

# 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 .....	28/01/2023 15:25 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	27/01/2023 19:10 (SGT)
Exact Location of Accident .....	Near 231 Seagull Walk, Singapore 486643
Additional Location Information .....	Upper Changi Road East
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLZ3447X
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Zhang ChunHua
NRIC No .....	S7180819Z
Email Address .....	zcha001@yahoo.com
Mobile Phone No .....	(Phone) +65-97501848
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Lexus
Model .....	Es250
Variant .....	Executive A/T S/R
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	2494

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2001188008-01

### DRIVER

Name of Driver .....	Zhang ChunHua
NRIC No .....	S7180819Z
Date Of Birth .....	29/01/1971
Occupation .....	Indoor

Date Of Driving Pass .....	19/11/2007
Driving experience .....	15 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97501848
Alt. Phone Number .....	-
Email Address .....	zcha001@yahoo.com
Address .....	Apt Blk 220B Bedok Central #06-42
Address complement .....	Singapore
Postcode .....	462220
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 - Change/cross lane
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) .....	4
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 .....	Deng JiaQiang
Gender .....	Male

#### PASSENGER 2

Name .....	Shen Jun
Gender .....	Female

#### PASSENGER 3

Name .....	Unknown
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002449999
Alt. Police Station Phone No .....	(Fax) +65-62447258
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to sketch plan and police report no. T/20230128/2018.

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 traffic police.

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... FBC8659H  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Motorcycle  
 Name of Driver ..... Amalina Binte Aidai  
 NRIC No ..... S9414022F  
 Contact Number ..... -  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... 2

#### PASSENGER 1

Name ..... Fatin Rafhanah Binti Ramli  
 Gender ..... Female

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person ..... Amalina Binte Aidai  
 Gender ..... Female  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... FBC8659H  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... Yes

#### INJURED 2

Name of injured person ..... Fatin Rafhanah Binti Ramli  
 Gender ..... Female  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... FBC8659H  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... Yes

SKETCH PLANIMPORTANT 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:

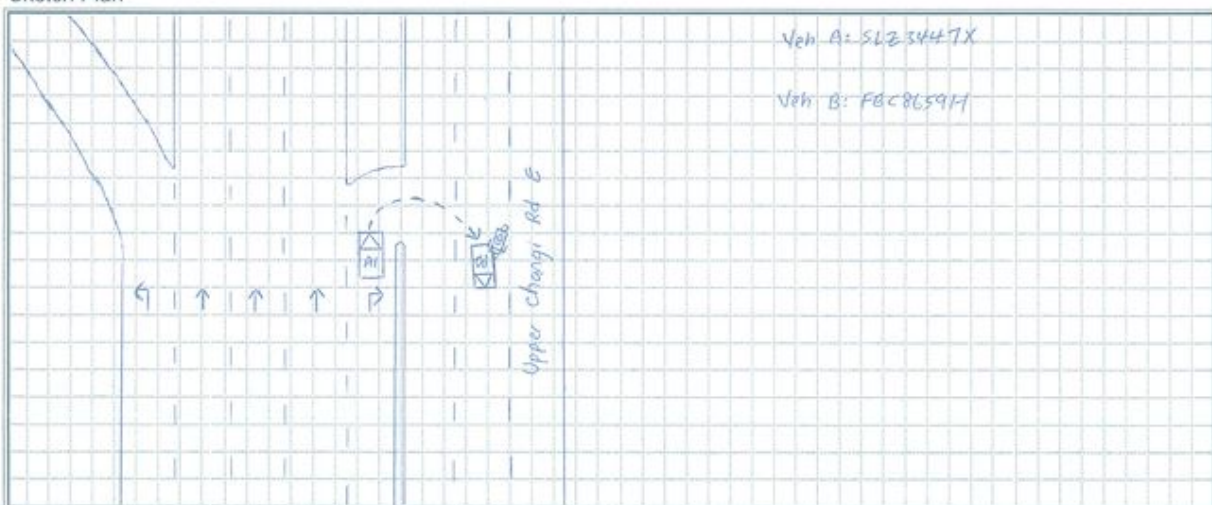
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

  
Policyholder's Signature / Date & Time

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

**Teo Wee Keong**

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

**Sketch Plan**

Describe Circumstance of the Accident

Refer to police report no. T/20230123/2018.

Declaration

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

  
Policyholder's Signature / Date & Time

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

**Teo Wee Keong**  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)























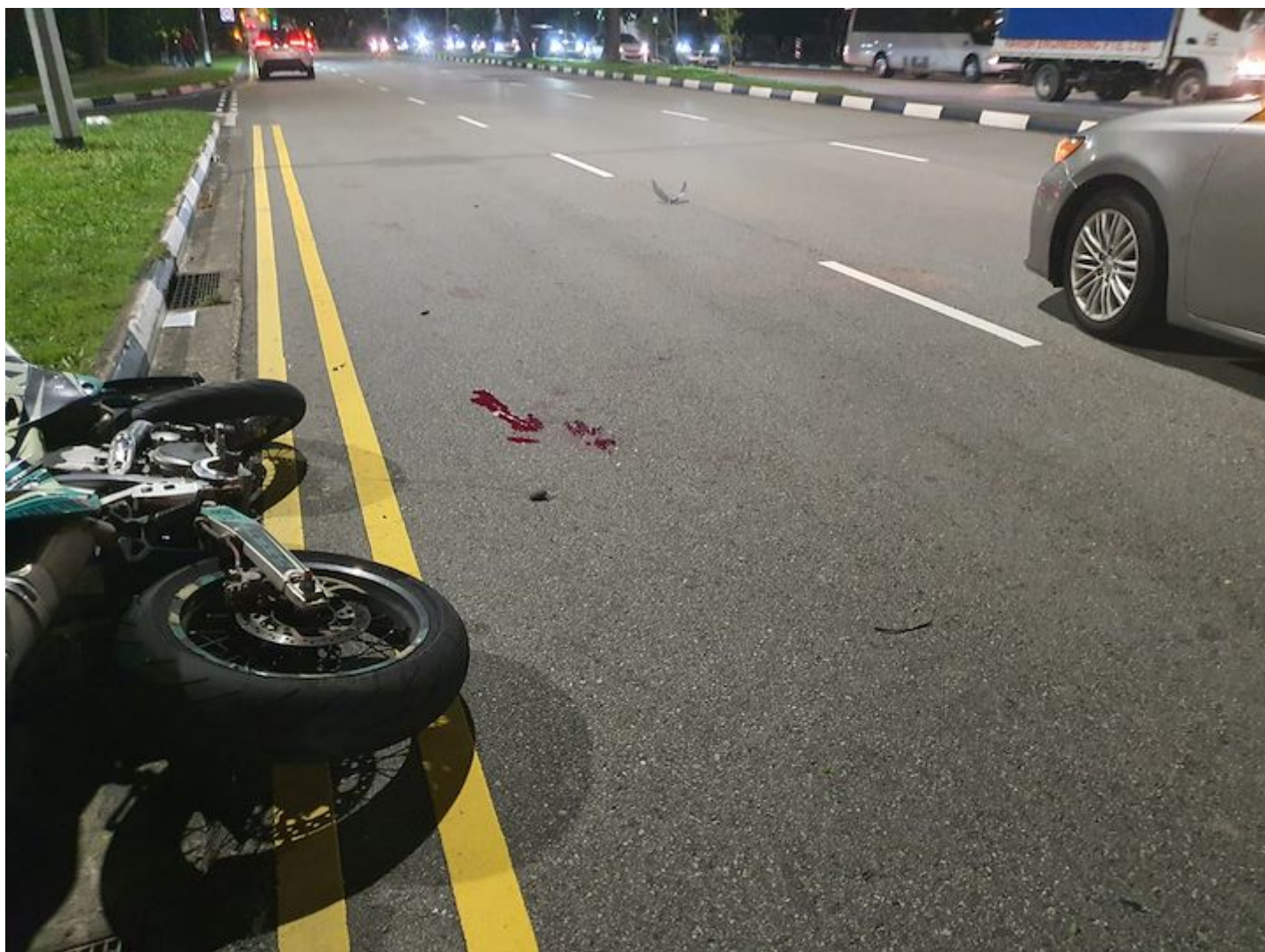






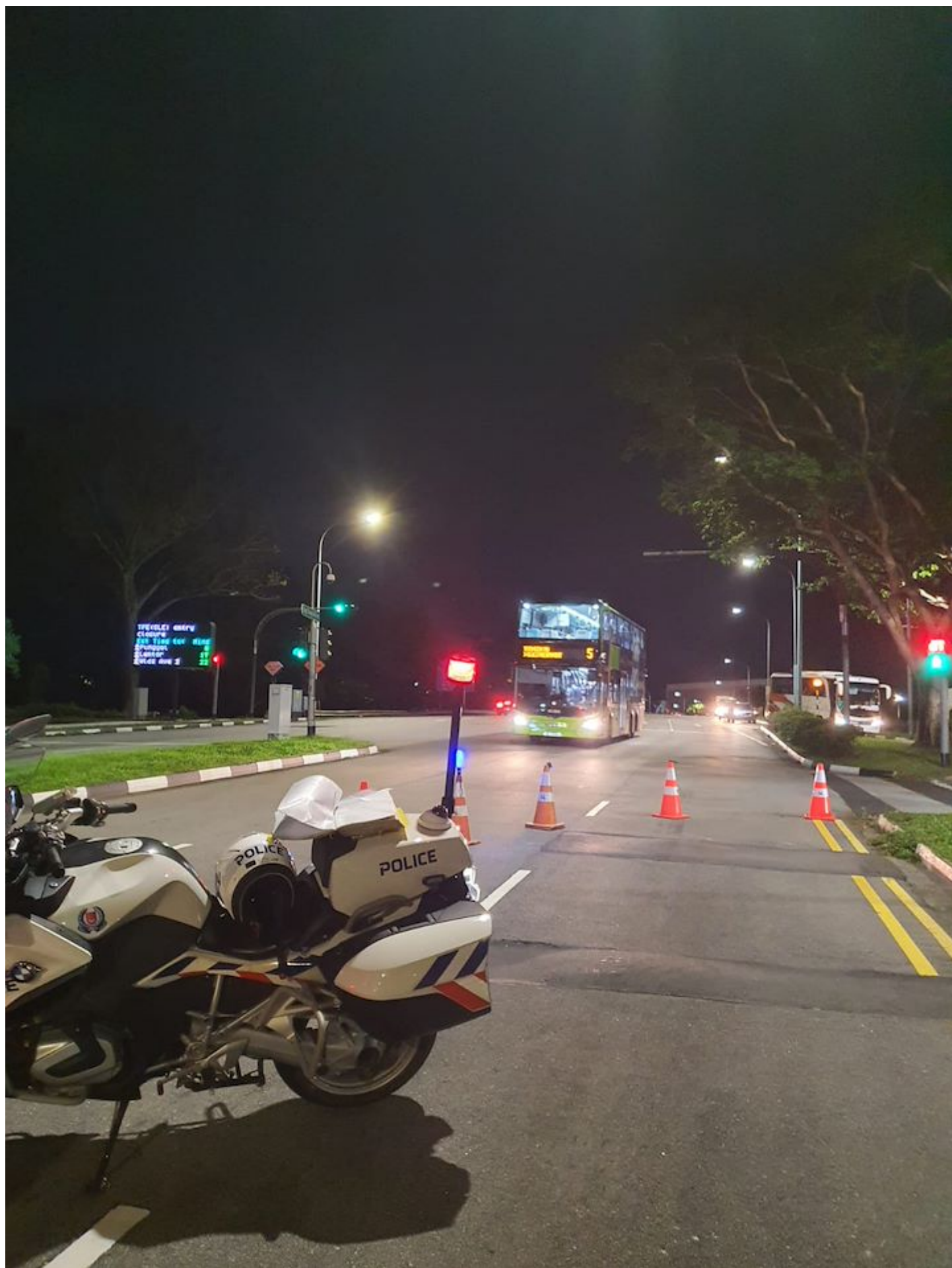
















**SINGAPORE  
POLICE FORCE**



T/20230128/2018

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

1 of 4  
Report No. T/20230128/2018

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/01/2023 09:45		Vide Report No.: G/20230127/0159		Station Diary No.: 20	
<b>Informant's Particulars</b>					
Name of Informant: ZHANG CHUNHUA			Address: APT BLK 220B BEDOK CENTRAL #06-42 SINGAPORE 462220		
ID Type / ID No.: NRIC NO / S7180819Z			Contact No.: Home/Office: 97501848      Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 29/01/1971	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: IT MANAGER			Driving Licence Information: Class: 3      Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/01/2023 19:10	Type of Location: Straight Road
Location:  UPPER CHANGI ROAD EAST				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC8659H	Motorcycle				Seriously Damaged	1
SLZ3447X	Car	TOYOTA	LEXUS ES250 EXECUTIVE A/T S/R	Silver	Slightly Damaged	3

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20230128/2018

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

2 of 4  
Report No. T/20230128/2018

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLZ3447X	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2001188008	30/04/2022	29/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	Amalina Binte Aidai		ID No.	S9414022F
Related Vehicle	FBC8659H (Motorcycle)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	ZHANG CHUNHUA		ID No.	S7180819Z
Related Vehicle	SLZ3447X (Car)		Contact No.	97501848
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 27/01/2023 at about 1910hrs, I was making an U-Turn at the said location which is an designated U-Turn. As earlier I was at the U-Turn I notice that the incoming traffic from the Upper Changi Road Road East Going toward to New Upper Changi Road was been stopped by the Traffic Light that have turn red as such I then make my U-Turn onto the said road but however soon after I make my turn on the the said road as I was on the lane 2 of the road suddenly I felt that there is an impact on to my vehicle as such I stop my vehicle and make an check. And I saw an motor bike on the road as earlier it had come into contact with my vehicle rear left passenger door, but I am unsure where did the motorbike came from as I confirm that the incoming traffic traffic light was red and all vehicle was stationary before I make my turn. I then called 995 for ambulance and was unable to get through and at the said time I notice that my passenger and passer by in the area is calling ambulance too as such I unsure who had made the call to 995. After Ambulance arrive and assessed that the both rider and pillion require to be convey to hospital and I was inform by the ambulance that they will convey them to CGH. After awhile traffic police then arrive at my location to assess the situation.





SINGAPORE  
POLICE FORCE



T/20230128/2018

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

3 of 4

Report No. T/20230128/2018

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20230128/2018

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

4 of 4



Report No: T/20230128/2018

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: G / SR STAFF SGT HOW JIAN WEN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2023 09:45
Officer In Charge Of Case: TP / GIT / SGT 3 MUHAMMAD SYAKIR BIN ADANAN Contact No.: 65476236	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: SS37231S0001 Vehicle Registration No: SLZ3447X  
 Name (as shown in NRIC): Zhang ChunHua NRIC/FIN/Passport No: S7180819Z  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: Blk 220B Bedok Central #06-42 Singapore (~~4~~62220)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 97501848  
 Email Address: zcha001@yahoo.com  
 Date of Accident: 27/01/2023 Time of Accident: 19:10  
 Place of Accident: Near 231 Seagull Walk, Singapore 486643  
 Insurance Company: Allianz Insurance Singapore Pte. Ltd.

**(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:

Ammend the third-party claim to own damage claim.

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date:





Allianz Insurance Singapore Pte. Ltd.

### CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2001188008-01  
 Date of Issue : 2022-03-10  
 Coverage : Comprehensive  
 Policyholder : CHUNHUA ZHANG  
 Period of Insurance : 30 April 2022 to 29 April 2023(both dates inclusive)  
 Registration No. : SLZ3447X  
 Chassis number of Vehicle : JTHBJ1GGX02108451

#### 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 the his/her permission

*\*Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.*

#### Limitation as to Use\*:

Used only for social, domestic and pleasure purposes and for the Policyholder's business.


#### The Policy does not cover:

- (a) use for hire or reward  
 (b) use for racing, pace-making, reliability trials or speed testing  
 (c) use for the carriage of goods (other than samples) in connection with any trade or business  
 (d) use for any purposes in connection with the Motor Trade

*\*Limitation rendered inoperative by Section 8 of Motor Vehicles (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.*

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) or Amendment, Act or Acts passed in substitution thereof.

10 March 2022  
 Issued Date

  
 Hicham Raissi  
 Chief Executive Officer  
 Allianz Insurance Singapore Pte. Ltd.

Intermediary Code	: SCB0000068 PHILLIP SECURITIES PTE LTD		
Excess	: Section1:Own Damage Excess	SGD	600.00
	: Section2:Own Damage Excess outside of Singapore	SGD	NA
	: Section3:Windscreen Excess	SGD	100.00
	: Section4:Liabilities to Third Parties		NA

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C  
 79 Robinson Road #09-01 Singapore 068897 | Tel: +65 6714 3389 | Website: www.allianz.sg