

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	05/07/2023 14:39 (SGT)
Reported by	Actual Driver
Date of Accident	05/07/2023 09:00 (SGT)
Exact Location of Accident	Yio Chu Kang Rd, Singapore
Additional Location Information	YIO CHU KANG ROAD SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV4941Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HUANG ZE YU PHIL
NRIC No	S8572455Z
Email Address	philhuang85@gmail.com
Mobile Phone No	(Phone) +65-98304176
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	HYUNDAI / AVANTE 1.6 AT ABS D/AB 2WD 4DR
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	1591

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/00756777/03

DRIVER

Name of Driver	ZHANG WEN LI GERALYN
NRIC No	S8418094G
Date Of Birth	24/06/1984

Date Of Driving Pass	02/09/2014
Driving experience	8 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90604234
Alt. Phone Number	-
Email Address	ARLYNE.LYNE@GMAIL.COM
Address	416B FERNVALE LINK, #15-98 , Singapore 792416
Address complement	-
Postcode	792416
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

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	SHC3036S
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	ONG ENG TENG
NRIC No	S2047875F
Contact Number	(Phone) +65-98224843
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJR5655P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FABIAN YIP WEN XIN
NRIC No	S8937807I
Contact Number	(Phone) +65-96394252
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	ZHANG WEN LI GERALYN
Gender	Female
Phone No	(Phone) +65-90604234
Address	416B FERNVALE LINK, #15-98 , Singapore 792416
Address Complement	-
Post Code	792416
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJV4941Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

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

Sketch Plan

A: SJV49412
B: SHC30365
C: SJR5655P

Describe Circumstance of the Accident

REFER TO POLICE REPORT

Declaration

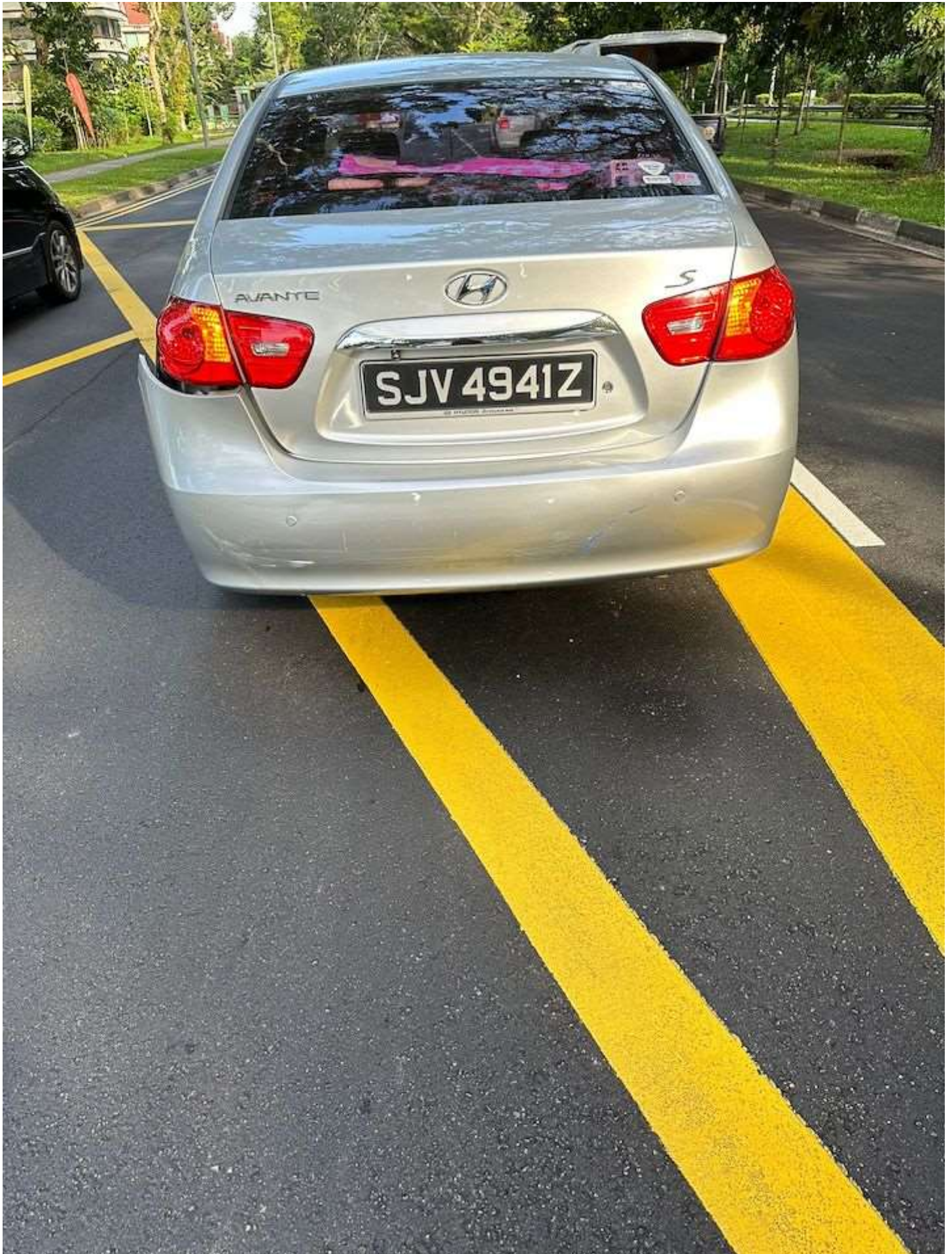
I/We declare the foregoing particulars are true in every respect.

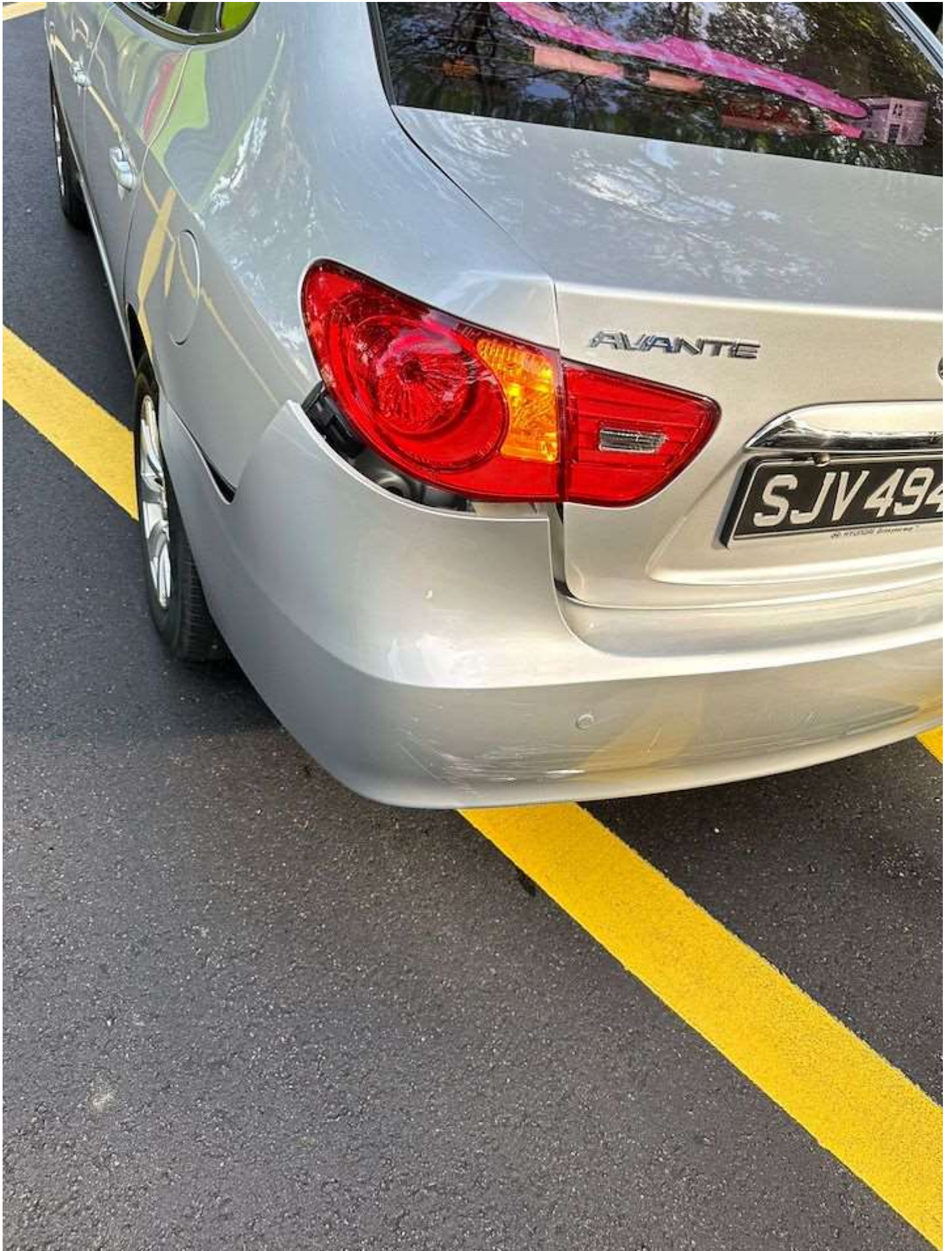
If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

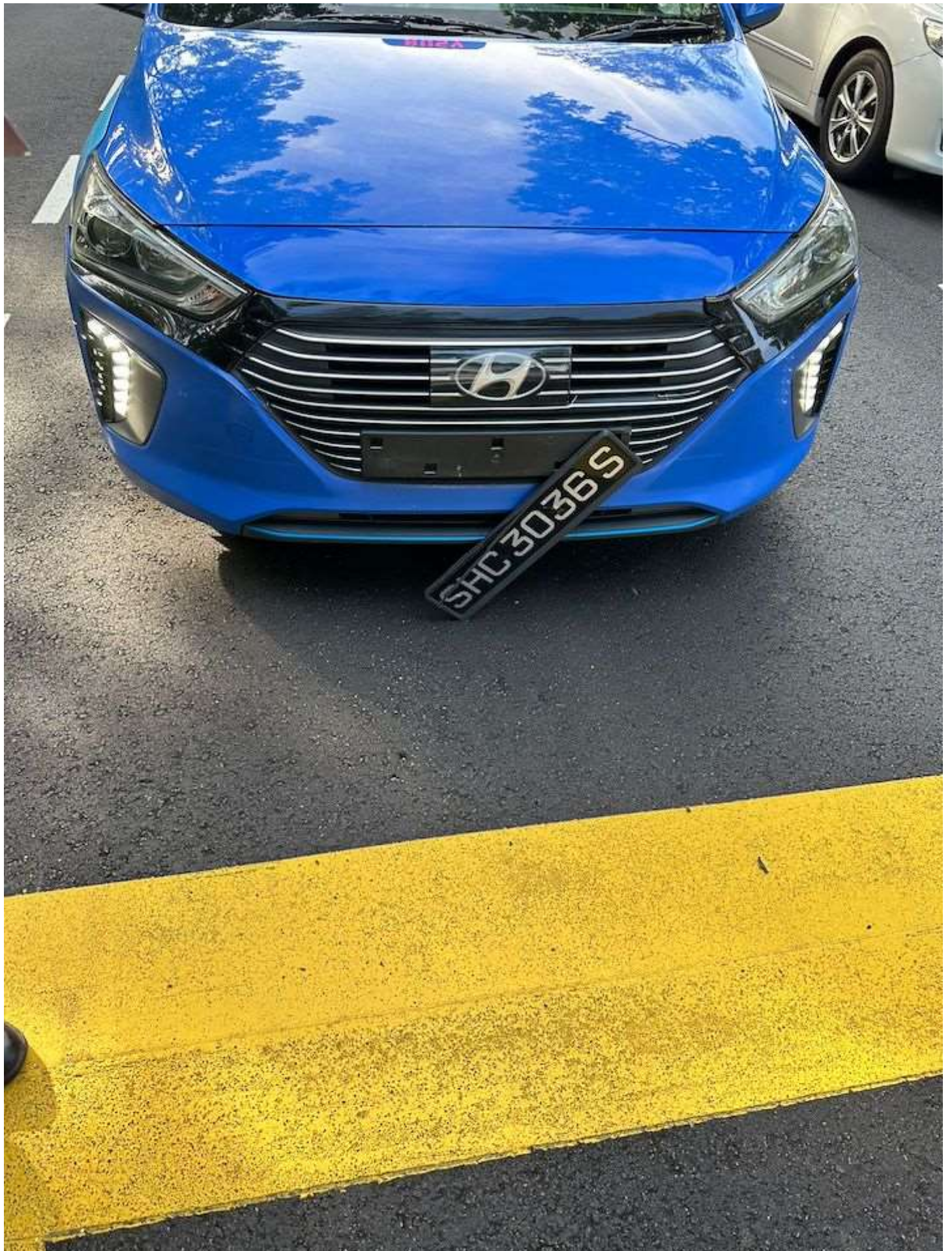
Policyholder's Signature / Date & Time

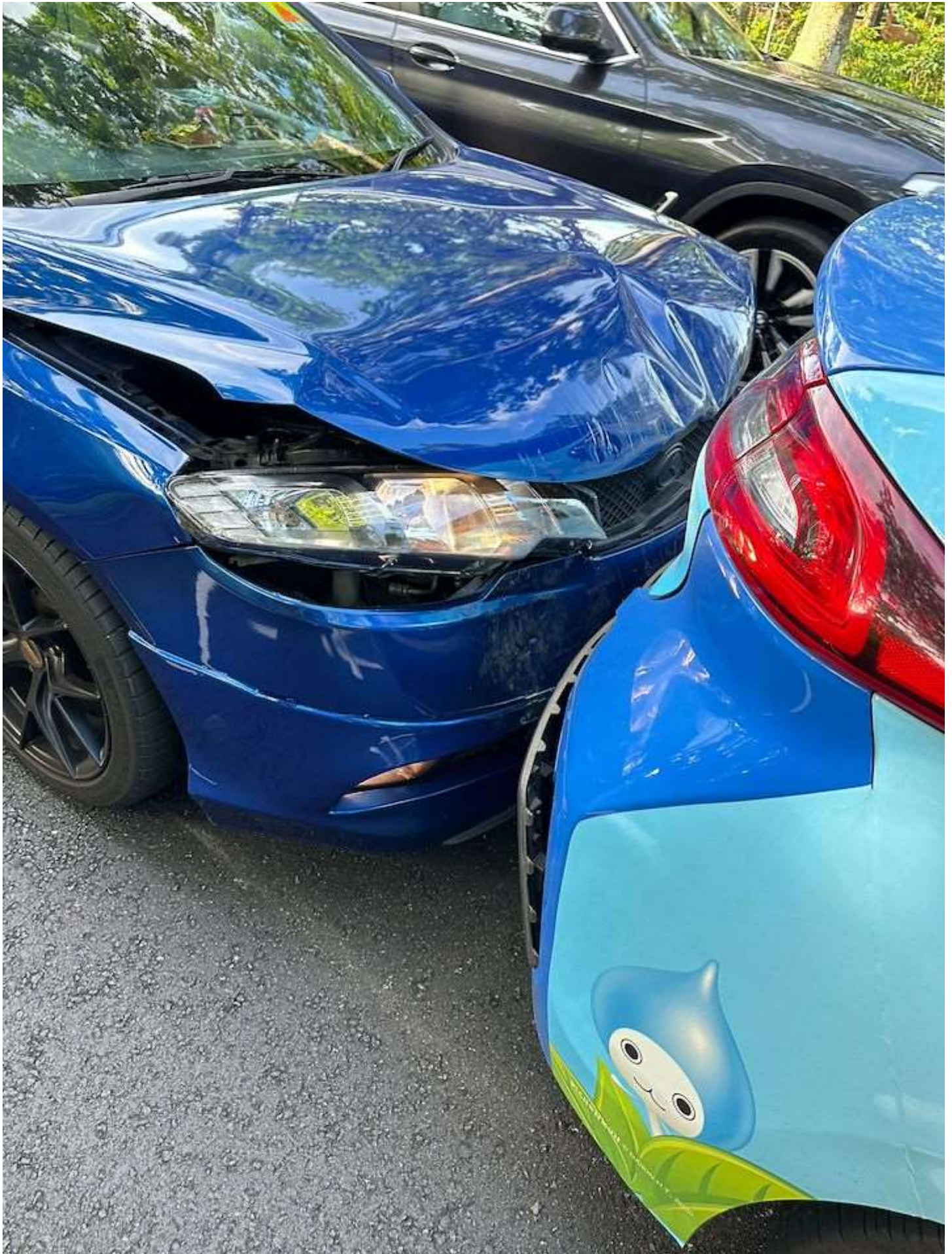
Driver's Signature (if driver is not the policyholder) / Date & Time

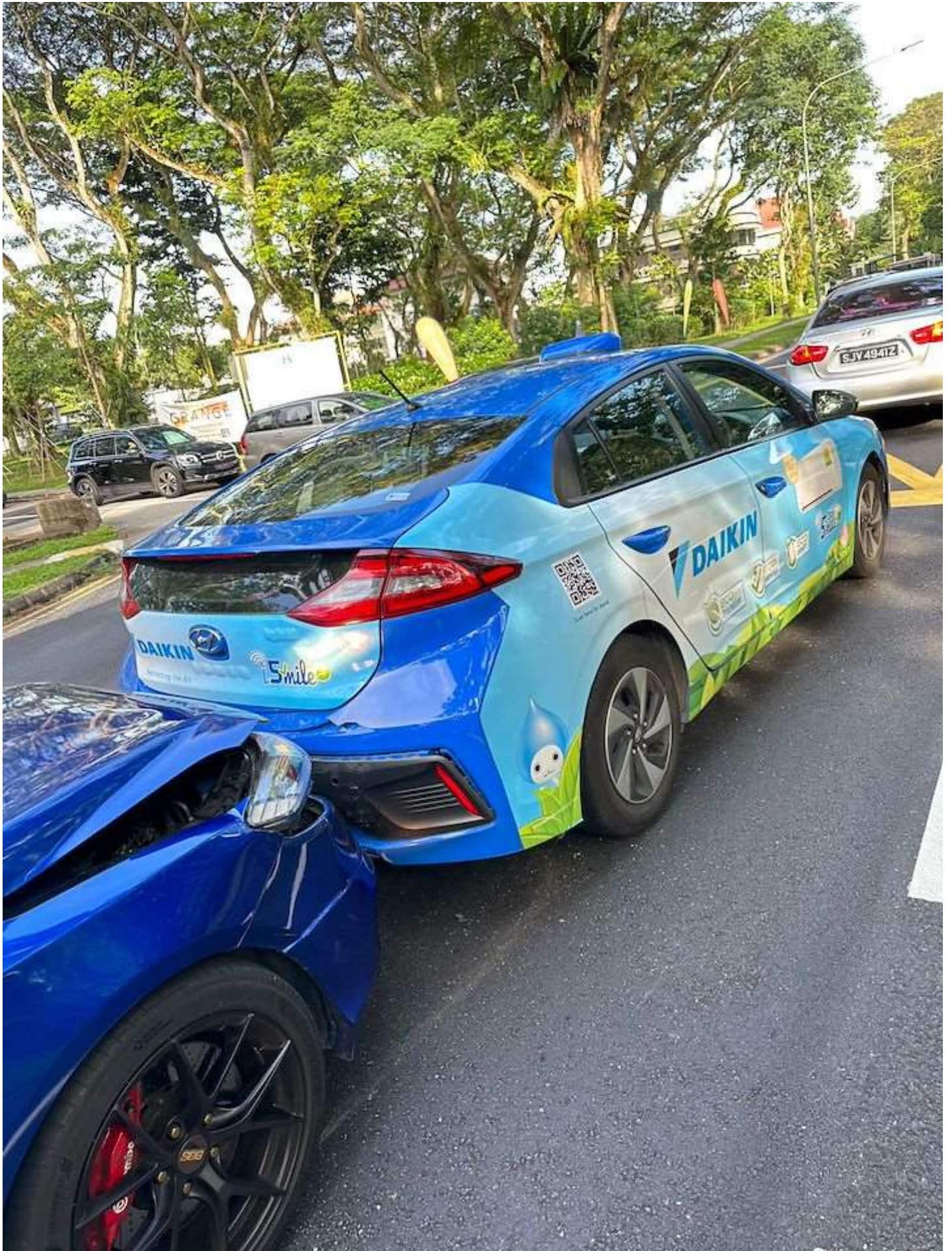
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

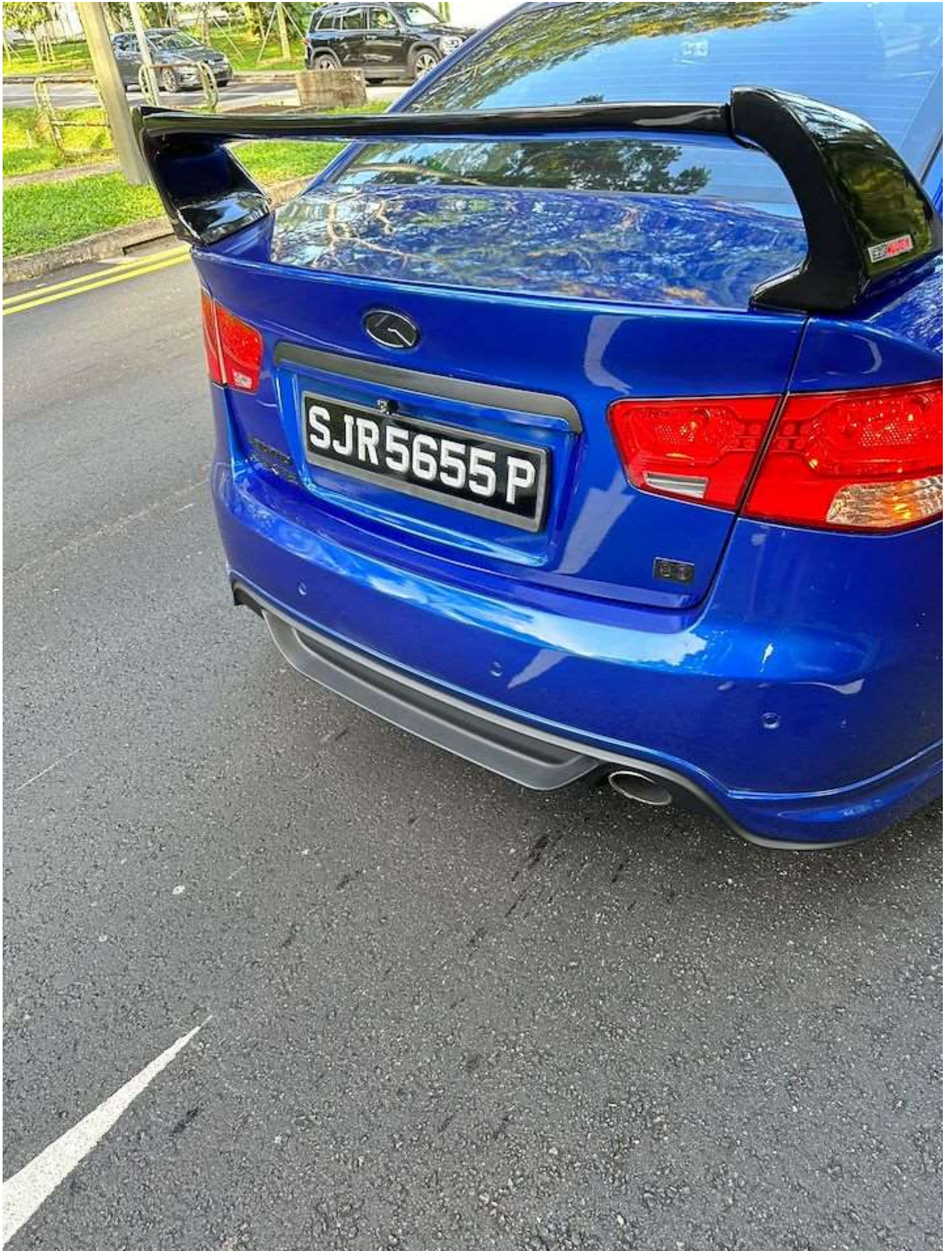


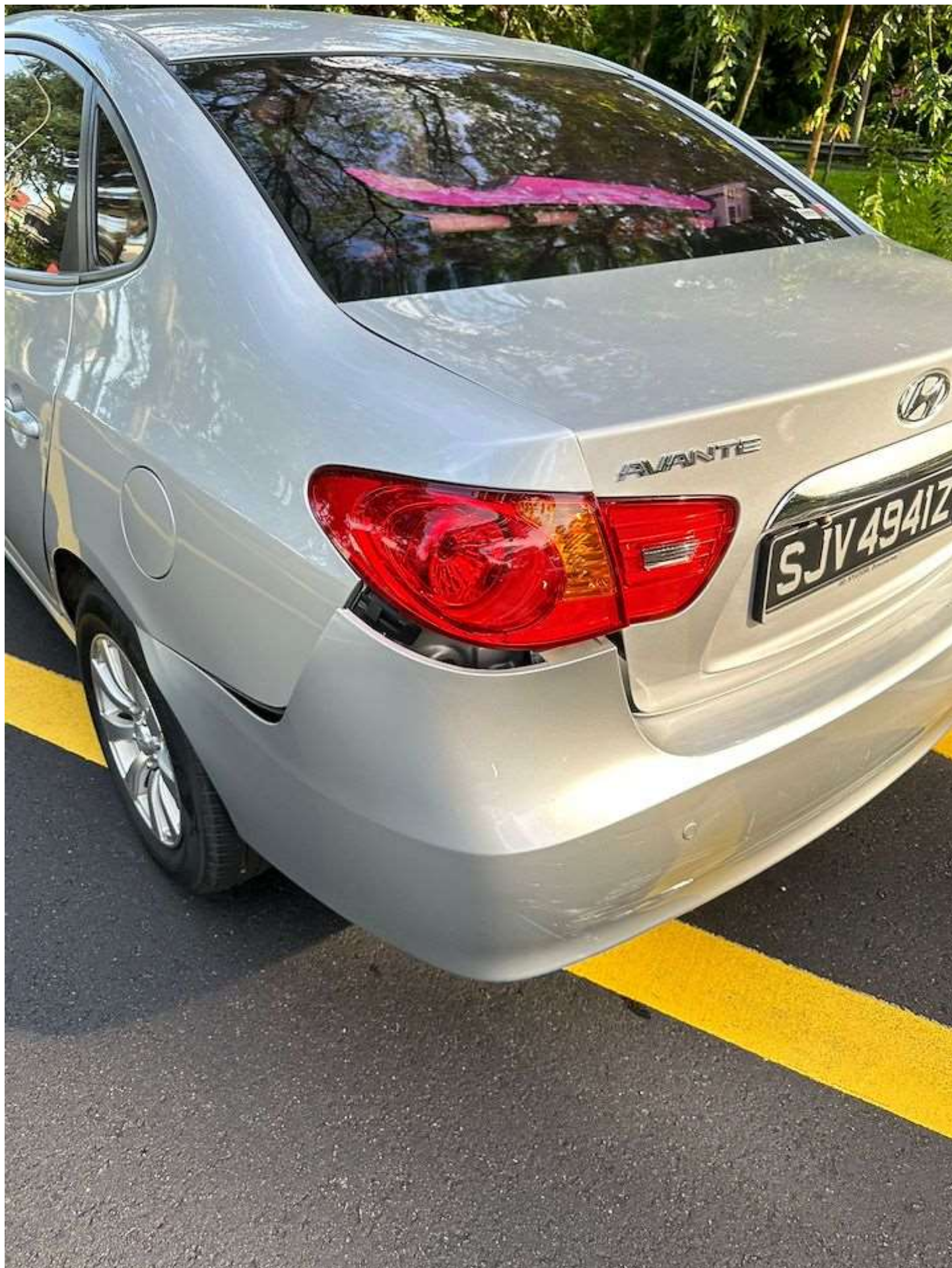
























현대자동차(주)
변속기 TRANSM
차축 AXLE
도장 PAINT
의장 TRIM
P H 2R 9P
정비부호 S.V.C
형식 APPD
승인 MODEL
번호 NO

HYUNDAI MOTOR COMPANY

KMH DU41BMAU962843








**SINGAPORE
POLICE FORCE**


T/20230705/2052

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No: T/20230705/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/07/2023 13:22	Vide Report No.:	Station Diary No.: 85
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Informant's Particulars

Name of Informant: ZHANG WEN LI GERALYN			Address: APT BLK 416B FERNVALE LINK #15-98 SINGAPORE 792416		
ID Type / ID No.: NRIC NO / S8418094G			Contact No.: Home/Office: Mobile: 90604234		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 39	Date of Birth: 24/06/1984	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: DATA ANALYST			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/07/2023 09:00	Type of Location:
Location: YIO CHU KANG ROAD				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC3036S	Car				Seriously Damaged	1
SJR5655P	Car				Seriously Damaged	1
SJV4941Z	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230705/2052

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Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No: T/20230705/2052

CONTINUATION OF REPORT

Driver			
Name	ZHANG WEN LI GERALYN	ID No.	S8418094G
Related Vehicle	SJV4941Z (Car)	Contact No.	90604234
Hospital/Clinic	Vitacare Family Clinic @Seletar Pte Ltd	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/07/2023	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 5/7/2023 at about 0900hrs, I was driving my car (SJV4941Z) along Yio Chu Kang Road, towards Ang Mo Kio. The traffic ahead of me was slowing down, and as such I stopped my car before the yellow box.

Suddenly, I felt a collision in the rear region of my car. I got out of my car and realized that there were two cars behind my car, which was also involved in this traffic accident. The car at the back SJR5655P had collided into SHC3036S, which caused this car to collide into the rear region of my car.

We got out of our vehicles and exchanged particulars. The driver of SHC3036S is Ong Eng Teng, Tel: 98224843, whilst the driver of SJR5655P is Fabian Yip Wen Xin, Tel: 96394252.

I wish to state that there was no Traffic Police at scene, and there was no one conveyed to hospital via ambulance. I went to see a doctor on the same day as I was not feeling well, and received 3 days of MC. I also wish to state that as a result of the collision, the impact brought my car forward to the middle of the yellow box.



**SINGAPORE
POLICE FORCE**



T/20230705/2052

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20230705/2052

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

F /

SGT 2 Zhuang Zhijie

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/07/2023 13:22

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT FAHKRUL RAZI BIN SUHAIME

Contact No.: 65470000

Classification Of Case: