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 <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	16/08/2018 18:42
Date Of Accident	15/08/2018 19:45
Exact Location Of Accident	UPPER BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR1200X
Insured/Policyholder	
Name Of Registered Owner	TEE SHY HAUR (ZHENG SHIHAO)
NRIC No	S8113131G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91387586
Alternative Phone No	OTHERS-91387586
Vehicle Particulars	
Manufacturer	BMW
Model	730LI-3.0 AT ABS D/AB 2WD 4DR NAV HID SR (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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3007901800
Cover Note Number	
Driver	
	TEE OUNCE (THEN O OUNCE O)

Name of Driver TEE SHY HAUR (ZHENG SHIHAO)

NRIC No S8113131G

Date Of Birth 13/05/1981

Occupation INDOOR

Date Of Driving Pass 03/01/2004

Driving Experience 14 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91387586

Fax Number

Contact Number OTHERS-91387586

EMail Address NOEMAIL

BLK 45 SIMS DRIVE Address

#06-178

Postcode 380045

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

SIDE SWIPE Type Of Accident 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? YES

Was any injured conveyed to hospital by

ambulance?

YES

2

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : FRIEND

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name BUKIT TIMAH NEIGHBOURHOOD POLICE POST

NO

ROAD: BLK 1 TOH YI DRIVE, POSTCODE: 590001, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-4689999 - FAX NO: 64623782

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180815/2174 (TYPE OF COLLISION IS HEAD TO SIDE)

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 FBJ7109Z Vehicle Make/Model/Colour **KTM**

Details Of Properties

MOTORCYCLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN RIDER

Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBJ7109Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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")
 - 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 Date & Time: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Name: NRIC/FIN No.:

Accident Sketch Plan

SSKEICH PLAN	(B)	~	CR 1200X
		upper Bykit	Tinah Roat
DESCRIBE CIRCUMSTANCE AS Per Police	ES OF THE ACCIDENT Hefort, no T/2018 05	15/2174	
DECLARATION I/We deciare the foregoing par	rticulars are true in every respect.		16/08/2018

POLICE REPORT





Police Station Of Origin: **Bukit Timah NPP**

1 Toh Yi Drive #01-139 SINGAPORE 591501

Tel No: 1800-4689999

1 of 3 Report No. T/20180815/2174

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 15/08/2018 21:45		Vide Report No.: J/20180815/0204	Station Diary No.: 58	
Informa	nt's Partic	ulars		LA DE SON AND SON THE PERSON	
	Informant: Y HAUR		Address: APT BLK 45 SIMS DRIVE #0	06-178 SINGAPORE 380045	
	/ ID No.: D / S81131:	31G	Contact No.: Home/Office: Mobile: 91387586		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 13/05/1981	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Advisor Consultant			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/08/2018 19:45	Type of Location: Straight Road	
U-Turn after I	IT TIMAH ROAD	10.16			
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Two Way					

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBJ7109Z	Motorcycle	KTM		White	Slightly Damaged	0
SLR1200X	Car	BMW	730LI AT ABS D/AB 2WD 4DR NAV HID SR	White	Slightly Damaged	1

Details of Vehicle Insurance	NOT THE RESIDENCE OF THE PARTY SERVICE	arment of the	STATE OF STREET
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT





2 of 3

Police Station Of Origin: Bukit Timah NPP

Report No. T/20180815/2174

1 Toh Yi Drive #01-139 SINGAPORE 591501

Tel No: 1800-4689999

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLR1200X	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMPCSN30079018 00	25/01/2018	26/02/2019	

Details of Perso	n Involved	STATE OF THE STATE OF	DAMES HELD	SHHOWE	ALC: NO	CHARLEST STORY WASHING
Any Pedestrian I	nvolved: No					
No. of Pedestrian	s Injured: NIL	NAMES OF THE PARTY	Use of Pe	destriar	Cross	ing: NA
Driver		NO SKILLED	BONES DINES	際い言	MACHINE.	
Name	TEE SHY HAUR	TEE SHY HAUR		ID No		S8113131G
Related Vehicle	SLR1200X (Car)			Conta	ct No.	91387586
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date D		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	

Brief Details.

On 15/08/2018 at about 1945hrs, I was driving my car white in colour BMW bearing license plate number SLR1200X along Upper Bukit Timah Road approaching to U-turn. When I reached at the U-turn, I stopped my car to make a check on the opposite road and the traffic was clear hence I making a U-turn. During that time, the road light was dim. Whilst my car was halfway about to complete making the U-turn suddenly I saw one headlight coming towards my car and I slow down and stopped my car on the lane 2. However a motorcycle bearing license plate number FBJ7109Z was still moving closely towards my car and the rider unable to break on time as such he had collided onto my left side car. The said rider had a fall from his motorcycle to the ground I and my friend immediately stepped out from the car and assist the rider and to guide the traffic. The said rider was conscious and he able to talk to me and he has leg and hand injuries thus my friend assisting to call for the ambulance. The rider informed me to call his wife and update of the accident which I did. However, I unable to get the rider particulars.

Subsequently, the ambulance arrived at the scene and helped the rider. Shortly after, the Traffic Police arrived at the scene to handle the scene and I was advised to proceed to any police station to give my statement. The ambulance conveyed the rider to NTFG Hospital due to his leg and hand injuries. The incharge is TP IO Hidayu Tel: 65476423.

POLICE REPORT





3 of 3

Report No. T/20180815/2174

Police Station Of Origin: **Bukit Timah NPP**

1 Toh Yi Drive #01-139 SINGAPORE 591501

Tel No: 1800-4689999

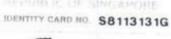
CONTINUATION OF REPORT

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 / Sgt 3 ZAMBREE BIN SA'AT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/08/2018 21:45
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:
Authentication Stamp	





TEE SHY HAUR (ZHENG SHIHAO)

郑 诗豪

CHINESE 13-05-1981

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE Serve Serve Serve Serve TEE SHY HAUR (ZHENG SHIHAO) tim Date 13 May 1981 Issue Date 03 Jan 2004

4720120





13-05-2011

APT BLK 45 SIMS DRIVE #06-178 SIMBAPORE 380045 MRIC No. S81131310 Outs

Oate: 29/11/2017

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

PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

03 Jan 2004

NP 428A

Licence No. 581131310



















