

## 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 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. 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	12/12/2018 16:08
Date Of Accident	11/12/2018 19:10
Exact Location Of Accident	ALONG PIE (TUAS)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX7109G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR XU WEISHI
NRIC No	S2724165D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96609568
Alternative Phone No	OFFICE-96609568

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180K
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	DMPCSN3035201800
Cover Note Number	

### Driver

Name of Driver	XU WEISHI
NRIC No	S2724165D
Date Of Birth	01/01/1964
Occupation	INDOOR
Date Of Driving Pass	07/10/2013
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96609568
Fax Number	
Contact Number	OFFICE-96609568
EEmail Address	NOEMAIL

Address	71 HILLVIEW AVENUE #09-04
Postcode	669570
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2

#### 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/20181211/2161.

#### 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	SKT9267C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED KASYFUL KABIR BIN ALI MOHAMED
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKG4832Y  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver VINCENT GOH CHEN TIONG  
NRIC/Passport Number S7615000A  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLB1366U  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver KOH HUI SIN  
NRIC/Passport Number G2469490P  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLH6464X  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE


1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

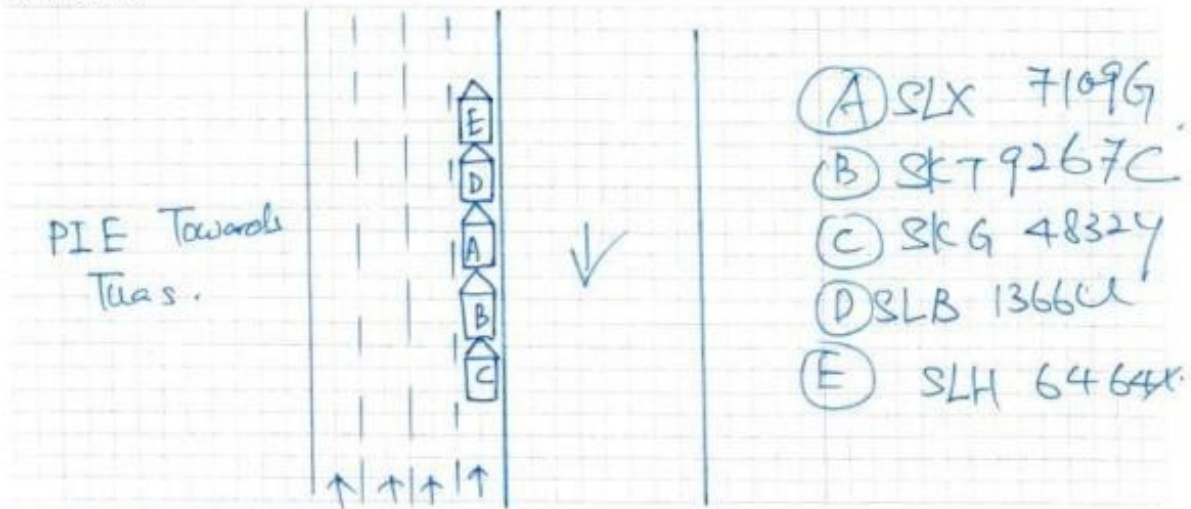
  
Policyholder's Signature  
Date & Time:

  
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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Statement please Refer To  
Police Report No: T/ 2018/1211/ 2161

I wish to state that no any passenger will go to see doctor if feel any uncomfortable after this.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature  
Date & Time:

 12/12/2018 12:00pm  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name:  
NRC/FIN No.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181211/2161

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/20181211/2161

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2018 22:48		Vide Report No.: E/20181211/0125		Station Diary No.: 124	
<b>Informant's Particulars</b>					
Name of Informant: XU WEISHI			Address: 71 HILLVIEW AVENUE #09-04 SINGAPORE 669570		
ID Type / ID No.: NRIC NO / S2724165D			Contact No.: Home/Office: Mobile: 96609568		
Nationality: CHINESE			Email:		
Sex: Male	Age: 54	Date of Birth: 01/01/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DIRECTOR			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/12/2018 19:10	Type of Location: Straight Road
Location: Along Road 1 PAN-ISLAND EXPRESSWAY PIE TOWARDS TUAS				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKG4832Y						0
SKT9267C	Car					0
SLE1366U	Car					0
SLH6464X	Car					0
SLX7109G	Car	MERCEDES BENZ	C180K	Silver	Seriously Damaged	1

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20181211/2161

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/20181211/2161

### CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLX7109G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30352018 00	17/05/2018	16/05/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	XU WEISHI		ID No. S2724165D
Related Vehicle	SLX7109G (Car)		Contact No. 96609568
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave		NIL	Degree of Injury NIL

### Brief Details.

On 11/12/2018 at 1909hrs, I was driving my car (Reg no: SLX7109G) at the first lane along PIE towards Tuas. Subsequently, the car (Reg no: SLB1366U) in front of mine stopped immediately. I managed to stop in time to avoid collision.

The car (Reg no: SKT9267C) behind me, collided at the rear of my car which made my car collide with the car in front. There is a chain collision involving 5 cars.

1st car: SLH6464X  
2nd car: SLB1366U  
3rd car: SLX7109G (mine)  
4th car: SKT9267C  
5th car: SKG4832Y

The car driver of the 4th vehicle was conveyed to the hospital. I am not injured. The front portion and rear portion of my car is damaged.

Traffic police attended ref: E/20181211/0125 - In-charge: IO Yusmastari, Contact: 65476214. Traffic police advice to lodge a police report.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20181211/2161

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

3 of 3

Report No: T/20181211/2161

### 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:

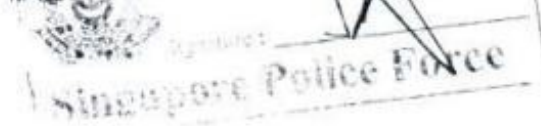
J /  
Sgt 3 MUHAMMAD ASHRAF BIN RAHUMAN  
SHAH

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIT /  
Sgt 2 LIM HONG LEE  
Contact No.: 65476438

Authentication Stamp  
NP168



Signature Of Informant:

Date/Time:

11/12/2018 22:48

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



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