

# 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 .....              | 01/02/2023 18:42 (SGT)                   |
| Reported by .....                     | Both Policyholder and Actual Driver      |
| Date of Accident .....                | 31/01/2023 17:45 (SGT)                   |
| Exact Location of Accident .....      | Singapore                                |
| Additional Location Information ..... | JUNCTION BEFORE SUNTEC AT NICOLL HIGHWAY |
| Country/State of Loss .....           | Singapore                                |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SMU6001T |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                      |
|--------------------------------|----------------------|
| Is company? .....              | No                   |
| Name Of Registered Owner ..... | SIM ZHI YONG         |
| NRIC No .....                  | SXXXX665Z            |
| Email Address .....            | destatwork@gmail.com |
| Mobile Phone No .....          | (Phone) +65-91277778 |
| Alternative Phone No .....     | -                    |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Toyota                    |
| Model .....  | Corolla                   |
| 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 - Claiming third party |
| Vehicle Category .....   | Private car               |
| Transmission .....   | Auto                      |
| CC .....   | 1598                      |

### INSURANCE COMPANY

|   |   |
|---|---|
| Name of Insurance Company .....         | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number ..... | DMPCSNW00155172200                            |

### DRIVER

|                      |              |
|----------------------|--------------|
| Name of Driver ..... | SIM ZHI YONG |
| NRIC No .....        | SXXXX665Z    |
| Date Of Birth .....  | 12/04/1986   |
| Occupation .....     | Indoor       |

|  |                       |
|--|-----------------------|
| Date Of Driving Pass .....   | 21/04/2006            |
| Driving experience .....   | 16 YEARS AND 9 MONTHS |
| Gender .....   | Male                  |
| Mobile Number .....  | (Phone) +65-91277778  |
| Alt. Phone Number .....  | -                     |
| Email Address .....  | destatwork@gmail.com  |
| Address .....  | 569A CHAMPIONS WAY    |
| Address complement .....   | # 08-308              |
| Postcode .....   | 731569                |
| 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 .....   | Side Swipe |
| 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 .....                       | Jurong West Neighbourhood Police Centre |
| Police Station Phone No .....                   | (Phone) +65-18002689999                 |
| Alt. Police Station Phone No .....              | (Fax) +65-62672438                      |
| Police Station Address .....                    | 700 Corporation Road Singapore 649818   |
| Was notice of intended Prosecution given? ..... | No                                      |
| If yes, against whom? .....                     | -                                       |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230203/2005

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | Yes |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SMV6985Z |
| Vehicle Manufacturer .....        | -        |
| Vehicle Model .....               | -        |
| Vehicle Variant .....             | -        |

|   |                      |
|---|----------------------|
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Private car          |
| Name of Driver .....                          | EDWARD WIJAYA        |
| NRIC No .....                                 | SXXXX297J            |
| Contact Number .....                          | (Phone) +65-92970147 |
| 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 .....                              | SIM ZHI YONG         |
| Gender .....  | Male                 |
| Phone No .....  | (Phone) +65-91277778 |
| Address .....   | 569A CHAMPIONS WAY   |
| Address Complement .....                                  | # 08-308             |
| Post Code .....   | 731569               |
| Approximate Age Years Old .....                           | -                    |
| Injuries Sustained .....                                  | NECK AND BACK PAIN   |
| Injured person in which vehicle? .....                    | SMU6001T             |
| Were seat belts worn? .....                               | Yes                  |
| Was this injured conveyed to hospital by ambulance? ..... | No                   |

SKETCH PLAN

IMPORTANT NOTICE

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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.

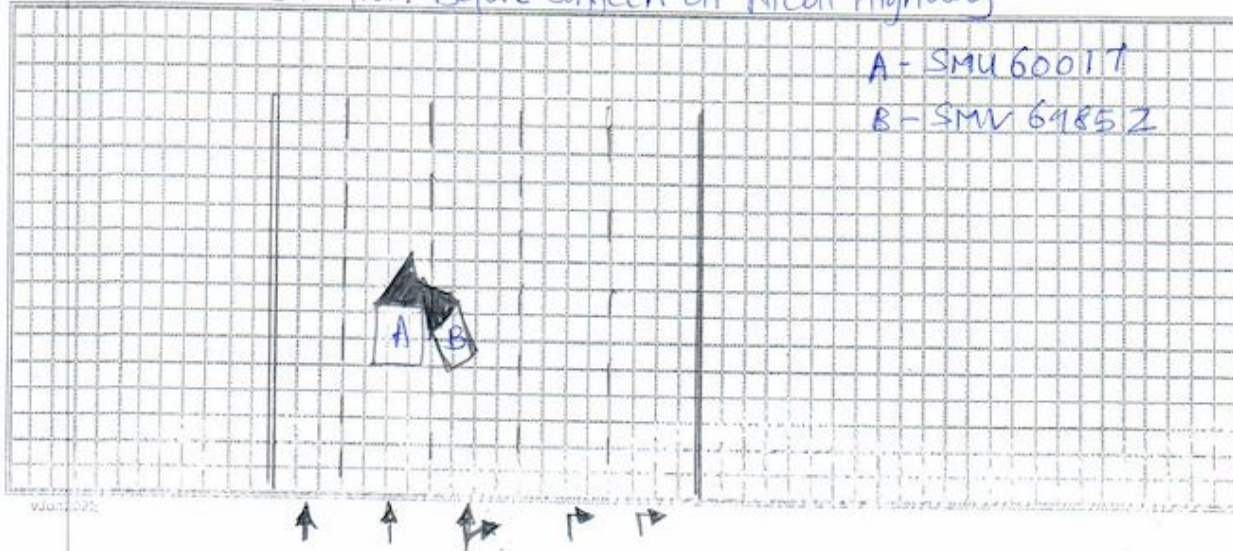
Policyholder's Signature / Date & Time

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

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

Sketch Plan

Junction Before Sntech at Nicoll Highway



## Describe Circumstance of the Accident

I was travelling along Nicoll Highway. Just before the junction of Surtey at Nicoll Highway the accident happened. It was a five way lane and I was travelling along lane 4, suddenly vehicle B filter out from lane 3 and hit the front right side of my vehicle.

## Declaration

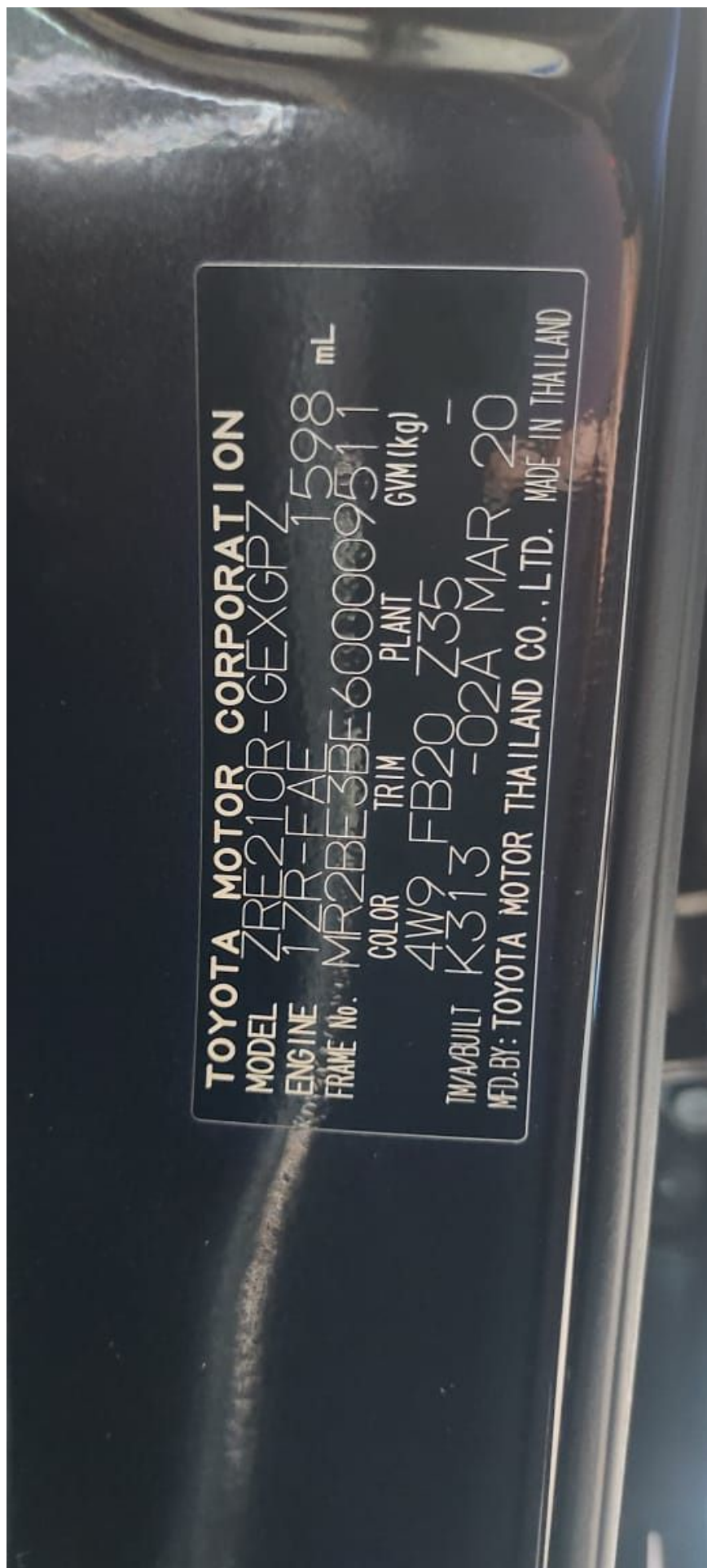
I/We declare the foregoing particulars are true in every respect.

 1/2/23  
Policyholder's Signature / Date & Time

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

 1/2/23  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



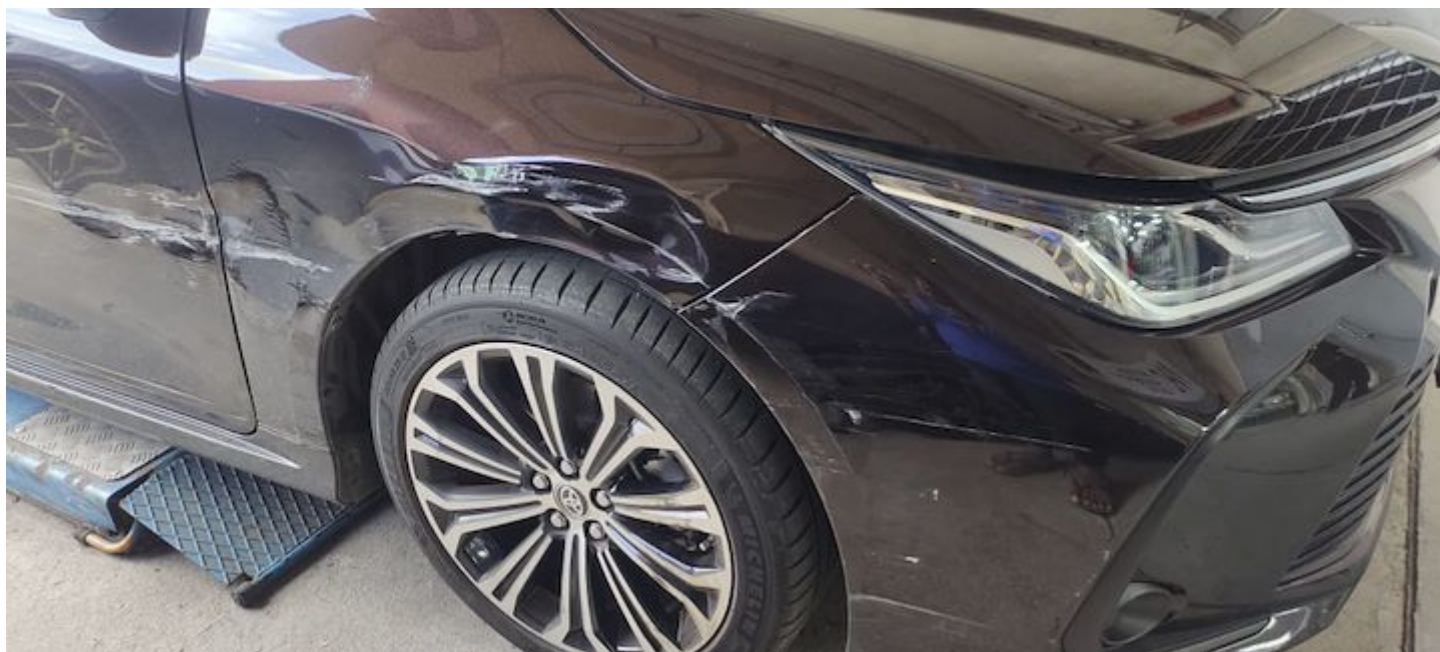
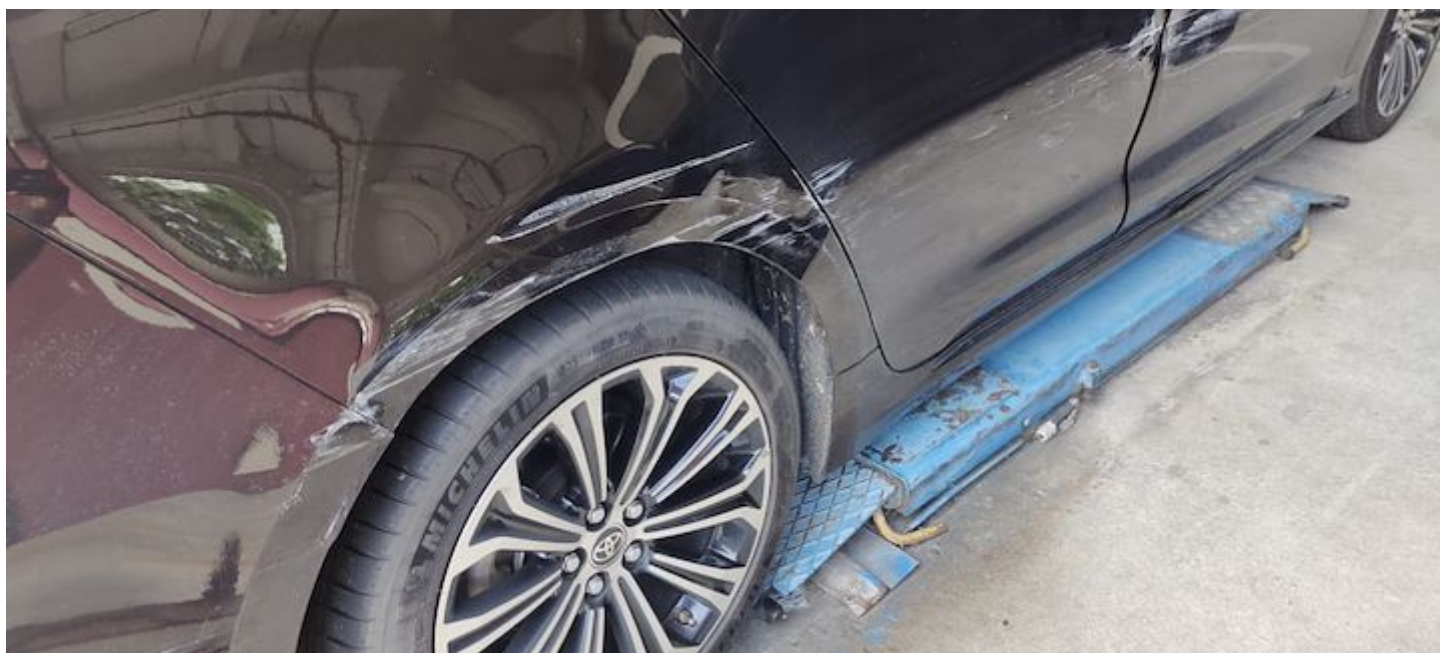




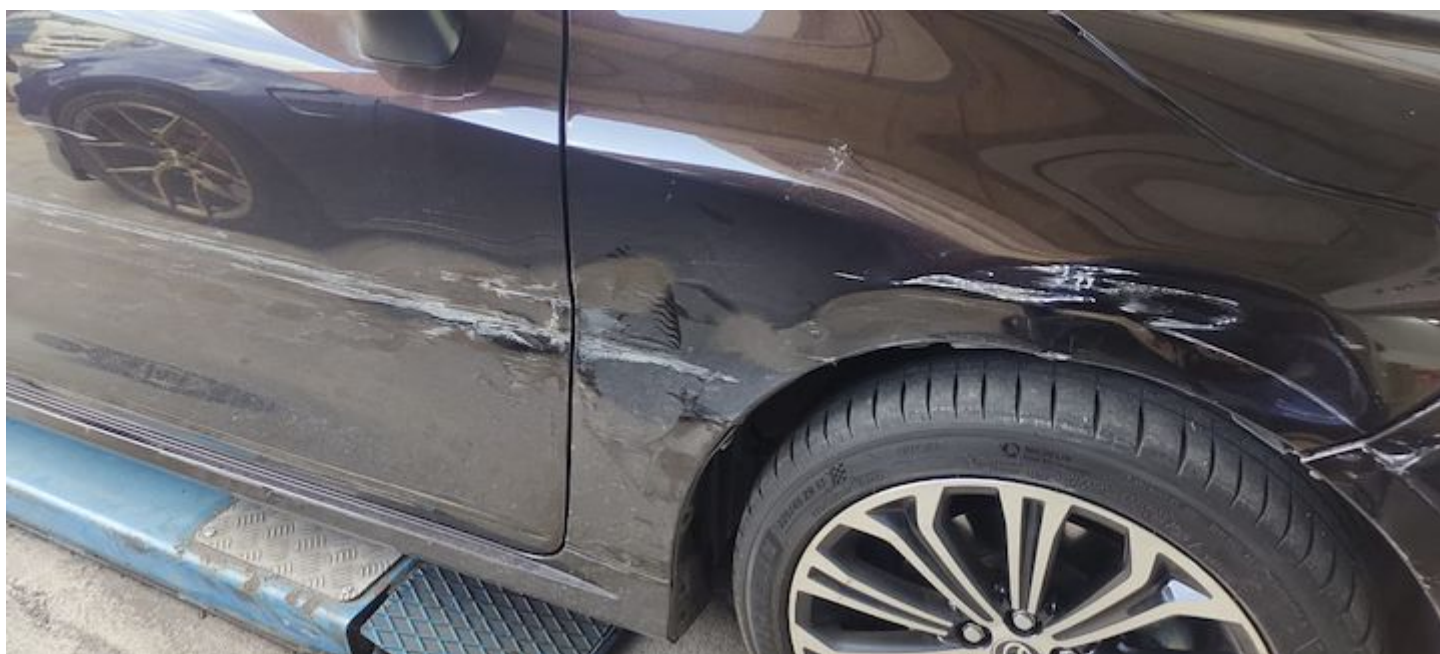


















**SINGAPORE  
POLICE FORCE**



T/20230203/2005

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 3

Report No. T/20230203/2005

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>03/02/2023 01:38 | Vide Report No.: | Station Diary No.:<br>17 |
|--|------------------|--------------------------|

**Informant's Particulars**

|  |            |                              |   |                            |                 |
|--|------------|------------------------------|---|----------------------------|-----------------|
| Name of Informant:<br>SIM ZHI YONG       |            |                              | Address:<br>APT BLK 569A CHAMPIONS WAY #08-308 SINGAPORE 731569 |                            |                 |
| ID Type / ID No.:<br>NRIC NO / S8609665Z |            |                              | Contact No.:<br>Home/Office: Mobile: 91277778                   |                            |                 |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:  |                            |                 |
| Sex:<br>Male                             | Age:<br>36 | Date of Birth:<br>12/04/1986 | Type of Informant:<br>Driver                                    |                            |                 |
| Race:<br>Chinese                         |            |                              | Language:<br>English  | Institution / School Name: |                 |
| Occupation:<br>Interior designer         |            |                              | Driving Licence Information:<br>Class: 3                        |                            | Date of Expiry: |

**General Information of the Accident**

|   |                  |   |   |  |
|---|------------------|---|---|--|
| Type of Accident:   | Injury<br>Others | Drink<br>Drive:<br>No                       | Date/Time of<br>Accident:<br>31/01/2023 18:15 | Type of Location:<br>Straight Road     |
| Location:<br><br>NICOLL HIGHWAY   |                  |   |   |  |
| Weather:<br>Clear   |                  | Road Surface:<br>Dry                        |   | Road Speed Limit:                      |
| Traffic Flow:<br>Two Way  |                  | Traffic Control:<br>Traffic Light - Working |   | Traffic Volume:<br>Moderate            |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction |                  |   |   | Anyone conveyed by<br>ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make   | Model   | Color | Condition           | No of Passenger |
|-------------|------|--------|---|-------|---------------------|-----------------|
| SMU6001T    | Car  | TOYOTA | COROLLA<br>ALTIS<br>ELEGANCE<br>(AUTO)(2W<br>D) | Brown | Slightly<br>Damaged | 0               |
| SMV6985Z    | Car  | AUDI   | Q3 1.4 TFSI<br>S TRONIC<br>(17")                | White | Slightly<br>Damaged | 0               |



# SINGAPORE POLICE FORCE



T/20230203/2005

2 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20230203/2005

## CONTINUATION OF REPORT

### Details of Vehicle Insurance

| Vehicle No. | Insurance Company                                | Insurance No           | Effective  | Expiry Date |
|-------------|--|------------------------|------------|-------------|
| SMU6001T    | CHINA TAIPING INSURANCE<br>(SINGAPORE) PTE. LTD. | DMPCSNW001551<br>72200 | 24/06/2022 | 20/08/2023  |

### Details of Person Involved

|                                   |                 |  |                                   |
|-----------------------------------|-----------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                 |  |                                   |
| No. of Pedestrians Injured: NIL   |                 | Use of Pedestrian Crossing: NA         |                                   |
| <b>Driver</b>                     |                 |  |                                   |
| Name                              | SIM ZHI YONG    | ID No.                                 | S8609665Z                         |
| Related Vehicle                   | SMU6001T (Car)  | Contact No.                            | 91277778                          |
| Hospital/Clinic                   | RAFFLES MEDICAL | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | 01/02/2023      | Date Discharge                         | 01/02/2023                        |
| No. of Days granted Medical Leave | 04              | Degree of Injury                       | Slight                            |
| <b>Driver</b>                     |                 |  |                                   |
| Name                              | EDWARD WIJAYA   | ID No.                                 | S8980297J                         |
| Related Vehicle                   | SMV6985Z (Car)  | Contact No.                            | 92970147                          |
| Hospital/Clinic                   | NIL             | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL             | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL             | Degree of Injury                       | NIL                               |

### Brief Details.

On 31/01/2023 at about 1814hrs, I was driving my vehicle, SMU6001T, along Nicoll Highway towards Guillemard Road on the 4th lane of 5 lane road. While driving my vehicle towards X-junction of Nicoll Highway and Raffles Boulevard, as I was driving in my lane, suddenly a vehicle, SMV6985Z, which was on lane 3 suddenly filtered out to the left and side swipe onto my vehicle right side. Thereafter, we then proceed to park at along the road. we then exchanged particular and left after taking photos of the damages. I start to feel pain on my next on the next day. Thus, I went to clinic for medical treatment and was given 4 days of Medical Certificate (01/02/2023 - 04/02/2023).



**SINGAPORE  
POLICE FORCE**

T/20230203/2005

3 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20230203/2005

**CONTINUATION OF REPORT****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.

Signature of Officer Recording The Report:

J /

SGT 1 IBRAHIM BIN ROSLI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/02/2023 01:38

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

NP168



**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: SN0923210009 Vehicle Registration No: SMU 60017  
 Name (as shown in NRIC): Sim zhi Yong NRIC/FIN/Passport No: S860966SZ  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: 569A Champions Way # 08-308 Singapore (731569)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9127 7778  
 Email Address: destatwork@gmail.com  
 Date of Accident: 31/01/2023 Time of Accident: 17:45  
 Place of Accident: Junction Before Sentec At Nicoll Highway  
 Insurance Company: China Taiping

**(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 police Report Details - Yes, at Jurong West.  
Amend Circumstance of Accident - T/20230203/2005  
Amend other documents - Medical Certificate uploaded.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Acc. Driver's Signature  
 Date: 3/2/23

Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card): \_\_\_\_\_  
 Date: \_\_\_\_\_



**MEDICAL CERTIFICATE**

|      |                               |            |                       |
|------|-------------------------------|------------|-----------------------|
| NRIC | : S8609665Z                   | VISIT DATE | : 01 Feb 2023 (21:14) |
| NAME | : SIM ZHI YONG (SHEN ZHIYONG) | VISIT NO   | : G09823006456        |

This is to certify that the above mentioned has been given:

**OUTPATIENT SICK LEAVE** for 4 days from 01 Feb 2023 to 04 Feb 2023

DOCTOR : NG KWEI TEO (M09106E)  
 CLINIC : 24 HR EMERGENCY CLINIC  
 ADDRESS : 585 NORTH BRIDGE ROAD LEVEL -01-00 RAFFLES HOSPITAL 188770

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.  
 \*This certificate is electronically generated. No signature is required.

Printed: 01 Feb 2023, 09:57PM



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**RafflesHospital**

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 Tel: (65) 6311 1555 Fax: (65) 6311 1162