### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

**Contact Number** 

**EMail Address** 

- 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	23/08/2018 14:18
Date Of Accident	22/08/2018 15:30
Exact Location Of Accident	MARINE BOULEVARD AND MARINE GARDEN DRIVE JUNCTION
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP3536A
Insured/Policyholder	
Name Of Registered Owner	HUANG XIANWU
NRIC No	S7373435E
Email Address	HUANGXIANWU5@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96387524
Alternative Phone No	OTHERS-96387524
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250-2.0 AVG (R18) (A)
Exact Purpose for which vehicle was being used at time of accident	PTE 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	DMPCSN3058051700
Cover Note Number	21/07/2018 - 22/12/2018
Driver	
Name of Driver	HUANG XIANWU
NRIC No	S7373435E
Date Of Birth	20/11/1973
Occupation	INDOOR
Date Of Driving Pass	16/05/2001
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96387524
Fax Number	

OTHERS-96387524

HUANGXIANWU5@GMAIL.COM

Address 65 SIMON PLACE

Postcode 546010

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?

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) 3

Passenger 1

NAME: : LIN FANG

GENDER: : FEMALE

Passenger 2 NAME: : LIN MEI

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-4890999 - **FAX NO**: 63128989

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT NO.: T/20180823/2032.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH OWN WORKSHOP

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number PA8330A

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category BUS

Name of Driver XUE RUSHUI

NRIC/Passport Number G6507972R

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **SKETCH PLAN**

# SLP 3536A (China) DOA: 22/08/2018@1530

### **IMPORTANT NOTICE**

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and 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;
  - (lii) 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:
  - (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.

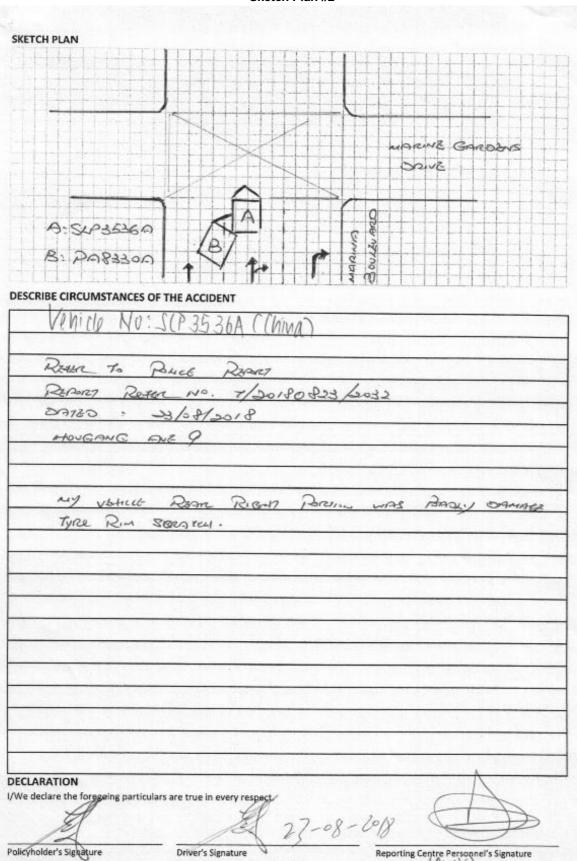
Pelicyholder's Signature

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

NRIC/FIN No.

Name:

Reporting Centre Personnel's Signature



(If driver is not the policyholder)

Date & Time:

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 1 of 4 Report No. T/20180823/2032

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/08/2018 11:54		/lade:	Vide Report No.:	Station Diary No.: 49	
Informa	nt's Partic	ulars			
	Informant: XIANWU				
ID Type / ID No.: NRIC NO / S7373435E			Contact No.: Home/Office:	Mobile: 96387524	
National SINGAP	ity: ORE CITIZ	ΈN	Email:		
Sex: Male	Age:	Date of Birth: 20/11/1973	The state of the s		
Race: Chinese		Exploy Clare	Language: Chinese	Institution / School Name:	
Occupation: Company director		Jas quest's	Driving Licence Information: Class: 2B,3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/08/2018 15:3	Type of Location X-Junction	
MARINA BOU MARINA GAR Weather:	oad 1 and Road 2 JLEVARD RDENS DRIVE	Road Surface:	Si Ostari Si acea i lacital	Road Speed Limit:	
Clear		Dry		Elect Dy (alka)	
ACCORDA MERCANICA DE CARROLLA		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Light	
Type of Collis	sion: ring Vehicles - Head			Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PA8330A	Bus/Coach/Mi nibus	AND VOICE SOIL	DO SHIPS O	en of alcohol a	Slightly Damaged	0
SLP3536A	Car	MERCEDES BENZ	E250 SEDAN (R18)	Black	Slightly Damaged	3

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLP3536A	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30580517 00	21/07/2017	22/12/2018	





Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

2 of 4 Report No. T/20180823/2032

CONTINUATION OF REPORT

Details of Perso	n involved		95-96-50	Mashir	NEGOTIANO EN MESTRE
Any Pedestrian I	nvolved: No				TORN WATER TO STREET WATER
			Pedestrian Crossing: NA		
Driver		EXX 05 50 35		F2953900	<b>医含物的现在分析</b> 医物质
Name	XUE RUSHUI	Confact	ID No.		G6507972R
Related Vehicle	PA8330A (Bus/Coach/Minibus)		Contact No.		83723678
Hospital/Clinic	NIL descripted to opy?			of g ce &	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	The second second	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	The second second	NIL	
Driver		SANGERS OF	200000	NOSSON.	\$0000000000000000000000000000000000000
Name	HUANG XIANWU		ID No.		S7373435E
Related Vehicle	SLP3536A (Car)		Contact No.		96387524
Hospital/Clinic	FAMILY HEALTHCARE CLINIC & SURGERY			of g ce &	Class: 2B,3 Date of Expiry: NIL
Date Treatment		Date Disc	harge	NIL	TOWNSON AND SERVICE
No. of Days gran	ted Medical Leave 02	Degree of		Slight	

### Brief Details.

On 22/08/2018 at about 1530hrs, I was driving my vehicle along Marina Boulevard, Lane 2 of a 5 Lane road, and was about to make a right turn onto Marina Gardens Drive at the upcoming cross junction.

Upon reaching the said cross junction, I slowed down to make a check for any upcoming vehicles from the opposite direction. Just as I was about to move off, I felt an impact from the left rear of my vehicle.

Shortly later, my passengers and I got down from our vehicle and discovered that a coach bus had collided onto the left side of our vehicle. The driver of the coach bus had also come down from his bus and handed over his particulars. He informed to report the matter to the insurance and told me to quickly take down his particulars as he needs to rush off. He did not apologize nor admitted to his mistake.

I wish to state that I had noticed the said bus earlier before reaching the said cross junction, the said bus was seen to be on lane 3 of the 5 lane road. As such, I believed that the said bus had tried to make a turn right on the said lane, which does not allow for a right turn and hence, collided onto my vehicle.

The damage of my vehicle was seen with dents of the left rear passenger car door and the area behind the doors, as well as rear lights were damaged. My vehicle systems were also seems to be faulty. However, I am not sure of the cost of damage so far.

Both my passengers and I were given 2 days of MC, as we felt pain from our neck and shoulders and all





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Report No. T/20180823/2032

3 of 4

CONTINUATION OF REPORT

of us felt giddy.

My passengers details as follows:

- 1) Lin Fang, S7178520C. HP: 97335746
- 2) Lin Mei, S6875132B, HP: 97322733

There is in-vehicle CCTV in my car. I am lodging this traffic accident as the said bus driver had violated the traffic direction and rules, in result of the accident.





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Report No. T/20180823/2032

CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

Singapore Police Force

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: F / Staff Sgt TAN YEOW CHONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/08/2018 11:54
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404 / / SNO	Classification Of Case:
Authentication Stamp	

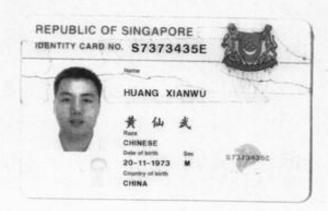


Traffic Police Department Charge Office 10 Ubi Avenue 3 Singapore 408865

NP 168 No. T/20180823/2032 Name : Huang Xianwu Accident Date/Time 22/08/2018@1530hrs Address 65 Simon Place S(546010) Vehicle(s) Involved SLP3536A PA8330A NRIC No S7373435E Tel No 96387524 Date 23/08/2018 Dear Sir / Madam Accident involving the above mentioned vehicles The incident location stated in the report along 22/08/18 1530 T/20180823/2032 With reference to the above, I have on 23/08/2018 (date) 1154 hours (time) make a Hougang Neighbourhood Police Centre (Police Station/NPP/NPC) In NP 168- T/20180823/2032 On 23/08/2018 (date), 1310hrs hours (time) at Hougang Neighbourhood Police Centre (Police Station/NPP/NPC), I make the following amendments to the above report; 1) 1st Paragraph, On 22/08/2018 at about 1530hrs, I was driving my vehicle along Marina Boulevard, Lane 2 of a  $\lambda$  5 Lane road, and was about to make a right turn onto Marina Gardens Drive at the upcoming cross junction. Amended: On 22/08/2018 at about 1530hrs, I was driving my vehicle along Marina Boulevard, Lane 2 of a 5 / Lane road, and was about to drive straight down the same road, passing the upcoming cross junction. wish to state that the said lane allows either to go straight or to make a right turn. Yours Faithfully, (Signature) FOR OFFICIAL USE If a police officer recorded these amendments, please complete the following. Name / Rank No Nicholas Tan SSGT T110265 Date and Time 23/08/2018 @ 1513hrs 5361 Signature HOUGANG NPC 60 HOUGANG AVE 9

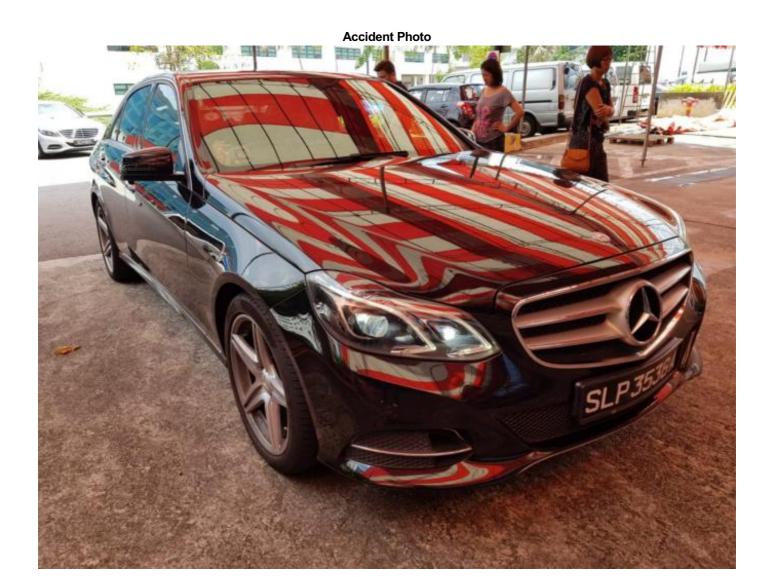
SINGAPORE 538775 TEL: 1800-4890999









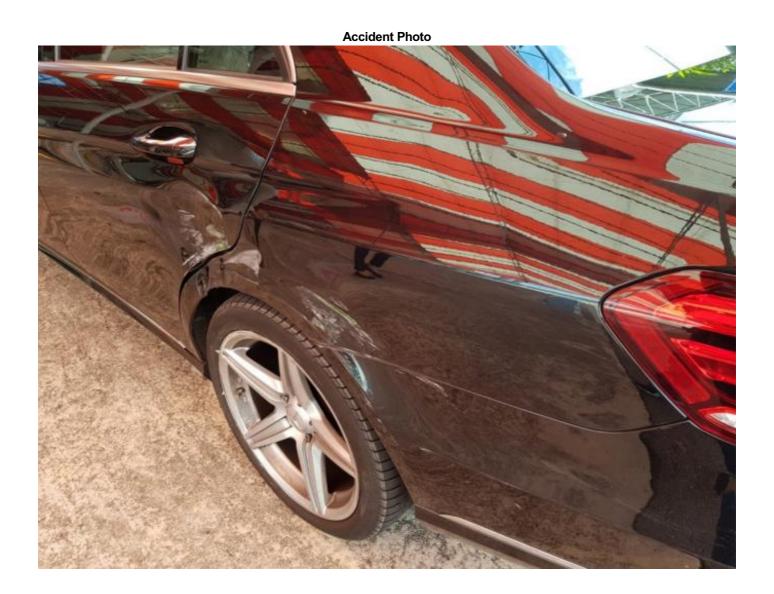


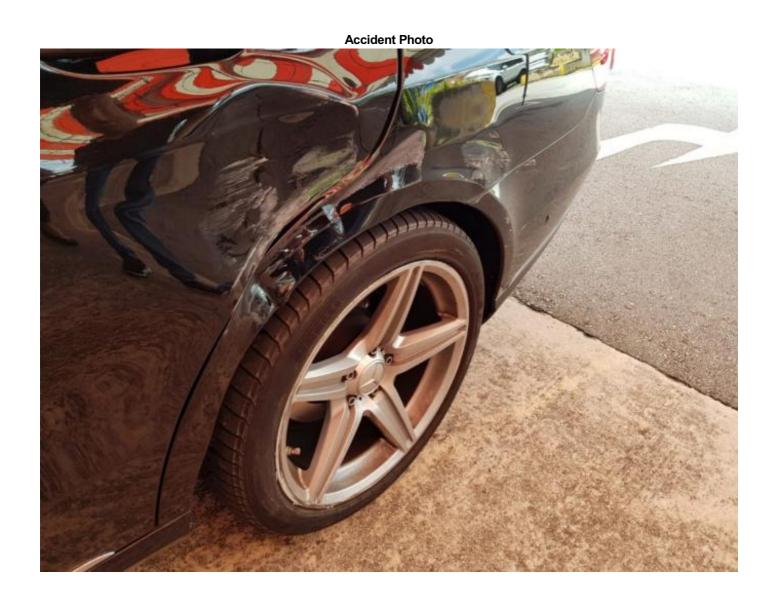


### **Accident Photo**



# Accident Photo SLP3536 A





### **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

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

## ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: \_\_\_\_\_Vehicle Registration No: JLP 3536A Original Report No : NRIC/FIN/Passport No : (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Address Singapore( -Mobile No.: Contact (Tel) **Email Address** Date of Accident Place of Accident 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 Reporting Centre Personnel's Signature Date: Name: NRIC/FIN No .: Date: