

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	03/01/2023 17:41 (SGT)
Reported by	Driver
Date of Accident	03/01/2023 02:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CARLISLE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBQ303M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHANG BIN QUAN,DARYL (ZHANG BINGQUAN)
NRIC No	SXXXX623B
Email Address	cbqdaryl@gmail.com
Mobile Phone No	(Phone) +65-90388813
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	HYUNDAI / OS KONA EV
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1743

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00187232201

DRIVER

Name of Driver	TOH LE MIN JASMINE
NRIC No	SXXXX956D
Date Of Birth	11/11/1991
Occupation	Indoor

Date Of Driving Pass	13/03/2014
Driving experience	8 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96972081
Alt. Phone Number	-
Email Address	cbqdaryl@gmail.com
Address	APT BLK 465A CLEMENTI AVENUE 1
Address complement	# 14-80
Postcode	121465
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	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	CHANG BIN QUAN,DARYL (ZHANG BINGQUAN)
Gender	Male

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 THE ATTACHED POLICE REPORT- T/20230103/7022

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 POLICE OFFICER

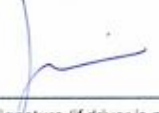
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	TREE
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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)	-

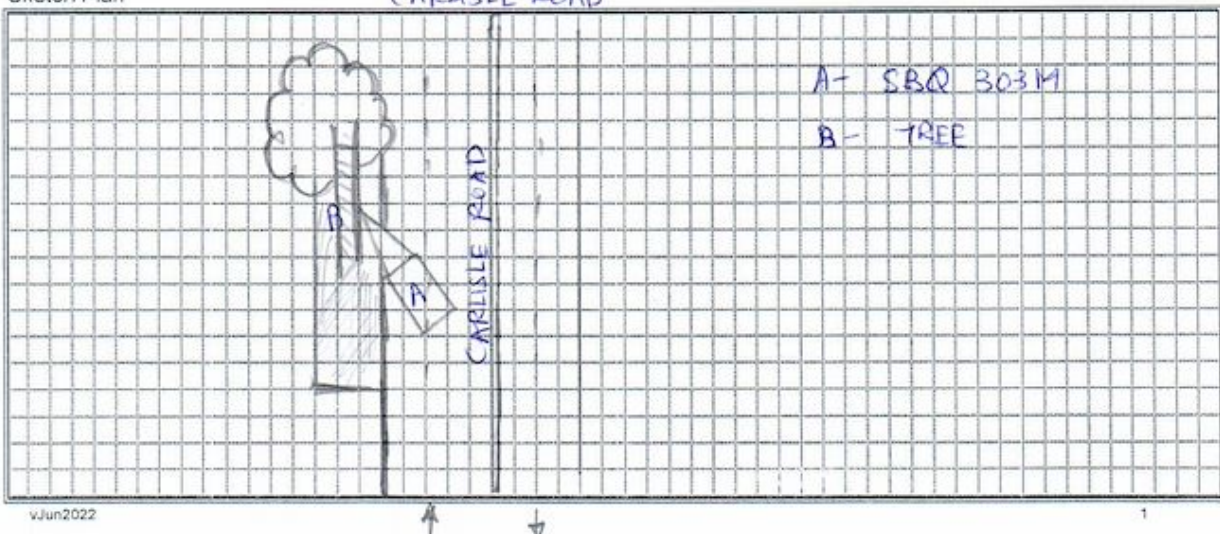
SKETCH PLAN

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' 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	 Actual Driver's Signature (if driver is not the policyholder) / Date & Time 3/1/23	 3/1/23 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
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Sketch Plan



Describe Circumstance of the Accident

I was driving along Carlisle Road when I turned to look at navigation ~~but~~ without realizing that the car started swerving to the left before it finally went up the kerb and hit the tree. I have a passenger in the car and he is also the owner of the car.

The airbag went off and

the owner of the car put me in a cab intending for me to seek medical help but I decided to head home instead.

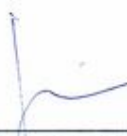
- T120230103/7022 -

Declaration

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


03.01.23.

Policyholder's Signature / Date & Time


3/1/23

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

 3/1/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230103/7022

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

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Report No. T/20230103/7022

CONTINUATION OF REPORT

Passenger			
Name	DARYL CHANG BING QUAN		ID No. S8947623B
Related Vehicle	SBQ303M (Car)		Contact No. 90388813
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	TOH LE MIN JASMINE		ID No. S9141956D
Related Vehicle	SBQ303M (Car)		Contact No. 96972081
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was driving a Hyundai Kona SBQ303M along Carlisle Road when i turned to check my navigation maps without realizing that my car started swirving to the left before it finally went up the kerb and hit the tree. I have one passenger in the car and he is also the owner of the car.

Afterwhich, the owner of the car put me in a cab intending for me to seek medical help but i decided to head home instead.





































**SINGAPORE
POLICE FORCE**



T/20230103/7022

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

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Report No. T/20230103/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2023 16:06			Vide Report No.:		Station Diary No.:
Informant's Particulars					
Name of Informant: TOH LE MIN JASMINE			Address: 465A CLEMENTI AVENUE 1 #14-80 SINGAPORE 121465		
ID Type / ID No.: NRIC NO / S9141956D			Contact No.: Home/Office: Mobile: 96972081		
Nationality: SINGAPORE CITIZEN			Email: JASMEANTLM@GMAIL.COM		
Sex: Female	Age: 31	Date of Birth: 11/11/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/01/2023 02:00	Type of Location: Straight Road
Location: CARLISLE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SBQ303M	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230103/7022

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

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Report No. T/20230103/7022

CONTINUATION OF REPORT

Passenger			
Name	DARYL CHANG BING QUAN		ID No. S8947623B
Related Vehicle	SBQ303M (Car)		Contact No. 90388813
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	TOH LE MIN JASMINE		ID No. S9141956D
Related Vehicle	SBQ303M (Car)		Contact No. 96972081
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was driving a Hyundai Kona SBQ303M along Carlisle Road when i turned to check my navigation maps without realizing that my car started swirving to the left before it finally went up the kerb and hit the tree. I have one passenger in the car and he is also the owner of the car.

Afterwhich, the owner of the car put me in a cab intending for me to seek medical help but i decided to head home instead.

**SINGAPORE
POLICE FORCE**

T/20230103/7022

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

3 of 3

Report No. T/20230103/7022

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 /
INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

NP168

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

Date/Time:
03/01/2023 16:06

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0923130008 Vehicle Registration No: SBQ303M
 Name (as shown in NRIC): TOH LE MIN JASMINE NRIC/FIN/Passport No: 89141956D
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: APT BLK 465A CLEMENTI AVENUE 1 # 14-80 Singapore (121465)
 Contact (Tel): 9697 2081 Mobile No.: _____
 Email Address: cbqdcaryl@gmail.com
 Date of Accident: 03/01/2023 Time of Accident: 02-00
 Place of Accident: CARLISLE ROAD
 Insurance Company: CITINA TAMPING

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend photographs - photographs uploaded.

Policyholder / Actual Driver's Signature
 Date:

gnull 6/1/2023
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: