

# 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 15:06 (SGT)
Reported by .....	Driver
Date of Accident .....	27/10/2022 22:08 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PASIR RIS DR 3 - LOYANG
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNF9805M
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TIOW CHEE MENG
NRIC No .....	S1680168B
Email Address .....	BENEDICT195@LIVE.COM.SG
Mobile Phone No .....	(Phone) +65-96902572
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Sienta
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? .....	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 .....	5128637673

### DRIVER

Name of Driver .....	BENEDICT ZHANG YONGYAO
NRIC No .....	S9519004I
Date Of Birth .....	03/06/1995
Occupation .....	Outdoor

Date Of Driving Pass .....	07/01/2014
Driving experience .....	8 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82680627
Alt. Phone Number .....	-
Email Address .....	BENEDICT195@LIVE.COM.SG
Address .....	141 SIMEI ST 2 #06-70 S520141
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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) .....	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 ATTACHED POLICE 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 .....	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLP9664Z
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 .....	BENEDICT ZHANG YONGYAO
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNF9805M
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**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 Authorised 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. 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

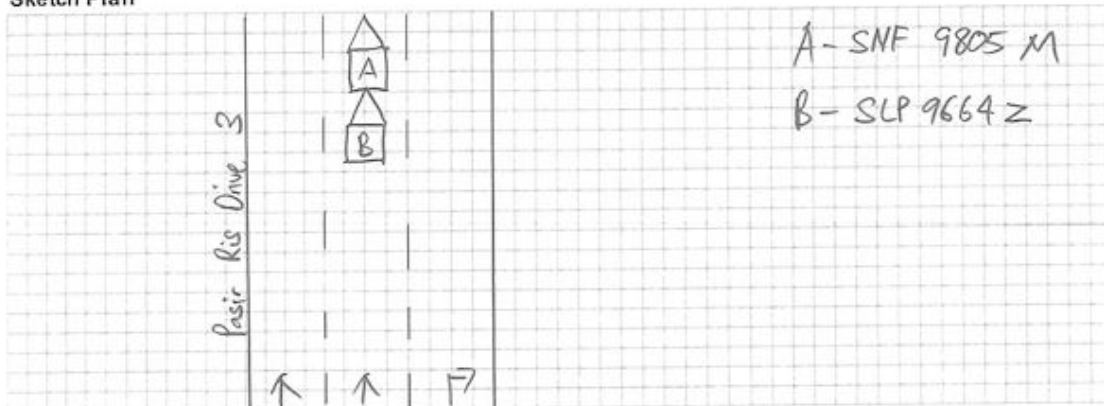
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

**Sketch Plan**

Refer to Police Report NO: T/20221028/7033

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



Witnessed by Reporting Centre Personnel













































**SINGAPORE  
POLICE FORCE**



T/20221028/7033

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

1 of 3

Report No. T/20221028/7033

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/10/2022 14:05		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: BENEDICT ZHANG YONGYAO			Address: 141 SIMEI STREET 2 #06-70 SINGAPORE 520141		
ID Type / ID No.: NRIC NO / S95190041			Contact No.: Home/Office:                      Mobile: 82680627		
Nationality: SINGAPORE CITIZEN			Email: BENEDICT195@LIVE.COM.SG		
Sex: Male	Age: 27	Date of Birth: 03/06/1995	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class:                      Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/10/2022 22:05	Type of Location: Straight Road
Location:  PASIR RIS CENTRAL				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SLP9664Z	Car					0
SNF9805M	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20221028/7033

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

2 of 3

Report No. T/20221028/7033

**CONTINUATION OF REPORT**

Driver			
Name	BENEDICT ZHANG YONGYAO		ID No. S9519004I
Related Vehicle	SNF9805M (Car)		Contact No. 82680627
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	28/10/2022		Date 28/10/2022
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME I WAS STATIONARY ALONG THE STATED ROAD WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN WHEN SUDDENLY I FELT A HUGE IMPACT FROM THE REAR OF MY VEHICLE. WHEN I ALIGHTED MY VEHICLE I SAW VRN SLP 9664 Z HAD COLLIDED ONTO THE REAR OF MY VEHICLE. I FELT PAIN AND WENT TO SEE A DOCTOR AT DA CLINIC @ ANG MO KIO AND WAS GIVEN 5 DAYS MC.



**SINGAPORE  
POLICE FORCE**

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



T/20221028/7033

3 of 3

Report No. T/20221028/7033

**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 / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

NP168

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

Date/Time:  
28/10/2022 14:05

Classification Of Case: