

## 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	17/04/2023 11:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/03/2023 02:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER BUKIT TIMAH ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA8294G
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HSU ZHI MING , SPENCER ( XU SHUMING , SPENCER )
NRIC No	SXXXX941B
Email Address	spencer.hsu@outlook.com
Mobile Phone No	(Phone) +65-91899342
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1798

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00263232202

#### DRIVER

Name of Driver	HSU ZHI MING , SPENCER ( XU SHUMING , SPENCER )
NRIC No	SXXXX941B
Date Of Birth	02/07/1982
Occupation	Indoor

Date Of Driving Pass .....	10/10/2003
Driving experience .....	19 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91899342
Alt. Phone Number .....	-
Email Address .....	spencer.hsu@outlook.com
Address .....	APT BLK 409 HOUGANG AVENUE 10
Address complement .....	# 07-1048
Postcode .....	530409
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 - 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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 THE ATTACHED POLICE REPORT - T/20230323/7002

**\*\*PLEASE BE INFORMED THAT VEHICLE HAS BEEN REPAIRED AND OWNER SAID THERE WAS NO ACCIDENT SCENE PHOTO TAKEN. PICTURES UPLOADED IS VEHICLE AFTER REPAIRED PHOTOS.**

#### 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 .....	SD CARD WITH POLICE OFFICER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBP6873A
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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 PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

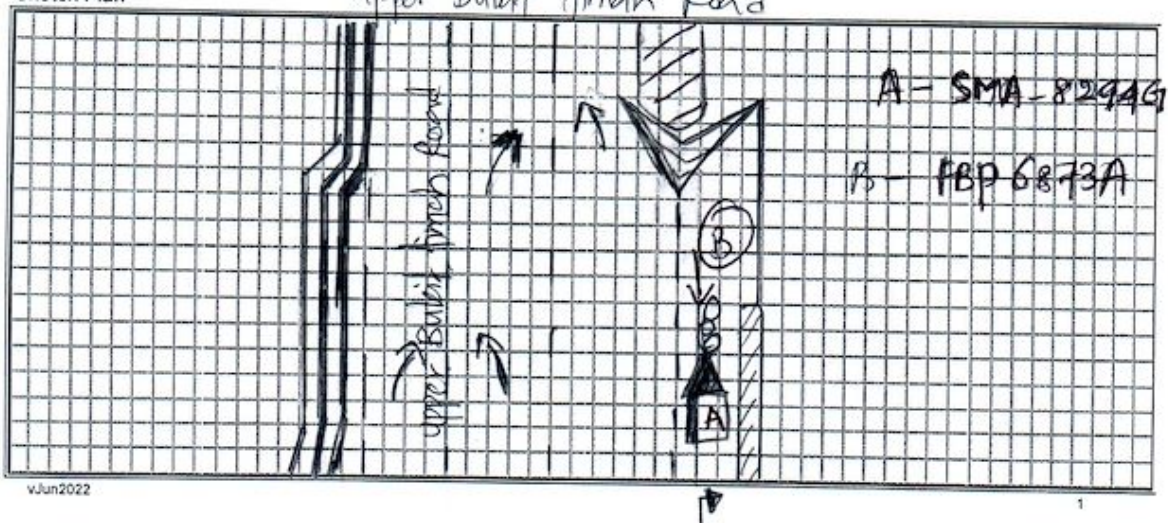
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

*Spr* 17/04/23  
 Policyholder's Signature / Date & Time

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

*James* 17/4/2023  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

please Refer to the attached police Report  
- T/20230323 /7002

Declaration

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

 17/04/23  
Policyholder's Signature / Date & Time

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

 17/04/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





**SINGAPORE  
POLICE FORCE**



T/20230323/7002

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

2 of 3

Report No. T/20230323/7002

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	HSU ZHI MING, SPENCER	ID No.	S8221941B
Related Vehicle	SMA8294G (Car)	Contact No.	91899342
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Rider</b>			
Name	NA	ID No.	NA
Related Vehicle	NIL	Contact No.	NIL
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	Slight

Brief Details.

I was driving along Upper Bukit Timah Rd (stretch near to Al Azhar) on the way to my in-laws place at Dairy Farm Estate when I switched to a right turning lane just opposite Bukit Timah Shopping Centre only to notice a motor bike just in front of me and tried to brake but was not able to do so in time and knocked into the bike from behind. The impact caused the rider to fall off his bike and I immediately rushed out to help the rider get the bike off him, with the help of passers by. Another passerby called for the ambulance as the rider appeared to be in pain.





























**SINGAPORE  
POLICE FORCE**



T/20230323/7002

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

1 of 3

Report No. T/20230323/7002

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/03/2023 05:01		Vide Report No.: D/20230319/0031		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: HSU ZHI MING, SPENCER			Address: 18 FERNVALE STREET #05-33 SINGAPORE 797394		
ID Type / ID No.: NRIC NO / S8221941B			Contact No.: Home/Office: Mobile: 91899342		
Nationality: SINGAPORE CITIZEN			Email: SPENCER.HSU@GMAIL.COM		
Sex: Male	Age: 40	Date of Birth: 02/07/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 19/03/2023 03:00	Type of Location: Straight Road
Location:  CHEONG CHIN NAM 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: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMA8294G	Car	TOYOTA	WISH 1.8 CVT	Orange		0

<b>Details of Vehicle Insurance</b>					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SMA8294G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002632 32202	20/12/2022	19/12/2023	



**SINGAPORE  
POLICE FORCE**



T/20230323/7002

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

2 of 3

Report No. T/20230323/7002

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HSU ZHI MING, SPENCER	ID No.	S8221941B
Related Vehicle	SMA8294G (Car)	Contact No.	91899342
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Rider			
Name	NA	ID No.	NA
Related Vehicle	NIL	Contact No.	NIL
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	Slight

Brief Details.

I was driving along Upper Bukit Timah Rd (stretch near to Al Azhar) on the way to my in-laws place at Dairy Farm Estate when I switched to a right turning lane just opposite Bukit Timah Shopping Centre only to notice a motor bike just in front of me and tried to brake but was not able to do so in time and knocked into the bike from behind. The impact caused the rider to fall off his bike and I immediately rushed out to help the rider get the bike off him, with the help of passers by. Another passerby called for the ambulance as the rider appeared to be in pain.

**SINGAPORE  
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T/20230323/7002

3 of 3

Report No. T/20230323/7002

**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 /  
MUHAMMAD ZICKIE BIN AHMAD SUYUTI  
Contact No.: 65476225

NP168

Signature Of Informant:

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

Date/Time:  
23/03/2023 05:01

Classification Of Case: