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	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
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK4666B
Insured/Policyholder	
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

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

EMail Address NOEMAIL

BLK 290F BUKIT BATOK STREET 24 Address

#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

CHAIN COLLISION 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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

YES

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE

ROAD: 21 BUKIT BATOK EAST AVE 4, POSTCODE: 659840, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-6659999 - FAX NO: 66655793 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20180924/2145.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJP5196H

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR LIM DOUGLAS

NRIC/Passport Number

S8908279Z

Contact Number

Vehicle Category Name of Driver

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLH1709Z

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver DELHAYE GEOFFREY JEAN-RAPHAEL GEORGES

S8561067H NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name HE ZHIJUN

Approximate Age

Injuries Sustain **NECK & BACK** Injured person in which vehicle? SJK4666B YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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 Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN	1 1/1 1		
	I V		A: 5JK46668
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		E	E: SIP 51964
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DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT		
refer to state			
70 21476	ining.		
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	/		
DECLARATION I/We declare the foregoing part	ticulars are true in every respo	ect.	~1
De Ab	25		
STA			M
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the po	lieubolder)	Reporting Centre Personner's Signature Name:
Date of Filling.	Date & Time:	mcyrouder/	NRIC/FIN No.:





1 of 4

Report No. T/20180924/2145

SINGAPORE POLICE FORCE

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2018 20:42			Vide Report No.:	Station Diary No.: 129		
Informa	nt's Partic	ulars				
Name o	f Informant: IUN		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:	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:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/09/2018 12:15	Type of Location Expressway
	EXPRESSWAY	Exit		
Weather: Clear		Road Surface:		Road Speed Limit: 80 Km/h
Traffic Flow: Traffic		Traffic Control:		Traffic Volume: Light
		Not Controlled		Light

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJK4666B	Car				Seriously Damaged	THE RESIDENCE OF THE PARTY OF T
SJP5196H	Car				Seriously Damaged	0
SLH1709Z	Car				Slightly Damaged	0





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 2 of 4 Report No. T/20180924/2145

659840

Tel No: 1800-6659999

CONTINUATION OF REPORT

Details of Perso	n Involved	CONTRACTOR OF THE PARTY OF THE	Cold of the last	OF COME	-	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of P	edestria	n Cross	sing: NA
Driver		distant				
Name	HE ZHIJUN			ID No),	S7368208H
Related Vehicle	SJK4666B (Car)	SJK4666B (Car)				84882666
Hospital/Clinic	FAMILY CARE CLINIC PTE LTD				of ig ce & y Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/09/2018		Date Dis			2/2018
	ted Medical Leave	03	Degree		-	
Driver			200.00	y	Ongri	
Name	Lim Douglas			ID No).	S8908279Z
Related Vehicle	SJP5196H (Car)			Conta	act No.	NIL
Hospital/Clinic	NIL			Class Drivin Licen	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis		NIL	
	ted Medical Leave	NIL		of Injury NIL		
Driver		William I	X THE SHIP OF		POLICE	STATE OF STREET
Name	Delhaye Geoffrey jean-Raphael Georges		el Georges	ID No		S8561067H
Related Vehicle	SLH1709Z (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	117	Date Dis	-	NIL	
No. of Dave grant	ed Medical Leave	NIL	Degree o		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.

CONTINUATION OF REPORT





3 of A

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Report No. T/20180924/2145

Tel No: 1800-6659999





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

4 of 4 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 Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	24/09/2018 20:42
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN	
Contact No.: 65476367	
Authentication Stamp	

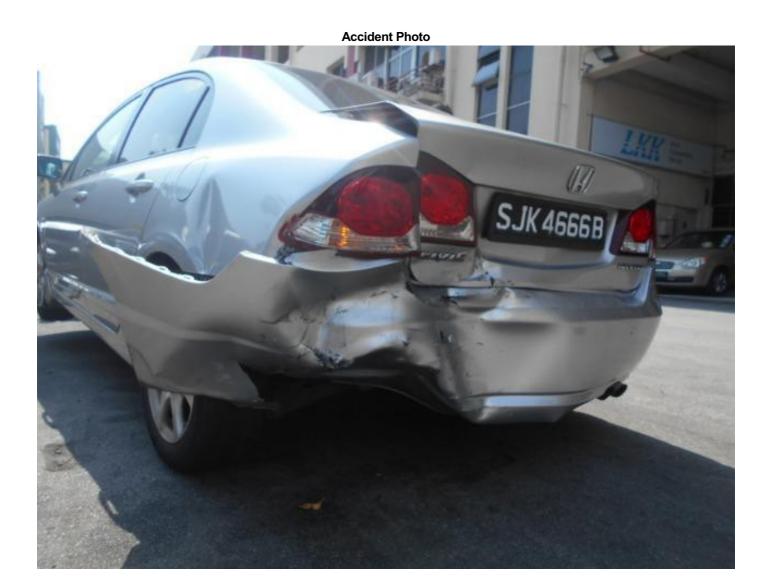


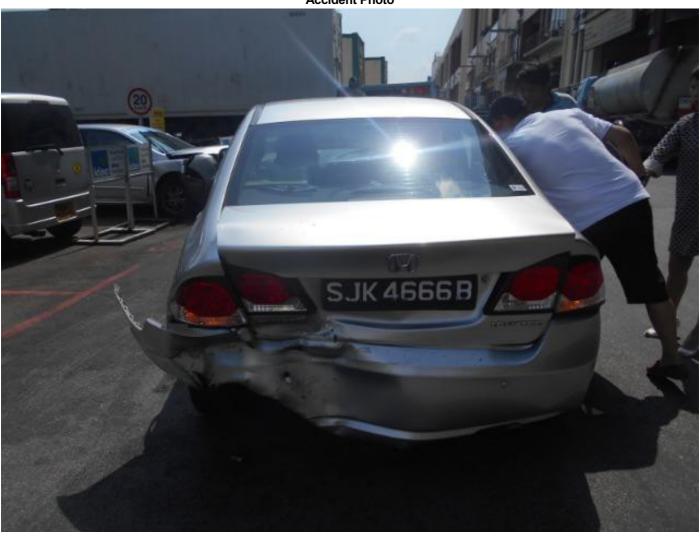




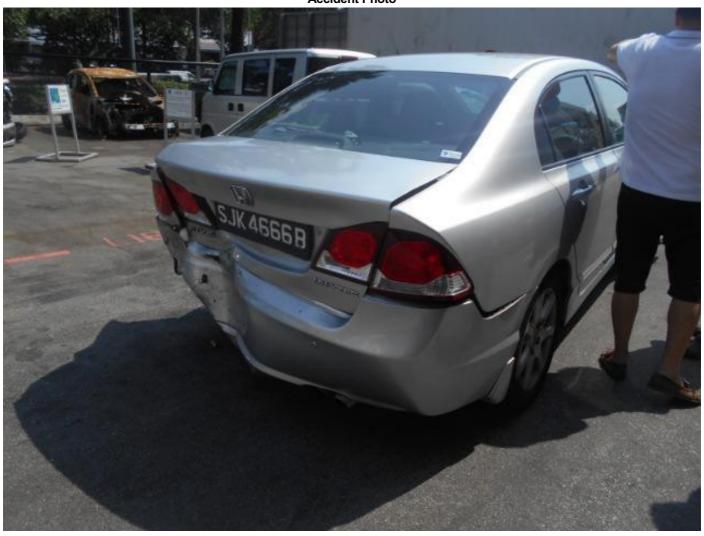


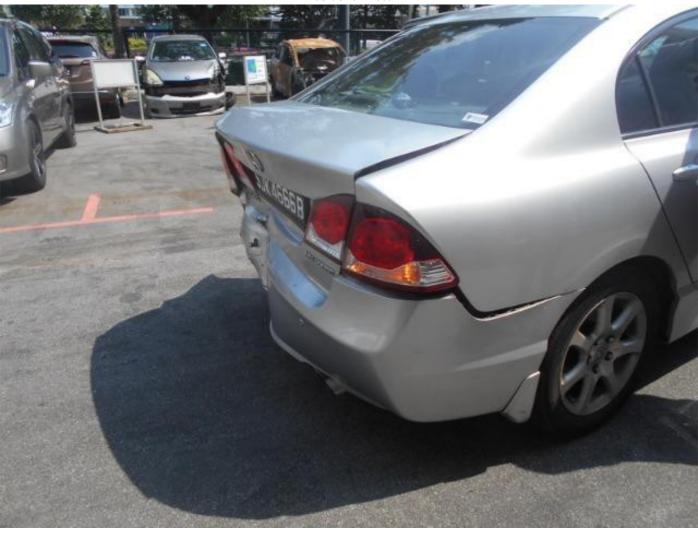














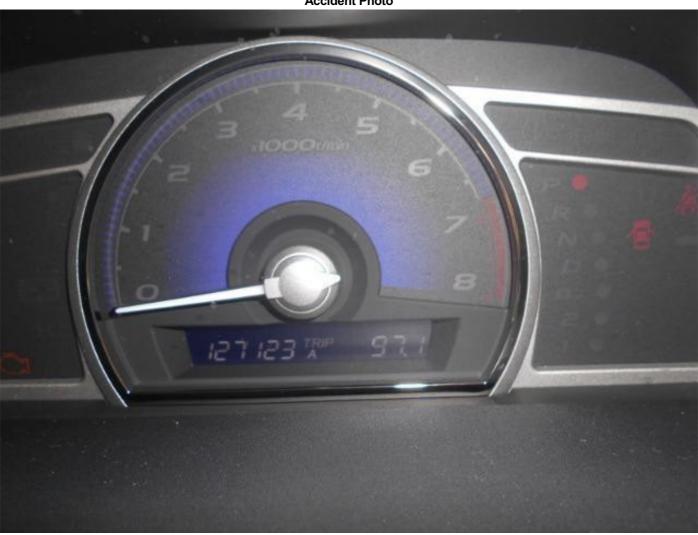












Addendum Sheet



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: 5665500206 / 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:						
	Original Report No	: MNA118127738 Vehicle Registration No: SIC 46665					
	Name(as shownin NRIC)	: He Thijan NRIC/FIN/Passport No: 573 682064					
	(*Vehicle Driver / Ve	ehigle Owner) (*) Please delete as appropriate					
	Address	: Blk 290F Buskit Butole street 24 \$103-17 singapore(655290)					
	Contact (Tel)	Mobile No.: 848876%					
	Email Address	:					
	Date of Accident	:					
	Place of Accident	: AYEC MCE) Jebre Almondra Red Sait.					
	Insurance Company	A CONTRACTOR OF THE CONTRACTOR					
(B)		RMATION / AMENDMENTS:					
	7	- Im					
	Policyholder / Driver Date:	r's Signature Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Date:					

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6/24 0010 Fax (65) 6/24 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 : MNA 118 D37 38 Vehicle Registration No: 1016 9665						
	Name(as shown in NRIC): HE Zhijm NRIC/FIN/Passport No : 373 68 20614						
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate						
	Address : Die 1907 Bulet Bakk Hret 24 903-11 Singapore(655290)						
	Contact (Tel) :						
	Email Address :						
	Date of Accident : 12:15						
	Place of Accident : AYELINGS Lefore Albenden It & Ext						
	Insurance Company: C12						
(B)							
	make the following amendments: 1. Add in pokee regard - Tho Irog whys:						
	Policyholder / Driver's Signature Date: 25/09/18 Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Date:						