

## 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	24/09/2018 15:16
Date Of Accident	24/09/2018 12:15
Exact Location Of Accident	AYE (MCE) BEFORE ALEXANDRA RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK4666B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZHANG QINGXIA
NRIC No	S7168146G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92951606
Alternative Phone No	OFFICE-92951606

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6L 5AT
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	DMPCSN3001831802
Cover Note Number	

### Driver

Name of Driver	HE ZHIJUN
NRIC No	S7368208H
Date Of Birth	19/03/1973
Occupation	INDOOR
Date Of Driving Pass	12/12/2015
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84882666
Fax Number	
Contact Number	OFFICE-84882666
EEmail Address	NOEMAIL

Address	BLK 290F BUKIT BATOK STREET 24 #03-111
Postcode	655290
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 21 BUKIT BATOK EAST AVE 4 , <b>POSTCODE:</b> 659840 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-6659999 - <b>FAX NO:</b> 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180924/2145.

#### 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	SJP5196H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM DOUGLAS
NRIC/Passport Number	S8908279Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLH1709Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver DELHAYE GEOFFREY JEAN-RAPHAEL GEORGES

NRIC/Passport Number S8561067H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

#### DETAILS OF INJURED PERSON 1

Name HE ZHIJUN

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SJK4666B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:



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

A/E (MCE)

A: JJK4668  
B: SP5196H  
C: SLH1701Z

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement.

### 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 Person's Signature  
Name:  
NRIC/FIN No.:

Working: 2024/05/24 10:12

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# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180924/2145

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

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Report No. T/20180924/2145

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2018 20:42	Vide Report No.:	Station Diary No.: 129
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### Informant's Particulars

Name of Informant: HE ZHIJUN			Address: APT BLK 290F BUKIT BATOK STREET 24 #03-111 SINGAPORE 655290		
ID Type / ID No.: NRIC NO / S7368208H			Contact No.: Home/Office: Mobile: 84882666		
Nationality: CHINESE			Email:		
Sex: Male	Age: 45	Date of Birth: 19/03/1973	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Administration manager			Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

Detailed Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/09/2018 12:15	Type of Location: Expressway
Location: Along Road 1 AYER RAJAH EXPRESSWAY  AYE (MCE) before Alexandra Rd Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Chain			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK4666B	Car				Seriously Damaged	0
SJP5196H	Car				Seriously Damaged	0
SLH1709Z	Car				Slightly Damaged	0



# Police Report



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POLICE FORCE**



T/20180924/2145

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

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Report No: T/20180924/2145

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HE ZHIJUN	ID No.	S7368208H
Related Vehicle	SJK4666B (Car)	Contact No.	84882666
Hospital/Clinic	FAMILY CARE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/09/2018	Date Discharge	24/09/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Lim Douglas	ID No.	S8908279Z
Related Vehicle	SJP5196H (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Delhayre Geoffrey jean-Raphael Georges	ID No.	S8561067H
Related Vehicle	SLH1709Z (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 24/09/2018 at or about 1215hrs, I was driving V1) SJK4666b along AYE(MCE) before Alexandra Rd Exit. V2) SLH1709Z stopped suddenly which caused me to brake immediately. V1 did not hit onto V2 then. However at this moment, V3) SJP5196H was behind me and did not manage to stop in time. V3 then hit onto V1 from the back resulting my V1 hitting onto V2. I then got off my vehicle and exchange particulars with the drivers of V2 and V3.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180924/2145

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
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Report No. T/20180924/2145

CONTINUATION OF REPORT



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180924/2145

Police Station Of Origin:  
Bukit Batok N.P.C  
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659840  
Tel No: 1800-6659999

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Report No. T/20180924/2145

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:

J /

ASP BENSON CHONG HE DA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt MOHAMAD ZULFAZDLI BIN  
ABDULLAH

Contact No: 65476367

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

24/09/2018 20:42

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



## 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: S665500206 / 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 : MNA118133738 Vehicle Registration No: 5JK 4665B  
Name (as shown in NRIC) : He Zhijun NRIC/FIN/Passport No : 57368206H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 290F Bukit Batok Street 24 #02-11 Singapore (655290)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 84882666  
Email Address : \_\_\_\_\_  
Date of Accident : 24/9/18 Time of Accident : 12:15  
Place of Accident : A/E (MCE) before Alexandra Rd exit.  
Insurance Company : CIT


#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Amend to third party claim

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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



## Addendum Sheet



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6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
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UEN: S46550020G / 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 : MNA118D3738 Vehicle Registration No: 5JIC 4666S  
Name (as shown in NRIC) : He Zhijun NRIC/FIN/Passport No : 5736820874  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 240P Bukit Batok Street 24 #03-11 Singapore (655290)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 84882666  
Email Address : \_\_\_\_\_  
Date of Accident : 24/9/18 Time of Accident : 12:15  
Place of Accident : Ayer (MCE) before Alexandra Rd Exit  
Insurance Company: C72

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Add in police report - 7/10/18 0924/2445

  
\_\_\_\_\_  
Policyholder / Driver's Signature  
Date: 25/09/18

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