

## 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 ..... 03/11/2022 11:46 (SGT)  
Reported by ..... Both  
Date of Accident ..... 01/11/2022 23:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CROSS JUNCTION OF ANG MO KIO CENTRAL 1  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNG5632R

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ZHANG CHENG  
Passport No/FIN ..... G1602679X  
Email Address ..... zhangcheng025x@gmail.com  
Mobile Phone No ..... (Phone) +65-84339380  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... A180 FL AMG LINE (R18 LED SR)  
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 ..... 1595

#### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5130869167

#### DRIVER

Name of Driver ..... ZHANG CHENG  
Passport No/FIN ..... G1602679X  
Date Of Birth ..... 26/10/1997  
Occupation ..... Indoor

Date Of Driving Pass .....	09/07/2020
Driving experience .....	2 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84339380
Alt. Phone Number .....	-
Email Address .....	zhangcheng025x@gmail.com
Address .....	APT BLK 11 BOON TECK ROAD #10-02 SUMMER GREEN (S) 329585
Address complement .....	-
Postcode .....	-
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 - Cross Junction
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 .....	WANG XIAOCHI
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

REFER WITH ATTACHED.

#### 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 .....	SHD5524G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	ZHANG CHENG
Gender .....	Male
Phone No .....	(Phone) +65-84339380
Address .....	APT BLK 11 BOON TECK ROAD #10-02 SUMMER GREEN (S) 329585
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	TAY FAMILY CLINIC - 2 DAYS MC
Injured person in which vehicle? .....	SNG5632R
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

### INJURED 2

Name of injured person .....	WANG XIAOCHI
Gender .....	Female
Phone No .....	(Phone) +65-93238171
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	TAY FAMILY CLINIC - 2 DAYS MC
Injured person in which vehicle? .....	SNG5632R
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-




## Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT.

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

## Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

03.11.22  
11 AM

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



Witnessed by Reporting Centre Personnel





























































**SINGAPORE  
POLICE FORCE**



T/20221102/7049

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

1 of 3

Report No. T/20221102/7049

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/11/2022 18:03		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ZHANG CHENG			Address: APT BLK 11 BOON TECK ROAD #10-02 SUMMER GREEN SINGAPORE 329585		
ID Type / ID No.: FIN NO / G1602679X			Contact No.: Home/Office:		Mobile: 84339380
Nationality: CHINESE			Email: zhangcheng025x@gmail.com		
Sex: Male	Age: 25	Date of Birth: 26/10/1997	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/11/2022 23:00	Type of Location: T-Junction
Location:  ANG MO KIO AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
SHD5524G	Taxi	TOYOTA	Prius	Red	Slightly Damaged	0
SNG5632R	Car	MERCEDES BENZ	A180 FL AMG LINE (R18 LED SR)	White	Seriously Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20221102/7049

2 of 3

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

Report No. T/20221102/7049

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNG5632R	NTUC Income Insurance Co-Operative Limited	5130869167	17/10/2022	24/10/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	WANG XIAOCHI		ID No.	G0646817P
Related Vehicle	SNG5632R (Car)		Contact No.	93238171
Hospital/Clinic	TAY FAMILY CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	02/11/2022		Date	02/11/2022
No. of Days granted Medical Leave	02	Degree of	Slight	
Driver				
Name	ZHANG CHENG		ID No.	G1602679X
Related Vehicle	SNG5632R (Car)		Contact No.	84339380
Hospital/Clinic	TAY FAMILY CLINIC		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	02/11/2022		Date	02/11/2022
No. of Days granted Medical Leave	02	Degree of	Slight	

## Brief Details.

I was driving with my girl friend to Ang Mo Kio Central 1 carpark turning in from Ang Mo Kio Ave 3. As i turning at the junction with green arrow indicating right turn passing through the yellow box. A taxi (SHD5524G) didnt stop at the traffic light and came right into my vehicle (SNG5632R). We were shocked and sober up to get out of the car checking on the damage. We didnt exchange particulars, as the taxi driver just ask me to report this accident individually. Due to the impact is great, me and my girl friend was suffering soreness on our neck, shoulder & back. So we went to consult doctor.



**SINGAPORE  
POLICE FORCE**

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



T/20221102/7049

3 of 3

Report No. T/20221102/7049

**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 /  
TAN JEOK LENG  
Contact No.: 65476151

NP168

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

Date/Time:  
02/11/2022 18:03

Classification Of Case:



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5130869167

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : SNG5632R  
 Chassis Number : WDD1760422J419675
2. Name of Policyholder : ZHANG CHENG
3. Effective Date of Insurance : 17 Oct 2022
4. Expiry Date of Insurance : 24 Oct 2023
5. Persons or Classes of Persons entitled to drive#  
 (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
  - (b) Use for racing, pace-making, reliability trial or speed-testing.
  - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (d) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.
- This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ZHANG CHENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: PURE MOTORS PTE. LTD.
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : KHC HOLDINGS PTE. LTD. (00000613934)  
 Date of Issue : 17 Oct 2022 12:16 hrs

For INCOME INSURANCE LIMITED

Chief Executive