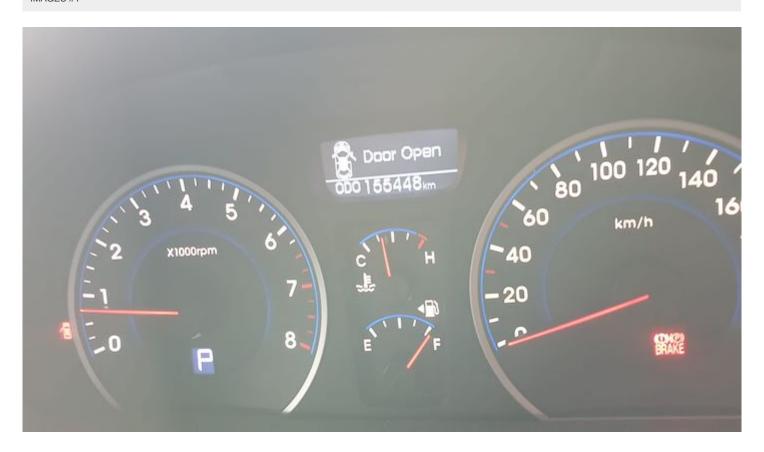


















Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

l of 4 Report No. T/20221028/2068

# REPORT OF A TRAFFIC ACCIDENT

	me Report N 022 17:39	Made;	Vide Report No.: F/20221028/0112	Station Diary No.: 76	
Informa	nt's Partic	ulars			
	f Informant: ZHICHENG		Address: APT BLK 649 ANG MO KI SINGAPORE 560649	O AVENUE 5 #13-3311	
ID Type / ID No.: NRIC NO / S9317646D			Contact No.: Home/Office: Mobile: 96442510		
National SINGAP	lity: PORE CITIZ	ΈΝ	Email:		
Sex: Male	Age: 29	Date of Birth: 22/05/1993	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: COMPLIANCE ANALYST			Driving Licence Information: Class: 2B,3 Date of Expiry:		

seneral Infor	mation of the Accident		CONTRACTOR DESCRIPTION		Shall payer to be be be
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/10/2022 13:4	15	Type of Location: X-Junction
Location: ANG MO KIO Weather: Clear	AVENUE 5	Road Surface:		Road	f Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rea		ear			ne conveyed by ulance:

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBR3561J	Motorcycle	YAMAHA			Slightly Damaged	0
SJT9795G	Car	HYUNDAI	AVANTE 1.6 AT ABS D/AB 2WD 4DR	Silver	Slightly Damaged	0

Details of V	ehicle Insurance		A LEVEL DE	KANAN SE BE
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



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Report No. T/20221028/2068

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

CONTINUATION	OF	REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT9795G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000148 02200	04/01/2022	03/01/2023

Details of Perso	n Involved			Call Carried		
Any Pedestrian I	nvolved: No	===-0				
No. of Pedestrian	ns Injured: NIL		Use of Pedestrian Crossing: NA			ing: NA
Rider		ALC: NO	100000	MARC	Y III	
Name	AMIRUL ASYRAF BIN ABDUL AZIZ			ID No		NIL
Related Vehicle	FBR3561J (Motorcycle)			Contact No.		93866112
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.			Class Drivin Licend Expiry	g	Class; NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NI	IL	Degree of	Injury	Serio	us
Driver		Maria di				
Name	HWEE ZHICHENG, IVA	N		ID No		S9317646D
Related Vehicle	SJT9795G (Car)			Conta	ct No.	96442510
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.			Class Drivin Licend Expiry	g ce &	Class: 2B,3 Date of Expiry: NIL
Date Treatment	28/10/2022		Date Discharge 28/10		28/10	/2022
No. of Days gran	ted Medical Leave 01	1	Degree of	Injury	Slight	

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3 of 4

Report No. T/20221028/2068

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

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CONTINUATION OF REPORT





4 of 4

Report No. T/20221028/2068

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

CONTINUATION OF REPORT

Signature of Officer Recording The Report: F / SGT 2 MUHAMMAD SUHAIRI BIN MOHD HAMZAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/10/2022 17:39
Officer In Charge Of Case: TP / GIT / STAFF SGT SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476187	Classification Of Case:
NP168	