

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	17/07/2018 10:20
Date Of Accident	16/07/2018 08:35
Exact Location Of Accident	ECP TWDS AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ1283B
Insured/Policyholder	
Name Of Registered Owner	GAY ZHIQING MARCUS
NRIC No	S8339297E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97255563
Alternative Phone No	OFFICE-97255563

Vehicle Particulars

Manufacturer	HONDA
Model	MOBILIO SV 1.5 CVT
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M495143
Cover Note Number	-

Driver

Name of Driver	GAY ZHIQING MARCUS
NRIC No	S8339297E
Date Of Birth	12/12/1983
Occupation	INDOOR
Date Of Driving Pass	11/12/2003
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97255563
Fax Number	
Contact Number	OFFICE-97255563
Email Address	NOEMAIL

Address	BLK 28D DOVER CRESCENT #17-81
Postcode	134028
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	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : NATALIE GAY ZI XUAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9723Y
Vehicle Make/Model/Colour	
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKS1522Z
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLR8214K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
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 GAY ZHIQING MARCUS
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKZ1283B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NATALIE GAY ZI XUAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKZ1283B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident 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.

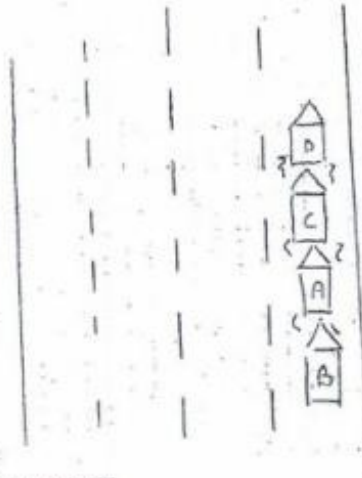
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DOA: 16/7/18
 A: 9KZ 1283B
 B: SHD 9723Y
 C: SKS 1522Z
 D: SLR 8214K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref to Police Report

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:
 NIRC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180716/2144

1 of 4

Report No. T/20180716/2144

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/07/2018 18:04	Vide Report No.:	Station Diary No.: 194
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Informant's Particulars

Name of Informant: GAY ZHIQING, MARCUS		Address: APT BLK 311B CLEMENTI AVENUE 4 #11-173 SINGAPORE 122311	
ID Type / ID No.: NRIC NO / S8339297E		Contact No.:	Mobile: 97255563
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 12/12/1983	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: AIRPORT MANAGER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/07/2018 08:35	Type of Location: Straight Road
Location: Along Road 1 EAST COAST EXPRESSWAY				
ECP Towards Airport				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD9723Y	Car				Seriously Damaged	1
SKS1522Z	Car					0
SKZ1283B	Car	HONDA	MOBILIO SV 1.5 CVT	Silver	Seriously Damaged	1
SLR8214K	Car					0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180716/2144

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Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180716/2144

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKZ1283B	INDIA INTERNATIONAL INSURANCE PTE LTD	M495143	11/01/2018	10/01/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GAY ZHIQING, MARCUS	ID No.	S8339297E
Related Vehicle	NIL	Contact No.	97255563
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/07/2018	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Passenger			
Name	Natalie Gay Zi Xuan	ID No.	T1239620H
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	KK Women's and Children's Hospital	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/07/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 16/07/2018 at about 0835hrs, I was driving my vehicle bearing registration number, SKZ1283B, along East Coast Expressway towards the Changi Airport. I was keeping on the most right lane of the expressway and there were vehicles ahead of me. While I was travelling ahead, I could see that the vehicles in front of me were coming to a stop, and thus I followed suit. When my vehicle came to a complete stop, I suddenly felt a very strong impact from the rear of my vehicle. The vehicle bearing registration number, SHD9723Y, was actually travelling at a fast speed and it collided into my rear.

I had a daughter seating on the left rear seat of my vehicle and she was thrown forward. My daughter, namely Natalie Gay, then hit her head as she fall back into her seat. The collision caused my vehicle to move forward, bumping into the front vehicle of me, which bears registration number, SKS1522Z, and eventually leading to another bump to another vehicle, SLR8214K. My daughter had abrasions and bruises. She was then conveyed by ambulance to KK Women and Children's Hospital. Later on, I then went to raffles hospital and got a medical check up. My daughter was given 3 days of MC, while I was given 4 days of MC. There is an in-built camera in my vehicle, which took footage of the whole traffic

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180716/2144

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Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180716/2144

CONTINUATION OF REPORT

accident.

Thus I wish to lodge a police report to state of this occurrence.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180716/2144

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Report No: T/20180716/2144

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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 /

TAN ZHI YONG, THOMAS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/07/2018 18:04

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN SUDIN

Contact No.: 65476367

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SN 37

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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