

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	10/07/2018 17:13
Date Of Accident	09/07/2018 17:50
Exact Location Of Accident	ALONG BALESTIER ROAD TOWARDS THOMSON MEDICAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL1041G
Insured/Policyholder	
Name Of Registered Owner	ZHANG DEFEI
Passport No/FIN	G0523414Q
Email Address	ROGERKTM525@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98105520
Alternative Phone No	OTHERS-98105520

Vehicle Particulars

Manufacturer	BMW
Model	316I-1.6 AT D/AB 4DR ABS HID (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101791294
Cover Note Number	

Driver

Name of Driver	ZHANG DEFEI
Passport No/FIN	G0523414Q
Date Of Birth	03/12/1984
Occupation	INDOOR
Date Of Driving Pass	03/12/2014
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98105520
Fax Number	
Contact Number	OTHERS-98105520
Email Address	ROGERKTM525@YAHOO.COM.SG

Address	BLK 622C PUNGGOL CENTRAL #15-286
Postcode	823622
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	3
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180710/2138

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	GZ6226G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YEOW HOCK BENG
NRIC/Passport Number	S1276144I
Contact Number	96724685
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number PC321Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver POH SING TIONG
NRIC/Passport Number S7334797A
Contact Number 97986056
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name ZHANG DEFEI
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SKL1041G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

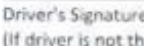
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8. Consent under the Personal Data Protection Act (PDPA)

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.
- (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.

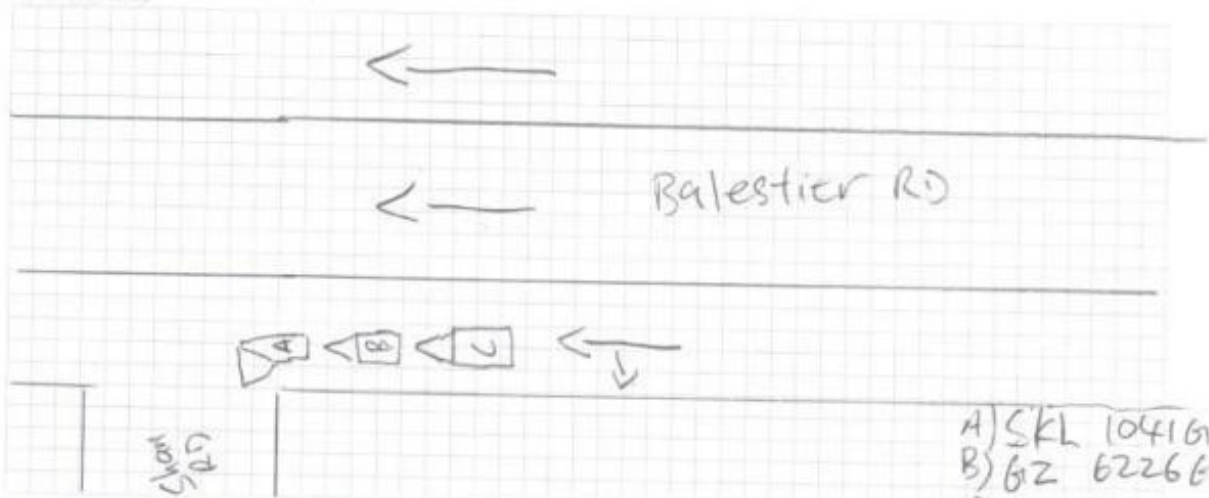

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to police report.
1/2000710/2138

DECLARATION

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

Signature: *zhany de fei*
Date & Time:

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

Signature: *[Signature]* 1/20/2018
Reporting Centre Personnel's Signature
Name: *Randi Arif*
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180710/2138

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 4

Report No. T/20180710/2138

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2018 16:41	Vide Report No.:	Station Diary No.: 51
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Informant's Particulars

Name of Informant: ZHANG DEFEI			Address: APT BLK 622C PUNGGOL CENTRAL #15-286 PUNGGOL SPECTRA SINGAPORE 823622		
ID Type / ID No.: FIN NO / G0523414Q			Contact No.: Home/Office: Mobile: 98105520		
Nationality: CHINESE			Email:		
Sex: Male	Age: 33	Date of Birth: 25/10/1984	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Interior designer			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/07/2018 17:30	Type of Location: Straight Road
Location: Along Road 1 BALESTIER ROAD				
Along Balestier Road towards Thomson Medical.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GZ6226G	Lorry				Slightly Damaged	0
PC321Y	Bus/Coach/Mi nibus				Slightly Damaged	0
SKL1041G	Car	BMW	316I 1.6 AT D/AB 4DR ABS HID	Brown	Seriously Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180710/2138

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20180710/2138

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKL1041G	NTUC Income Insurance Co-Operative Limited	5101791294	28/06/2018	27/06/2019

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	YEOW HOCK BENG	ID No.	S1276144I
Related Vehicle	GZ6226G (Lorry)	Contact No.	96724685
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver

Name	POH SING TIONG	ID No.	S7334797A
Related Vehicle	PC321Y (Bus/Coach/Minibus)	Contact No.	97986056
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver

Name	ZHANG DEFEI	ID No.	G0523414Q
Related Vehicle	SKL1041G (Car)	Contact No.	98105520
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/07/2018	Date Discharge	09/07/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180710/2138

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20180710/2138

CONTINUATION OF REPORT

Brief Details.

On 09/07/2018 at about 1730hrs, I was driving along Balestier Rd towards Thomson Medical when I had an accident. As I wanted to make a left turn into a smaller road (Shan Road), there was a pedestrian who crossed. I stopped my vehicle before making the turn when suddenly, the vehicle behind me hit onto my car's rear. It was a chain accident whereby the vehicle behind me was hit by the rear by another vehicle.

After the collision, all drivers exchanged particulars and there was no Ambulance at scene. All drivers including myself resumed driving however I felt pain at my left ribs area and my neck. I went to seek medical treatment at Mount Elizabeth Novena Hospital the same day and was given 4 days of Medical Leave by the doctor.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180710/2138

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

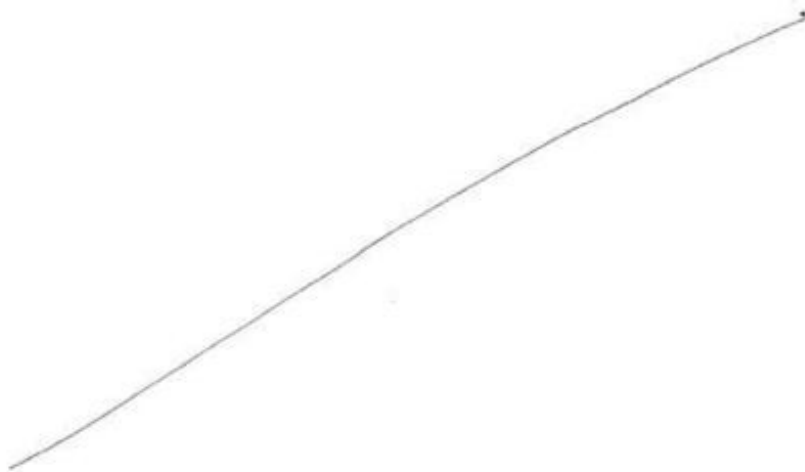
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Report No. T/20180710/2138

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: D / Staff Sgt MUHAMMAD ASADULLAH BIN ABDUL RAHIM ANGULLIA
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179

Authentication Stamp
NP168

Signature Of Informant: <i>Zhang Difei</i>
Date/Time: 10/07/2018 16:41
Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

