

## 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	06/06/2018 13:32
Date Of Accident	14/06/2017 00:30
Exact Location Of Accident	HAVELOCK RD TWDS OUTRAM RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB1356H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RED SWIFT SERVICES LLP
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94679723

### Vehicle Particulars

Manufacturer	CITROEN
Model	-
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3064331600
Cover Note Number	-

### Driver

Name of Driver	YEO ZHI LU
NRIC No	S8433956C
Date Of Birth	18/10/1984
Occupation	INDOOR
Date Of Driving Pass	22/01/2014
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94679723
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 489A CHOA CHU KANG AVE 5 #04-185
Postcode	681489
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SUB CONTRACTOR
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 BICYCLIST
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?	YES
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	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 21 KAMPONG JAVA ROAD , <b>POSTCODE:</b> 228892 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2959999 - <b>FAX NO:</b> 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I WAS TRAVELLING ALONG HAVELOCK RD AT THE SLIP RD INTO OUTRAM RD. I STOP BEFORE THE ZEBRA CROSSING. SUDDENLY A CYCLIST CROSS THE ROAD WITHOUT USING THE ZEBRA CROSSING AND HIT ONTO MY VEH LEFT REAR PORTION. REMARK: VEH HAVE BEEN TRANSFER OWNERSHIP, PLEASE REFER TO ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CYCLIST
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOBILE EQUIPMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CYCLIST

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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. The 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 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.

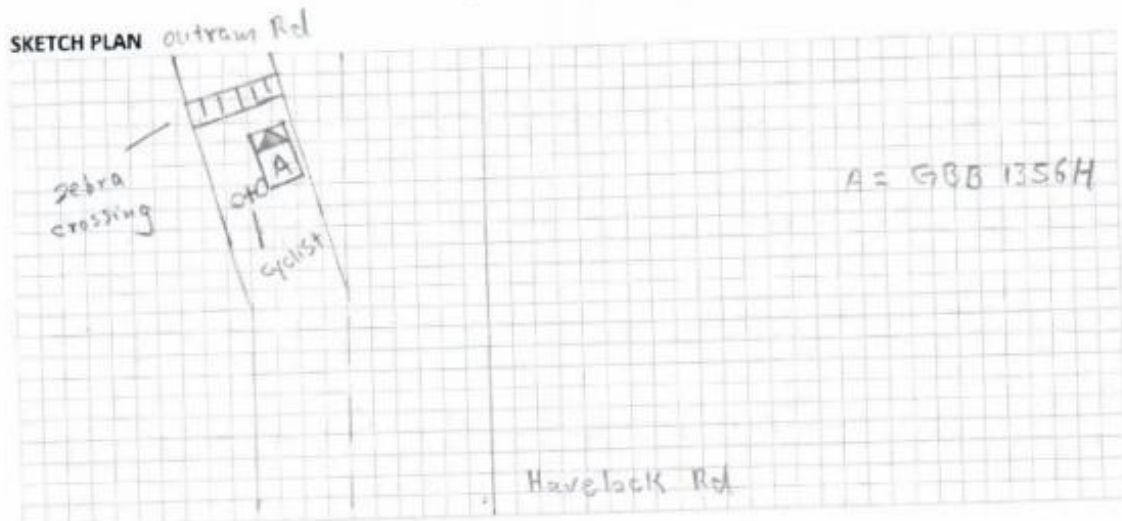


Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement \_\_\_\_\_

## DECLARATION

We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:

GERMANY (Sued) Pluriform 200

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

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



# VEHICLE SALES AGREEMENT (Page 1 of 2)

This VEHICLE SALES AGREEMENT is made on 17 Jan 2018 (Date), between The Buyer and The Seller, under the terms and conditions as set forth:

## BUYER DETAILS

Name: Red Swift Rental N Leasing NRC No./ID: 53376032A Contact No.: 92235056  
Address:

## SELLER DETAILS

Name: RED SWIFT SERVICES NRC No./ID: T14LL3103D Contact No.: 96932262  
Address: LLP

## VEHICLE DETAILS

Make/Model	<u>Citroen</u>	Vehicle Reg. No.	<u>GBB1356H</u>
Engine No.	<u>10DYUL4058397</u>	Original Reg. Date	<u>23 Jul 2008</u>
Chassis No.	<u>VF7Y4RLKH64129032</u>	Road Tax Expiry	<u>22 Jul 2018</u>
No. of keys	<u>2</u>	No. of remote control	<u>1</u>
Current Mileage	<u>KM</u>	Owner's Manual	<u>Set No</u>
Max Mileage		No. of Transfers	<u>3</u>

KM. Vehicle mileage is to be no greater than the value at point of hand-over to the Buyer.

## REMARKS

Buyer's Signature

Seller's Signature

Page 1 of 2

By using this document, you agree not to hold SgCarMart (SGCM Pte Ltd) liable for any claims, losses, damages or otherwise arising from the usage of this document.

Produced by  
**SGCARMART.COM**  
THE ONLY PLACE FOR SMART CAR BUYERS

## VEHICLE SALES AGREEMENT (Page 2 of 2)

### SALES DETAILS

Car Price	\$ 3600/-	Balance Due	\$ /	(Car Price minus Deposit)
Deposit	\$ /	Loan Amount	\$ /	(The loan term of this Buyer's vehicle is 60 months)
Vehicle hand-over date	Vehicle is to be handed over to the Buyer no later than this date.			

### Terms & Conditions

- All fees & levies imposed by the Land Transport Authority (LTA) directly associated with this Vehicle's ownership transfer are to be borne by the Buyer.
- The Buyer is to purchase at his own expense, a motor insurance policy for this Vehicle which is valid as of the date of ownership transfer and for not less than the full period of valid road tax.
- In the event of a breach of this Agreement by the Seller, the Seller is to compensate the Buyer an amount equal to twice the value of the Deposit.
- In the event of a breach of this Agreement by the Buyer, the Seller will keep the Deposit.
- In the event that the Buyer is unable to secure a loan for the intended Loan Amount, this Agreement will be voided and the Seller is to refund the Deposit to the Buyer.
- The Seller is to hand over the keys, remote controls, owner's manual and other documents which are related to this Vehicle, where available, to the Buyer.
- The Seller is to preserve the condition of this Vehicle as of the Date of this Agreement and with all accessories intact.
- The Seller is to effect ownership transfer of the Vehicle to the Buyer within 7 days of the Vehicle hand-over date.
- The Buyer and the Seller acknowledge that each of them has read and understood the terms of this Agreement, and has sought his / her / its own independent legal advice on the terms herein, and executed this Agreement based upon such party's own judgment and independent legal advice if sought.
- This Agreement constitutes the entire agreement of the parties relating to the subject matter addressed in this Agreement. This Agreement supersedes all prior communications, contracts, or agreements between the parties with respect to the subject matter addressed in this Agreement, whether oral or written.
- This Agreement shall be governed by the laws of the Republic of Singapore.



### SAVE YOURSELF THE HASSLE!

sgCar-Mart Connect provides FREE settlement for Paperwork, Loans & Insurance for both the seller & buyer. So once this agreement is signed, send it to us and we'll handle the rest! Call 6744 3540 or visit [connect.sgcarmart.com](http://connect.sgcarmart.com)!

*[Signature]*



Buyer's Signature

*[Signature]*



Seller's Signature

Page 2 of 2

By signing this document, you agree not to hold sgCar-Mart (SGCM Pte Ltd) liable for any claims, losses, damages or expenses arising from the usage of this document.

Produced by  
**SGCARMART.COM**  
THE ONLY PLACE FOR SMART CAR BUYERS

# DRIVING DOC





# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180606/2216

1 of 3

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

Report No. T/20180606/2216

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/06/2018 21:26	Vide Report No.:	Station Diary No.: 463
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### Informant's Particulars

Name of Informant: YEO ZHI LU			Address: APT BLK 489A CHOA CHU KANG AVENUE 5 #04-185 SINGAPORE 681489	
ID Type / ID No.: NRIC NO / S8433956C			Contact No.:	Mobile: 9467 9723
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 33	Date of Birth: 18/10/1984	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: TRANSPORT			Driving Licence Information: Class: 3 Date of Expiry:	

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/06/2017 00:30	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 HAVELOCK ROAD OUTRAM ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Moving vehicle against cyclist			Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB1356H	Van	CITROEN	DISPATCH 2.0L MT ABS AIRBAG 2WD 6DR 2.9T	Silver	No Damage	0

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180606/2216

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

2 of 3

Report No. T/20180606/2216

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEO ZHI LU	ID No.	S8433956C
Related Vehicle	NIL	Contact No.	9467 9723
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 14/06/2017, about 0030hrs, I was driving my vehicle GBB1356H along Havelock Rd towards the slip Rd into Outram Rd, while I was travelling along Havelock Rd. Subsequently, I accelerated my vehicle and overtook the cyclist. I started filtering out to the slip Rd that leads to Outram Rd, I heard a banging sound on the rear of my vehicle. I then looked up into the rear mirror and saw a cyclist fell from his bicycle. I then alighted from my vehicle to make a check on the cyclist and he informed that his wrist was injured. As such, I assisted to call for an ambulance.

Subsequently, traffic police also arrived and asked for facts of the accidents and took down our particulars. The cyclist was then conveyed to hospital and I left the scene.

I wish to state that the cyclist was wearing full black, and his bicycle was also black in colour. I was unable to see him clearly.

There was no damages to my vehicle and I did not sustained any injuries from the accident.

I was recently called up by my insurance company to lodge a police report for insurance claim purposes.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180606/2216

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

3 of 3

Report No. T/20180606/2216

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 /

Sgt 2 TRICIA NG CHU ER

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/06/2018 21:26

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:



SN 167

Authentication Stamp  
NP168

SIGNATURE

## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0030 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA 118073403 Vehicle Registration No: GDB 1356H  
Name(as shown in NRIC) : Red Swift Services LP NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 94679723  
Email Address : \_\_\_\_\_  
Date of Accident : 14/6/17 Time of Accident : 00:30  
Place of Accident : Havelock Rd twds Outram Rd.  
Insurance Company: China Taiping

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend relationship between driver & the owner  
to : Sub contractor instead of friend.



Policyholder / Driver's Signature

Date: 7 June 2018

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

Date: 8/6/18.



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
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UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA 118073403-01 Vehicle Registration No: G88 1356 H  
Name(as shown in NRIC) : Reel Swift Services LLP NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 94679723  
Email Address : \_\_\_\_\_  
Date of Accident : 14/6/18 Time of Accident : 00:30  
Place of Accident : Have lock Rd twos Outram Rd.  
Insurance Company: China Taiping.

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Add In Police Report : T/20180606/2216.  
\* I wish to state, after the incident. traffic  
Police come to scene and take the report on the  
spot. On Feb 2018, I went to traffic Police request  
for the Police Report, but they refuse to give me.  
The Police say only insurance company can buy the  
report from them. That why I lodge a new police  
Report on 6/6/18.



Policyholder / Driver's Signature  
Date: 7 June 2018

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