#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Mobile Number

Contact Number EMail Address

Fax Number

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	21/07/2018 11:18
Date Of Accident	20/07/2018 19:20
Exact Location Of Accident	BISHAN RD AFTER TURNING FROM BRADDELL RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGA3456K
Insured/Policyholder	
Name Of Registered Owner	ZHANG SHAOYING
NRIC No	S2675884Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96835365
Alternative Phone No	OFFICE-96835365
Vehicle Particulars	
Manufacturer	BMW
Model	318I 2.0 AT D/AB 2WD 4DR GAS/D SR DRL
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	5085184297-01
Cover Note Number	-
Driver	
Name of Driver	ZHANG SHAOYING
NRIC No	S2675884Z
Date Of Birth	23/02/1958
Occupation	INDOOR
Date Of Driving Pass	03/01/1996
Driving Experience	22 YEARS AND 6 MONTHS
Gender	FEMALE

(LOCAL) +65-96835365

OFFICE-96835365

**NOEMAIL** 

Address BLK 61 BISHAN ST 21 #06-03

Postcode 574044

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 COLLISION - CHANGE/CROSS LANE

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : UNKNOWN

GENDER: : FEMALE

#### **Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BISHAN NEIGHBOURHOOD POLICE CENTRE

NO

2

ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY:

Police Station Address SINGAPORE

Police Station Contact **TEL NO**: 1800-5529999 - **FAX NO**: 65561905

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### **Circumstances of Accident**

I WAS TRAVELLING ALONG BISHAN RD AFTER TURNING OUT FROM BRADDELL RD ON THE CENTER LANE I INTENDED TO FILTER INTO EXTREME RIGHT LANE, AFTER CHECK THE BLIND SPOT AND CLEAR FOR ME TO FILTERING, WHILE MY VEH MORE HALF BODY INSIDE THE LANE, SUDDENLY VEH B (BEARING NO GBE5112C) COME FROM THE EXTREME RIGHT LANE WITH HIGH SPEED AND COLLIDED ONTO MY VEH RIGHT FRONT PORTION. AFTER THE IMPACT, WE BOTH VEH STOP, THEN SUDDENLY VEH B MOVING FORWARD CAUSING MORE DAMAGE TO MY VEH. AFTER ALIGHTED FROM THE VEH WE EXCHANGE PARTICULAR, I QUESTION THE DRIVER WHY YOU DRIVE SO FAST AND WHY YOU DON'T STOP AFTER IMPACT, HE SAY DUE TO HEAVY LOAD CANNOT STOP IN TIME. I ALSO REALIZED INSIDE THE VAN TOTAL 4 PERSON INCULDE THE DRIVER. ADD POLICE REPORT: T/20180906/2158

#### 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 GBE5112C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver HUZAIRI BIN AZMAN

NRIC/Passport Number S9109711G

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 4

Passenger 1 NAME: : UNKNOWN

GENDER: : FEMALE

Passenger 2 NAME: : UNKNOWN

GENDER: : FEMALE

Passenger 3 NAME: : UNKNOWN

GENDER: : FEMALE

#### Accident Sketch Plan

#### SKETCH PLAN

#### 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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### **Accident Sketch Plan**

TCH PLAN		
		A= 5GA 3456K
		A= 5GA 3756K B= GEC \$112C
	TAI	
	A	
	163	
	from Bru	d After turning
SCRIBE CIRCUMSTANCES OF		
fleus e x	eter to	Statement
•		
		I/
		/
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		/
	/	
		/
ECLARATION		1.
We declare the foregoing particulars	are true in every respect.	//
2/ 1/		trust
Zlog Slog 4	Driver's Signature	Basedias Caster December 5
ste & Time:	(If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
	Date & Time:	NRIC/FIN No.:

#### **Accident Sketch Plan**





Police Station Of Origin: Bishan N.P.C

Report No. T/20180906/2158

2 of 4

20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

CONTINUATION OF REPORT

Details of V	ehicle Insurance	HEAD AND LINE OF	ENGLISH DESCRIPTION OF THE PERSON OF THE PER	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGA3456K	NTUC Income Insurance Co-Operative Limited	5085184297-01	22/12/2017	21/12/2018

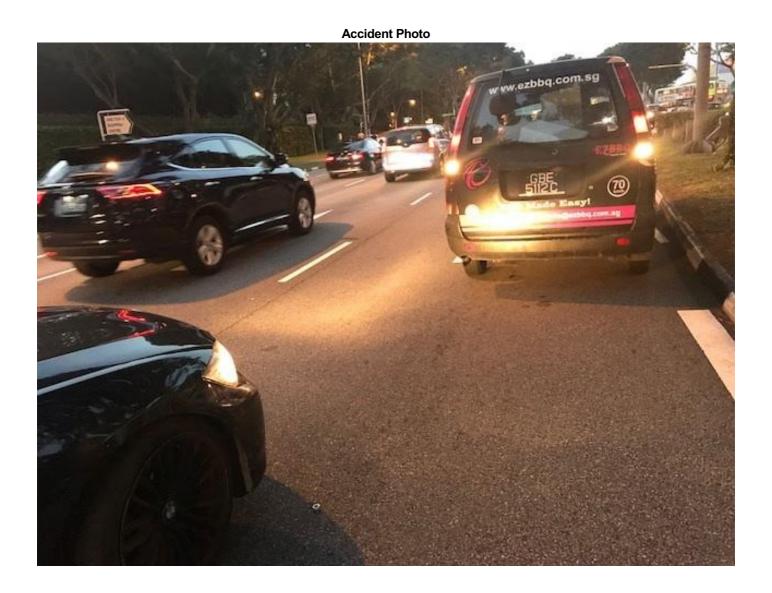
Any Pedestrian I	nvolved: No					
No. of Pedestrian	The state of the s		Use of Pedestrian Crossing: NA			
Driver				HIS ALL	durer i	
Name	HUZAIRI BIN AZMAN			ID No		S9109711G
Related Vehicle	GBE5112C (Van)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	-	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
Driver	THE PERSONAL PROPERTY.	DIRECTO			TO BUILD	
Name	ZHANG SHAOYING			ID No.		S2675884Z
Related Vehicle	SGA3456K (Car)			Contact No.		96835365
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days grant	ed Medical Leave	NIL	Degree of	Injury	NIL	

### Brief Details.

On the above mentioned date, time and location, I was driving my car (SGA3456K) along Bishan Road after turning from Braddell Road, on the middle lane. I then filter to the extreme right lane, I also checked my blindspot before filtering into the lane. When my vehicle was almost in the first lane, there was a vehicle from the rear (GBE5112C) that was driving very fast. However, I moved to the left a little to avoid any collision, however the other vehicle squeezed through on the right side and collided onto the right side of my vehicle. Due to the impact, we both stopped. When suddenly, the other driver continued to move forward causing more damages to my vehicle. After which, we both alighted to exchange particulars. I then asked the other driver why was he driving so fast and he did not stop after the impact. However, one of the passengers informed me that its due to heavy load and could not stop in time.

No one was injured at that point of time.

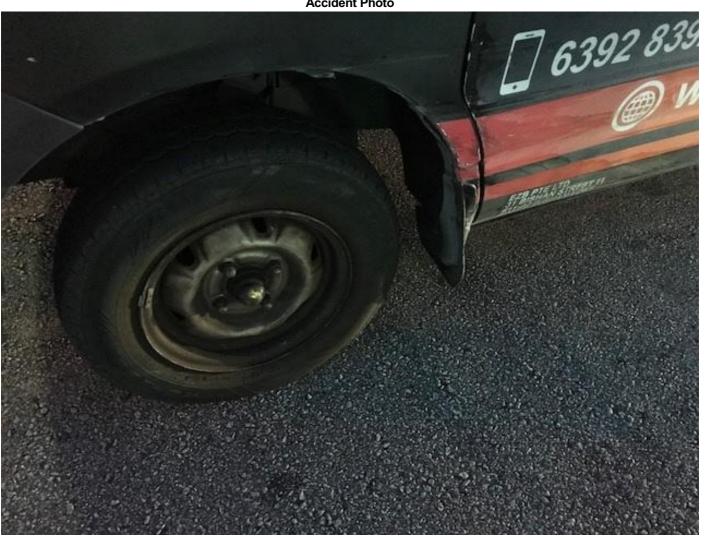






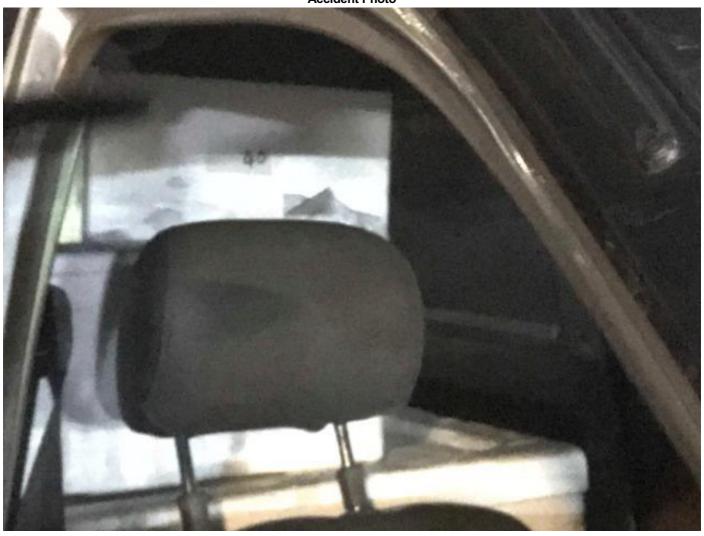


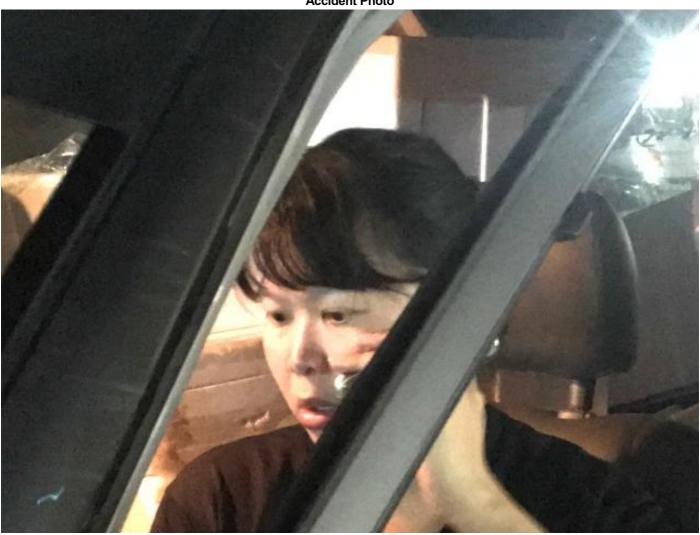


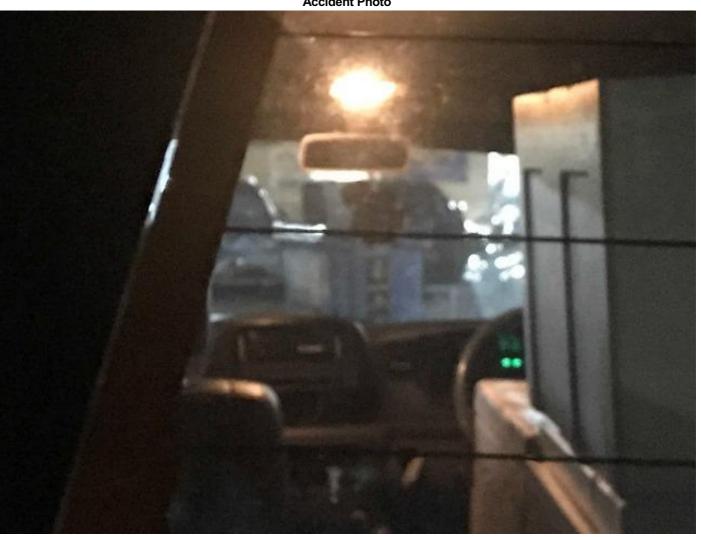


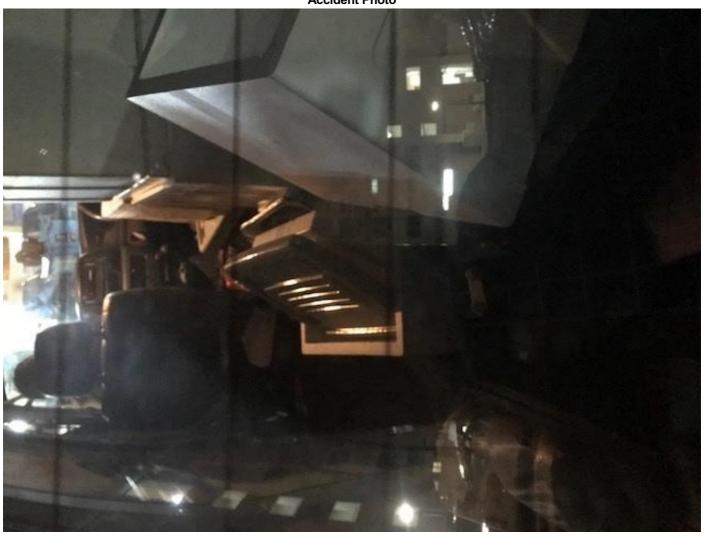




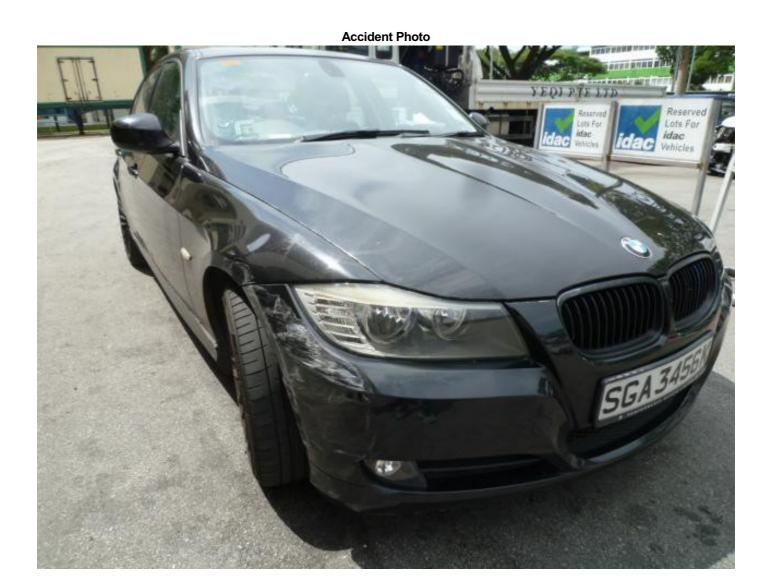
















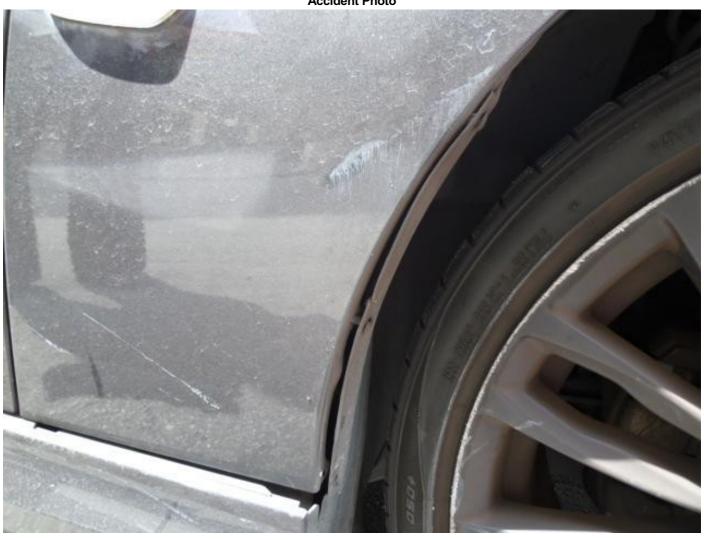




























1 of 4

Report No. T/20180906/2158

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

# REPORT OF A TRAFFIC ACCIDENT

Date/Tim 06/09/20	e Report N 18 22:53	Made:	Vide Report No.:	Station Diary No. 106		
Informan	t's Partic	ulars		BEACH TO BE ACCUSED TO THE		
	Informant: SHAOYING		Address: APT BLK 61 BISHAN STREET 21 #06-03 SINGAPORE 574044			
ID Type / ID No.: NRIC NO / S2675884Z			Contact No.: Home/Office:	Mobile: 96835365		
	Nationality: SINGAPORE CITIZEN		Email:			
Sex: Female	Age: 60	Date of Birth: 23/02/1958	Type of Informant:			
Race: Chinese			Language: Institution / School N			
Occupation: Sports coach		Driving Licence Information: Class: Date of Expiry:				

General Inform	mation of the Accide	ent		South	In lake and the
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/07/2018 19:2	20	Type of Location Straight Road
Location: Along Road 1 BISHAN ROA Along Bishan	D Road after turning fro	om Braddell Road	•		
Weather: Clear	The same of the sa	Road Surface:	٠,	Roa	d Speed Limit:
Traffic Flow: Dual Carriage	Way	Traffic Control: Not Controlled		Traff	fic Volume:
Type of Collisi Between Movi		wipe - Same Direction			one conveyed by ulance:

Details of V	ehicle Invo	lved	Windson St.	INC. INC.	The second	SSS WAR
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
GBE5112C	Van	ТОУОТА	LITEACE 5 DR	Silver	Slightly Damaged	3
SGA3456K	Car	BMW	318I 2.0 AT D/AB 2WD 4DR GAS/D SR DRL	Black	Slightly Damaged	1

Details of V	ehicle Insurance		DI BURANCO	Mary Mary Mary
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Bishan N.P.C

2 of 4 Report No. T/20180906/2158

20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

#### CONTINUATION OF REPORT

Details of V	ehicle Insurance	MILES NOW AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TW	WEEK CERCIAL	INDUSTRIAL
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGA3456K	NTUC Income Insurance Co-Operative Limited	5085184297-01	22/12/2017	21/12/2018

<b>Details of Perso</b>	n Involved			hentile	Marine S	Manager Control
Any Pedestrian I						
No. of Pedestrian	ns Injured: NIL		Use of Pedestrian Crossing: NA			
Driver	A STATE OF THE SECOND		A COLOR		Parent I	BORNEL HARRING
Name	HUZAIRI BIN AZMAN			ID No		S9109711G
Related Vehicle	GBE5112C (Van)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	The second second second	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	
Driver		Sales and			F1.50	ALABAMAY AND THE REAL PROPERTY.
Name	ZHANG SHAOYING			ID No		S2675884Z
Related Vehicle	SGA3456K (Car)			Contact No.		96835365
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL			Date Discharge NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

### Brief Details.

On the above mentioned date, time and location, I was driving my car (SGA3456K) along Bishan Road after turning from Braddell Road, on the middle lane. I then filter to the extreme right lane, I also checked my blindspot before filtering into the lane. When my vehicle was almost in the first lane, there was a vehicle from the rear (GBE5112C) that was driving very fast. However, I moved to the left a little to avoid any collision, however the other vehicle squeezed through on the right side and collided onto the right side of my vehicle. Due to the impact, we both stopped. When suddenly, the other driver continued to move forward causing more damages to my vehicle. After which, we both alighted to exchange particulars. I then asked the other driver why was he driving so fast and he did not stop after the impact. However, one of the passengers informed me that its due to heavy load and could not stop in time.

No one was injured at that point of time.





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

3 of 4 Report No. T/20180906/2158

CONTINUATION OF REPORT





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 4 of 4 Report No. T/20180906/2158

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 MOHAMAD FAIZAL BIN HASHIM TOH	Signature Of Informant:
Signature Of Interpreter: Sgt 2 ZHU JIANBIN /	Date/Time: 06/09/2018 22:53
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact Nation 55476151 SN 061	Classification Of Case:
Authentication Stamp NP158	
SIGNATURE	

#### **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
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 566550020G / GST Reg. No.: M400017735

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

#### ADDENDUM

			ADDENL	DOM			
) 1	PARTICULARS OF PERS	ONMAKINGTH	HEAMENDMEN'	TS:			
	Original Report No :_	MWA 1180	94172	Vehicle Registrati	ion No: _	5GA 345	6K.
	Name(as shownin NRIC) : _	2hang 5h	iao Ying	NRIC/FIN/Passpo	rtNo :	5267588	42
1	*Vehicle Driver/Vehi	cle Owner) (*) P	lease delete as	appropriate			
	Address :_					_Singapore(	)
	Contact (Tel) :_			Mobile No. :	9683.	5365.	
	Email Address :_						
1	Date of Accident :_	20/7/18		Time of Accident	:	1:20.	
1	Place of Accident :_	Bishan	Rd Afte	r turning s	from	braddell	Rd.
	Insurance Company: _	MTUC		2007.			
	ADDITIONALINFORM	ATION / AMENI	DMENTS:				
	Collidad only 2. Add in G Vehicle B hit	My cor 2	was tak times.	to state the	sehind been d	y belid	rin 1
	at least	o meter.	then	Veh 8 pus	h my	veh bo	ick t
19	center	Lane- 0	and veh	B moung	forw	erol. s	top In
	of me	on the	first 1	ane. As can	n see	on the	sce
	photo wi	nich I t	taken. Ve	h B was s	too . i	nfront o	fm
	Zhysha Policytholder / Driver's	Signature	_	-	fund	nel's Signature	-
	Date:	- G		Name: NRIC/FIN No.: Date:			

#### **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 Operating Hours: Monday to Friday, 09-00 – 17-00 UEN: \$665500206 / 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 : MNA 11809 4172-01 \_\_vehicle Registration No: \_\_\_ Name(as shown in NRIC): ZHANG SHAOYING \_\_NRIC/FIN/Passport No :\_ (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate BIK 61 BISHAN ST21 # 06-03 Address Contact (Tel) Mobile No.: NOEMALL **Email Address** 20/07 Date of Accident Time of Accident : BISHAN Place of Accident NTUC Income Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.: Date: