

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	20/07/2018 17:15
Date Of Accident	19/07/2018 19:15
Exact Location Of Accident	NICOLL HIGHWAY BEFORE KPE ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN2765X
Insured/Policyholder	
Name Of Registered Owner	ZHANG XUERONG
NRIC No	S8383285A
Email Address	CHUANGHAOAGENCY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97760809
Alternative Phone No	OTHERS-97760809

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3061511700
Cover Note Number	

Driver

Name of Driver	ZHANG XUERONG
NRIC No	S8383285A
Date Of Birth	02/04/1983
Occupation	INDOOR
Date Of Driving Pass	04/08/2008
Driving Experience	9 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97760809
Fax Number	
Contact Number	OTHERS-97760809
Email Address	CHUANGHAOAGENCY@GMAIL.COM

Address	BLOCK 125 BEDOK RESERVOIR ROAD #11-1079
Postcode	470125
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	2
Was any body injured in the Accident?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I TRAVELLED ALONG EXTREME RIGHT LANE ON NICOLL HIGHWAY TOWARDS KPE, FILTERING INTO LEFT LANE. WHEN I ALMOST FINISH FILTERING INTO THE LEFT LANE, VEHICLE B (SHA9057C) HIT ONTO THE REAR LEFT PORTION OF MY VEHICLE. AFTER THE ACCIDENT, DRIVER OF SHA9057C DEMANDED A COMPENSATION AMOUNT OF \$500. I DID NOT AGREE WITH THIS, HENCE I PROCEED TO FILE AN ACCIDENT REPORT.

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	SHA9057C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE KEE YONG
NRIC/Passport Number	
Contact Number	85181843
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

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.
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: 20/01/2018

17:07 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Cassandra

NRIC/FIN No.:



Accident Sketch Plan

SKETCH PLAN

DOA: 19-7-2018
A: SJN2765X
B: SHA9057C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I travelled along extreme right lane on Nicoll Highway towards KPE, filtering into left lane. When I almost finish filtering into the left lane, vehicle B (SHA9057C) hit onto the rear left portion of my vehicle. After the accident, driver of SHA9057C demanded a compensation amount of \$500. I did not agree with this, hence I proceed to file an accident 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:
NRIC/FIN No.:



Identification Card

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S 8383285 A**
Name: **ZHANG XUERONG**

Birth Date: **02 Apr 1983**
Issue Date: **08 Jun 2013**



 002189558D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8383285A**





Name
ZHANG XUERONG

张 雪 容

Race
CHINESE

Date of birth
02-04-1983

Country/Place of birth
CHINA

Sex
F





Driving Licence

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 04 Aug 2008

NP 428A

Licence No: S8383285A

9394114

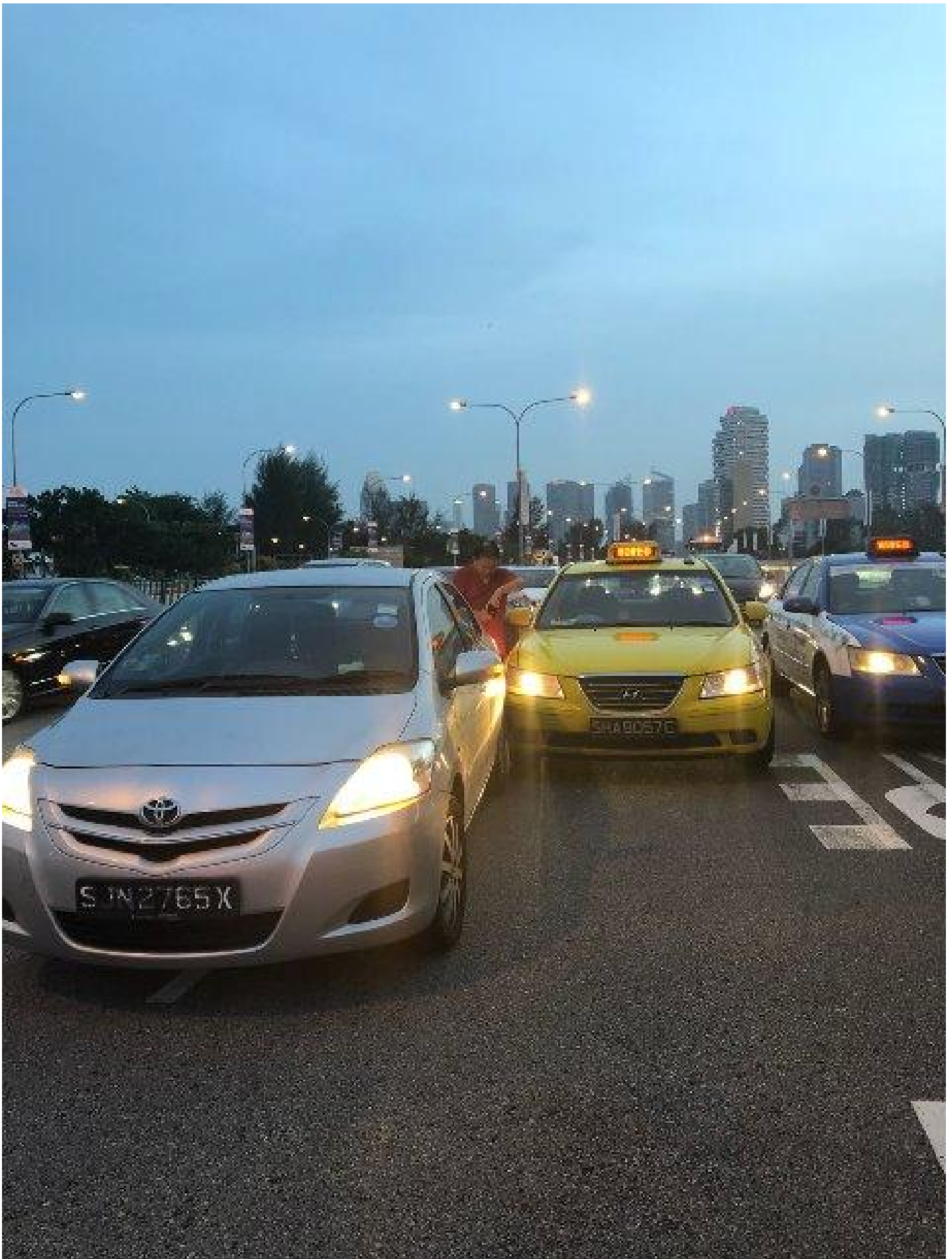
NRIC No. S8383285A

Nationality
CHINESE

Date of issue
27-02-2016

Address
APT BLK 125 BEDOK RESERVOIR ROAD
#11-1079
SINGAPORE 470125

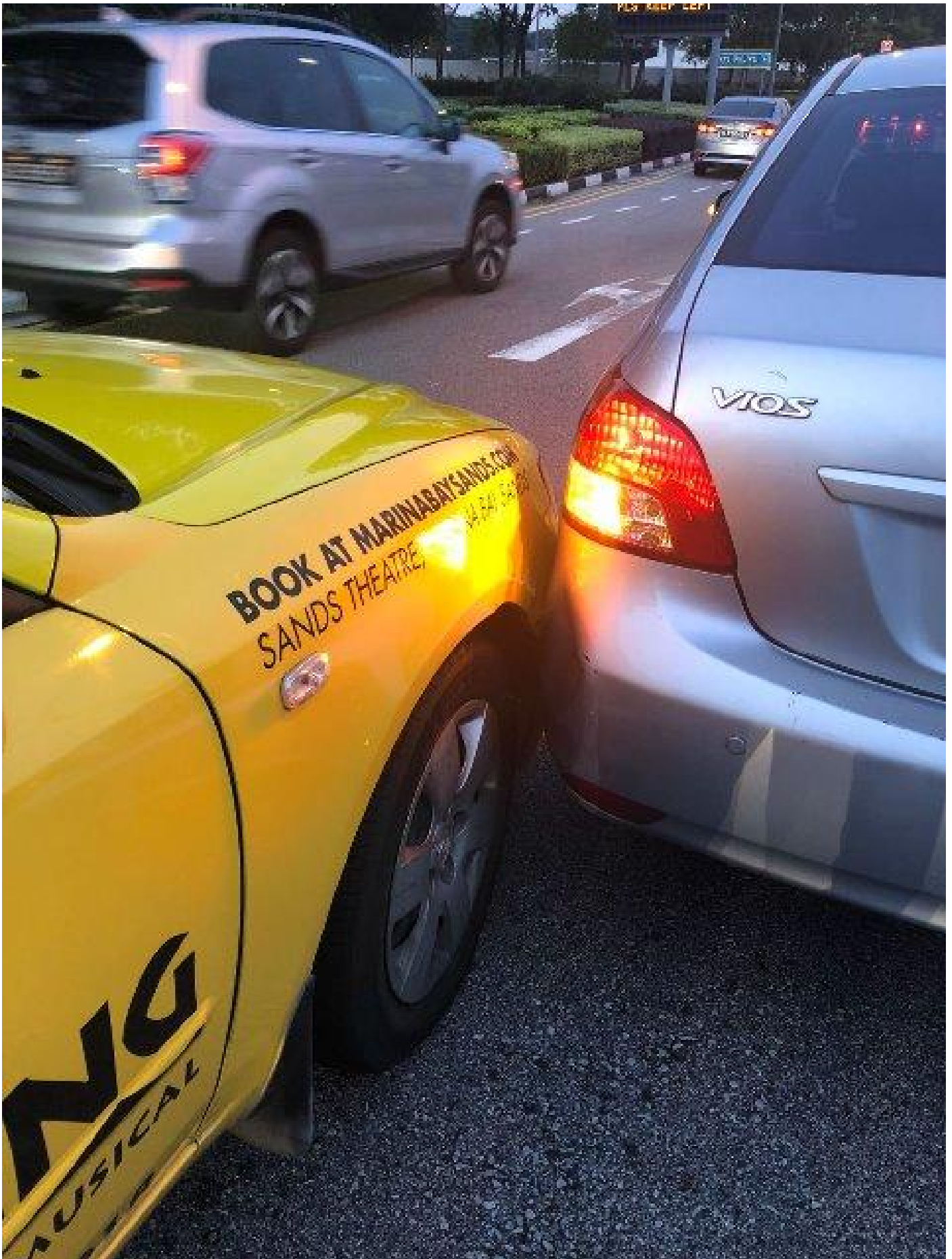
Scene Photo



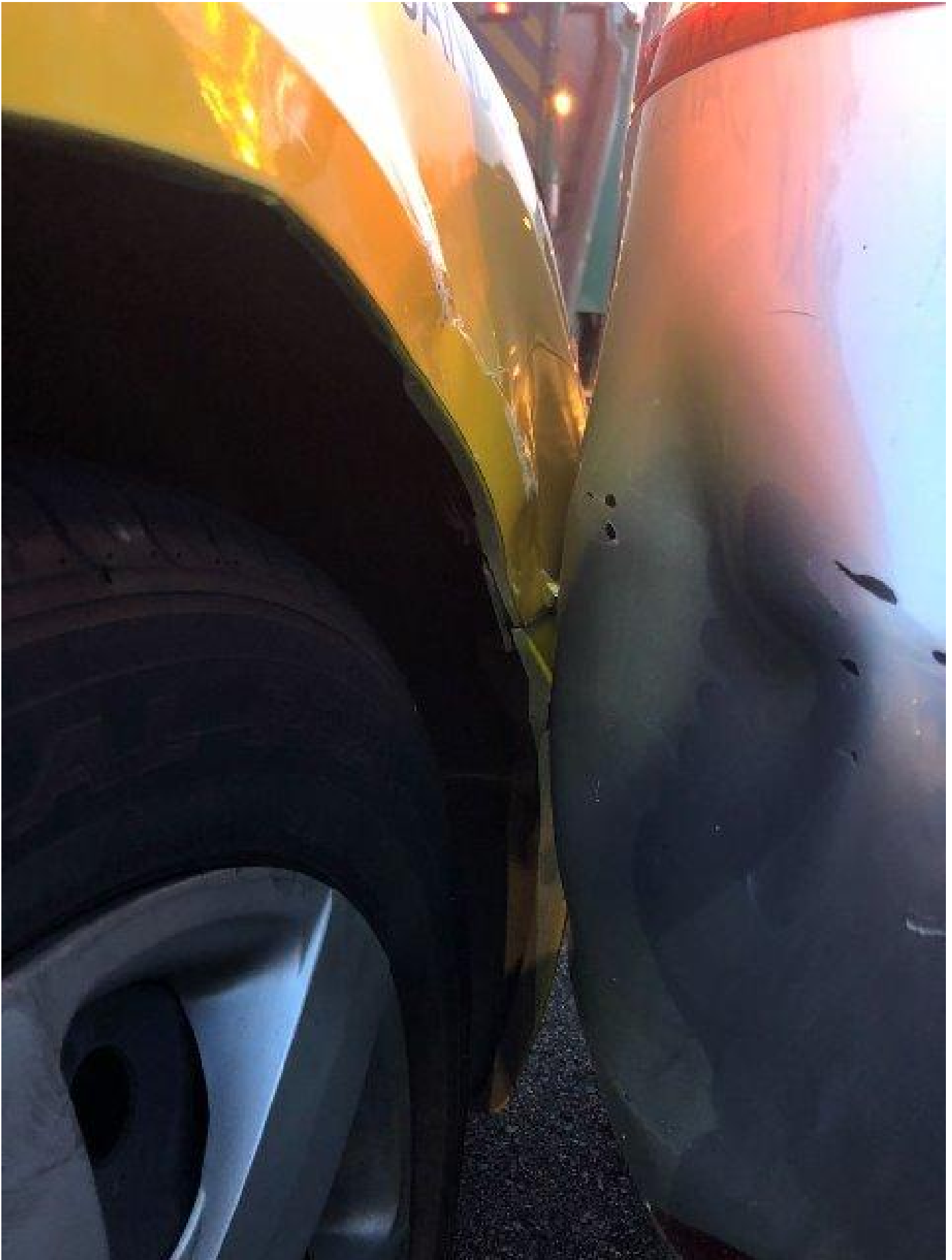
Scene Photo



Scene Photo



Scene Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

