SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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.

aforesaid.	g made and				
。	ACCIDENT STATEMENT				
Date Of Report	12/01/2018 17:26				
Date Of Accident	11/01/2018 01:00				
Exact Location Of Accident	BEND FROM PIE TO BKE				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SGR621E				
Insured/Policyholder					
Name Of Registered Owner	NG AH KAM (NON-DRIVER)				
NRIC No	S0177043H				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-90160959				
Alternative Phone No	OTHERS-90160959				
Vehicle Particulars					
Manufacturer	PERODUA				
Model	KENARI GX				
Exact Purpose for which vehicle was being used at time of accident	PTE USE				
Are you claiming under your own insurance policy for repair to your vehicle?	YES				
If No, Please state action to be taken					
Vehicle Category	PRIVATE CAR				
Insurance Company					
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.				
Type Of Coverage	COMPREHENSIVE				
Fleet Policy	NO				
Policy Number	DMPCSN3010601710				
Cover Note Number	06/02/17 - 05/02/18				
Driver					
Name of Driver	ZERUS DAVIDIS LIN LI JUN				
NRIC No	S8210160H				
Date Of Birth	12/04/1982				
Occupation	OUTDOOR				
Date Of Driving Pass	12/08/2010				
Driving Experience	7 YEARS AND 4 MONTHS				
Gender	MALE				
Mobile Number	(LOCAL) +65-91990064				
Fax Number					
Contact Number					

DAVIDISLIN1411@GMAIL.COM

Address

BLK 180A MARSILING ROAD #07-2210

Postcode

731180

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLIDED INTO PROPERTY

Weather Conditions

RAINING

Road Surface

OILY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

31933

Was any other material or property damaged?

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

INO

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

10 UBI AVENUE 3

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT. As I was travelling on the road on the bend, the car tail to slide and drift and I spin one round, and landed into the barrier. Called hotline and police and traffic Marshall came. No further investigation required by police and I went home.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

SKETCH PLAN

DATE & TIME: 1/01/18 01:00

21 E	Taipi
S G-R 6	china
NO.:	
VEHICLE	INSURER

IMPORTANT NOTICE

- 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 Authorised Driver.
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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- Any false reporting may be referred to the Police for investigation.
- Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
- By the lodgment 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.

Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured disclose and/or process my personal data/personal information set out in this [form] and any other personal information vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such (a)
- (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;
- which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, 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
- 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 (p)
- agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes. my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or (c)
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims. P
- the information so collected under (d) above may be shared / disclosed: (e)
- to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

(If driver is not the policyholder) GAH 2018 Driver's Signature Date & Time:

12

Reporting Centre Personnel's Signature

12 11 18

(45)

NRIC/FIN No.:

SKETCH PLAN

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I. Survey China Taiping Vehicle No: SGR6215 DOA: 11/01/18 01:00
Refer Police Report. As I was travelling on the road on the bend, the
car tail to slide and drift and I spin one round, and landed into
the bacrier, colled hotline and police and traffic Marshall came. No
further investigation required by police and I went home.
Note: Discuss that your incurer may have 14days Time Frame for you to submit an Own Damage Claim

I/We declare the foregoing particulars are true in every respec DECLARATION

under your own comprehensive policy. Please check with your policy for more information.

(If driver is not the policyholder) Deich Date & Time: 12/01/18

Policyholder's Signature

Date & Time: GIARMC Sket

() Claim Third Party

() Claim OD/TP at other workshop (

(Claim Own Policy

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

(48)

() Reporting Only

GIARIME SketchPlanForm_V3





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

1 of 3 Report No. T/20180111/7003

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 018 12:02	/lade:	Vide Report No.: E/20180111/0009	Station Diary No.:		
Informa	nt's Partic	ulars				
	Informant: DAVIDIS L		Address: APT BLK 180A MARSILING 731180	G ROAD #07-2210 SINGAPORE		
ID Type / ID No.: NRIC NO / S8210160H			Contact No.: Home/Office:	Mobile: 91990064		
Nationality: SINGAPORE CITIZEN			Email: davidislin1411@gmail.com			
Sex: Male	Age: 35	Date of Birth: 12/04/1982	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: REALTOR			Driving Licence Information: Class: 3 Date of Expiry:			

General Informa	tion of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/01/2018 01:00	В	ype of Location: end
Location:					
BUKIT TIMAH E	XPRESSWAY				
The bend from F	PIE to BKE				
Weather: Raining		Road Surface: Oily	,	Road S	peed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic \Light	Volume:
Type of Collision Moving Vehicle	n: Against - Road Divider	/Kerb/Railings	*	Anyone ambula No	conveyed by nce:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGR621E	Car	PERODUA	kenari	White	Slightly Damaged	0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SGR621E	CHINA TAIPING INSURANCE	DMPCSN30106017	06/02/2017	05/02/2018		
	(SINGAPORE) PTE. LTD.	10				





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20180111/7003

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian II	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Ped	destriar	Cross	ing: NA
Driver						
Name	ZERUS DAVIDIS LI	N LI JUN		ID No		S8210160H
Related Vehicle	SGR621E (Car)			Conta	ct No.	91990064
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	Degree of	-	NIL			

Brief Details.

I was travelling on the road on the bend around 50km/h from PIE to BKE then the car starts to drift and spin and knock into the barrier.

Upon alight, I nearly fall, realize the floor is very slippery, seems to be tainted by oily.

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Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20180111/7003

CONTINUATION OF REPORT

Sketch P

Authentication Stamp

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/01/2018 12:02
Officer In Charge Of Case: TP / TPHQ / LIM HONG LEE Contact No.: 65476438	Classification Of Case: