

## 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 Authorised 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 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 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 Report	12/02/2018 17:01
Date Of Accident	09/02/2018 16:25
Exact Location Of Accident	PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH1912B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SKYLINK AUTO PTE LTD
Co Reg No	201506048N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62665858

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 (A)
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMTPSN1754741700
Cover Note Number	

### Driver

Name of Driver	FONG KAH SENG
Passport No/FIN	G2463337W
Date Of Birth	04/03/1994
Occupation	INDOOR
Date Of Driving Pass	29/03/2017
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87781581
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	C/O 21 TOH GUAN ROAD EAST #01-12, TOH GUAN CENTRE
Postcode	608609
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### 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 ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### 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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO: - FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB9907J
Vehicle Make/Model/Colour	BMW525I
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD JOSMAN BIN NASIMAN
NRIC/Passport Number	S8638226A
Contact Number	91900669
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDG95S
Vehicle Make/Model/Colour	OPEL ASTRA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NORMAN NG ZHENG XIONG
NRIC/Passport Number	S9522724D
Contact Number	96753244
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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7. 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.
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.
- (d) 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.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) 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.

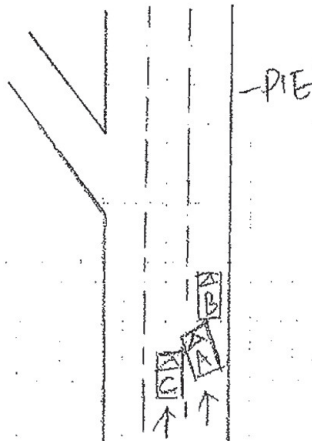


Policyholder's Signature  
Date & Time:

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

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

### SKETCH PLAN



A: SJH 1912-B

B: SKB 9907J

C: SDG 95 S.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report.

\* Vehicle WAS not at workshop during reporting.  
Photos were taken and provided by client.  
Approved by China Taiping.

## DECLARATION

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

Policyholder's Signature

Date &amp; Time:

Company Chop (if applicable)

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## Police Report Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180209/7009

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

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Report No. T/20180209/7009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/02/2018 22:12	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: FONG KAH SENG			Address: APT BLK 150 RIVERVALE CRESCENT #11-86 RIVERVALE GREEN SINGAPORE 540150	
ID Type / ID No.: FIN NO / G2463337W			Contact No.: Home/Office: Mobile: 87781581	
Nationality: MALAYSIAN			Email: ks@skylinkauto.com.sg	
Sex: Male	Age: 23	Date of Birth: 04/03/1994	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SALES EXECUTIVE			Driving Licence Information: Class: 3C Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/02/2018 16:20	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY  AFTER ENG NEO EXIT. TOWARDS LORNIE. 1ST LANE.				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDG95S	Car	OPEL	ASTRA	Red	Slightly Damaged	0
SJH1912B	Car	HONDA	CIVIC	Grey	Slightly Damaged	0
SKB9907J	Car	BMW	525i	Pink	Slightly Damaged	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Report No. T/20180209/7009

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJH1912B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	NORMAN NG ZHENG XIONG		ID No.	S9522724D
Related Vehicle	SDG95S (Car)		Contact No.	96753244
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
Driver				
Name	FONG KAH SENG		ID No.	G2463337W
Related Vehicle	SJH1912B (Car)		Contact No.	87781581
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3C Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	MUHAMMAD JUSMAN BIN NASIMAN		ID No.	S8638226A
Related Vehicle	SKB9907J (Car)		Contact No.	91900669
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



**SINGAPORE  
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T/20180209/7009

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Report No. T/20180209/7009

**CONTINUATION OF REPORT**

Brief Details.

I was travelling on 09-02-2018 on PIE (Towards Changi) travelling at a cruising speed of about 65 km/hr on the 1st lane. I was on my way to meet a customer at 3017 bedok north street 5 regarding his interest to purchase a unit of commercial vehicle from me. My appointment was at 5pm. At about 420pm, after Eng Neo exit (Towards Lornie road exit direction) the car in front of me (BMW 525i, SKB9907J) have slow down due to traffic condition but i was caught by surprise and unable to stop my vehicle on time and to avoid hitting his car, my reflex action was to steer left immediately and unfortunately i hit the car on the left (SDG95S). I stopped the car and alight to check if anyone is injured and the degree of damage. The lower left bumper of the BMW SKB9907J was damaged. The car on my left (SDG95S) suffer damages to its right side mirror and scratches to its right side fender. My car suffered damages to the right main headlight, front right bumper and left side mirror. A traffic police arrived and access the situation. Upon knowing no one was injured and no medical attention was needed. He told us to clear the scene after exchanging contact and inform our insurers if necessary. Nobody was injured and we exchange contacts, took photos of the damages and thereafter leave the scene of accident. We decide to file our report to our insurer individually. I hereby make this police report to safeguard my interest in this accident.





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Report No. T/20180209/7009

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
09/02/2018 22:12

Classification Of Case: