

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	10/04/2018 15:18
Date Of Accident	05/04/2018 03:00
Exact Location Of Accident	CROSS ROAD OF GRANGE RD & ORCHARD BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL5102A
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Insured/Policyholder

Name Of Registered Owner	NORMAN MEDICAL MANAGEMENT INTERNATIONAL PTE LTD
Co Reg No	201207635E
Email Address	T8914785@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-94871695

Vehicle Particulars

Manufacturer	LEXUS
Model	RX400H-3.3 HYBRID (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA041115
Cover Note Number	

Driver

Name of Driver	ZHANG YULIN
NRIC No	S7979596H
Date Of Birth	06/10/1979
Occupation	INDOOR
Date Of Driving Pass	16/05/2005
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94871695
Fax Number	
Contact Number	
EEmail Address	T8914785@HOTMAIL.COM

Address	65 CAIRNHILL RD #29-02
Postcode	229721
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	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH

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	UNKNOWN
Vehicle Make/Model/Colour	TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

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.



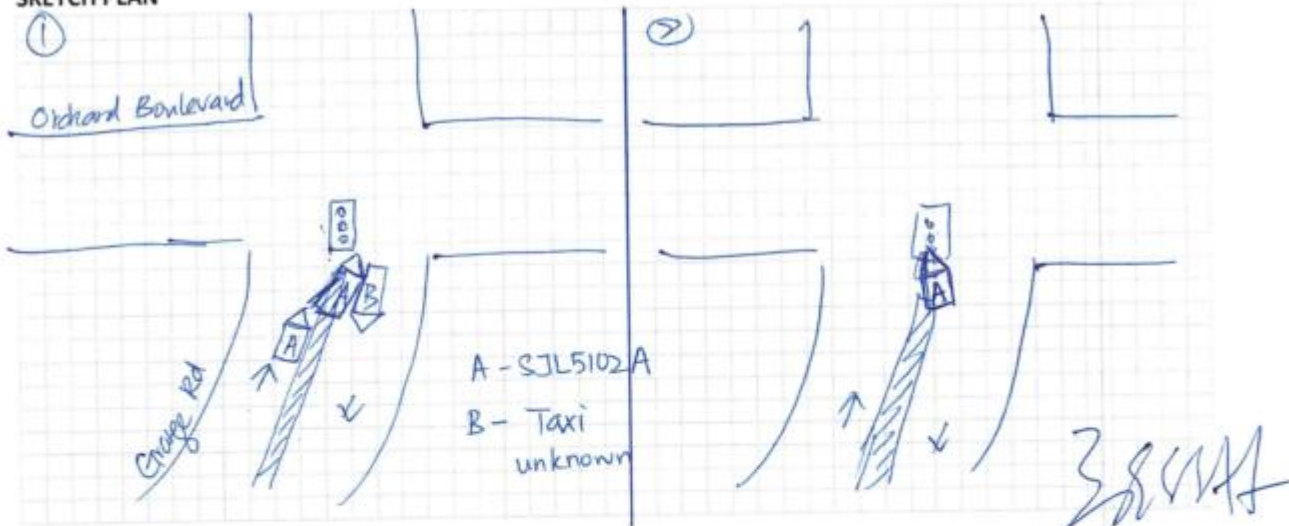
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20180409/2160.

3844

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:

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



Police Report



**SINGAPORE
POLICE FORCE**



T201804062190

1 of 3

Report No. 1/201804062190

Police Station Of Origin:
Orchard N P C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7358999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/04/2018 17:26		Vide Report No.:		Station Diary No. 122	
Informant's Particulars					
Name of Informant: ZHANG YULIN		Address: 65 CAIRNHILL ROAD #29-02 SINGAPORE 229721			
ID Type / ID No.: NRIC NO / S7979556H		Contact No.: Home/Office: Mobile: 94671695			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 38	Date of Birth: 05/10/1979	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: MANAGER		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Driver: No	Date/Time of Accident: 05/04/2018 03:00	Type of Location: X-Junction
Location: Along Road 1 GRANGE ROAD ORCHARD BOULEVARD At the cross road of Grange Road and Orchard Boulevard				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL5102A	Car	LEXUS		Grey	Slightly Damaged	0

Details of Person Involved

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

Police Report



SINGAPORE
POLICE FORCE



T:23180409/2160

Police Station Of Origin:
Orchard N.P.C
91 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

2 of 3
Report No: T20180409/2160

CONTINUATION OF REPORT

Driver			
Name	ZHANG YULIN	ID No.	S7878558H
Related Vehicle	SJL5102A (Car)	Contact No.	94871995
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 the 06/04/2018 at about 0300hrs, I was travelling along Grange Road and was proceeding home at Cairnhill Road.

While travelling along Grange road, I was travelling on the left lane, when I fell asleep. After that I felt that my vehicle had collided into something as such I suddenly woke up and noticed that I had hit into a taxi as such I swift my vehicle to the left.

As it was very sudden, my vehicle went on the pavement and hit onto the traffic light. Subsequently the taxi driver got off his vehicle and started to take photos of the accident and informed he will be claiming his insurance. After that I also noticed that my vehicle front area was damaged. I am not sure of the damage the taxi suffered as I was calling my insurance to seek advise on the matter.

As I was calling my insurance agent and he was not answering, I then left my vehicle at the location and started to walk home as I did not know what to do. I did not exchange any information with the taxi as I kept calling my agent.

Subsequently on the 06/04/2018, I then went to Traffic police to claim my vehicle. I am lodging this report for insurance purposes.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180403/2160

3 of 3

Report No. T/20180403/2160

Police Station Of Origin:
Orchard N.P.C.
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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:
E /
Staff Sgt OW WEE KIAT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/04/2018 17:28

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65475430

Classification Of Case:

Authentication Stamp
NP102

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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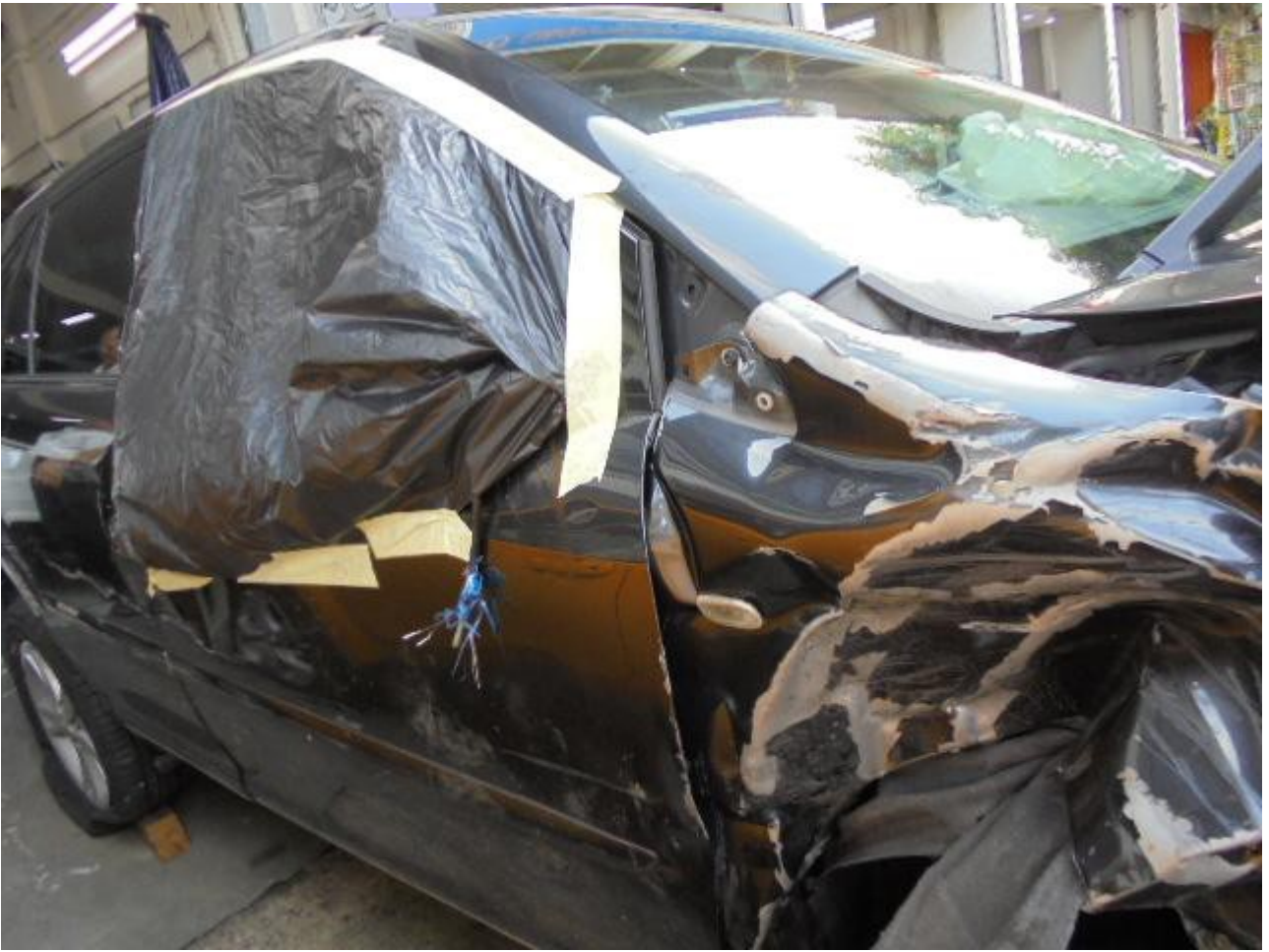
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