

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	29/12/2018 13:47
Date Of Accident	28/12/2018 21:15
Exact Location Of Accident	DOVER ROAD TWDS NORTH BUONA VISTA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF5508J
Insured/Policyholder	
Name Of Registered Owner	STARDUST RESOURCES HOLDINGS PTE LTD
Co Reg No	-
Email Address	MINGDONGZHU@LIVE.COM
Mobile Phone No	(LOCAL) +65-87093835
Alternative Phone No	OFFICE-87093835

Vehicle Particulars

Manufacturer	PORSCHE
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	DMPCSN3073961800
Cover Note Number	

Driver

Name of Driver	ZHU MINGDONG
Passport No/FIN	G3830393M
Date Of Birth	21/12/1987
Occupation	INDOOR
Date Of Driving Pass	27/11/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87093835
Fax Number	
Contact Number	OTHERS-87093835
Email Address	MINGDONGZHU@LIVE.COM

Address	QUATTUOR ISLA ASSOCIATES PTE LTD
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DIRECTOR OF CO.
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181229/2000

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JSW7650
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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. 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.

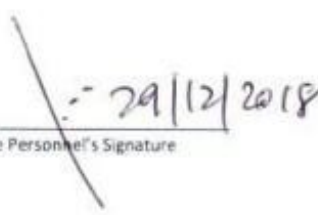
8. Consent under the Personal Data Protection Act (PDPA)

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.:

Sketch Plan #2

SKETCH PLAN



Dover Road towards
North Buona Vista Road.

A - SMF 5508J

B - JSW7650

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/S Refer to the Police Report
T/2018/229/2000

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 Personnel's Signature
Name:
NRIC/FIN No.:

29/12/2018

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20181229/2000

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

2 of 3

Report No. T/20181229/2000

CONTINUATION OF REPORT

Driver			
Name	ZHU MINGDONG	ID No.	G3830393M
Related Vehicle	SMF5508J (Car)	Contact No.	87093835
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 28/12/2018 at about 2115hrs, I was driving my vehicle (SMF5508J) along Dover Road towards North Buona Vista Road. There was a vehicle in front of me and we came to a stop in front of the traffic light towards North Buona Vista Road. When the traffic was green and clear, the vehicle in front of me drove off and I followed. While turning right towards North Buona Vista road, a motorcycle came riding towards my vehicle along the pedestrian walkway along the road and clash onto the front of my vehicle. The rider then landed on my vehicle's bonnet and was lying there. I exited my vehicle and made a check on him and a off duty doctor came render assistance. Soon after, Police and Ambulance came. I was given a case number (D/20181228/0132) and was advised to lodge a report immediately. The rider was conveyed to hospital by the ambulance. I do not know what are his injuries and damages to his motorcycle. Damage to my vehicle are as follows:

- a) Dented bonnet
- b) Damaged number plate
- c) Front windscreen slightly cracked
- d) A camera sensor which was placed at the front bonnet area damaged.

I am not injured.

Sketch Plan #4

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
QUATTUOR ISLA ASSOCIATES PTE. LTD.

Name
ZHU MINGDONG

FIN
G3830393M

K1040902

SURAT IZIN MENGENUDAI
(Driving License)

A
METRO JAYA

Nama : **ZHU, MINGDONG**
Alamat : **THE RITZ CARLTON JAKARTA**
RUMAH NO. 1
JAKARTA SELATAN
Tempat & Tanggal Lahir : **JIANGSU 21-12-1987**
Tinggi : **170 cm**
Pekerjaan : **SWASTA**
No. SIM : **87121205974621**
Berlaku s/d : **21-12-2022**
JAKARTA 27-11-2017
DILANTAS POLDA METROJAYA

PRIA

DR. HIKM. DAGARRA, MH
KOMDIS POL NRP. 64030695

VISIT PASS
Immigration Regulations

Name
ZHU MINGDONG

FIN
G3830393M

Date of Birth
21-12-1987

Sex
M

Nationality
CHINESE

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download S@WorkPass App to check status

K1040902

H 04579216

PERHATIAN:

1. Mematuhi SIM melanggar pasal 263 KUHP, dapat dikenakan penjara paling lama 6 (enam) tahun.
2. Pelanggaran lalu lintas oleh pengemudi diberi bobot nilai dengan pencatatan pada pengulan data Poin dengan kategori:
 - a. pelanggaran ringan (administrasi) dengan bobot nilai 1.
 - b. pelanggaran sedang (berdampak keselamatan) dengan bobot nilai 3.
 - c. pelanggaran berat (berdampak keselamatan lalu lintas) dengan bobot nilai 5.
3. Bagi pemilik SIM yang pelanggaran nya melebihi bobot 12, SIM dapat dicabut sementara dan atau dilakukan uji ulang pada saat pengajuan SIM (Perkap Nomor 9 Tahun 2012 tentang Surat Izin Mengemudi).

CALL CENTRE : 1000869

Sketch Plan #5



1. ZHU MINGDONG


2. _____


3. HANGSU


4. 21-December-1987


5. THE RITZ CARLTON JAKARTA ROOM 3211 JAKSEL


6. _____


A 


B 

C 

D 

E 





Signature of holder _____


DISQUALIFICATIONS :


The holder is deprived of the right to drive in the territory of _____ until _____

At _____ on _____

The holder is deprived of the right to drive in the territory of _____ until _____

At _____ on _____





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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20181229/2000

1 of 3

Report No. T/20181229/2000

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/12/2018 00:11	Vide Report No.: D/20181228/0132	Station Diary No.: 2
--	-------------------------------------	-------------------------

Informant's Particulars

Name of Informant: ZHU MINGDONG			Address: APT BLK 7 ARDMORE PARK #21-01 ARDMORE RESIDENCE SINGAPORE 259954		
ID Type / ID No.: FIN NO / G3830393M			Contact No.: Home/Office: Mobile: 87093835		
Nationality: CHINESE			Email:		
Sex: Male	Age: 31	Date of Birth: 21/12/1987	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:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/12/2018 21:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 DOVER ROAD NORTH BUONA VISTA ROAD Dover Road towards North Buona Vista Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSW7650	Motorcycle				Slightly Damaged	0
SMF5508J	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20181229/2000

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

2 of 3

Report No. T/20181229/2000

CONTINUATION OF REPORT

Driver			
Name	ZHU MINGDONG	ID No.	G3830393M
Related Vehicle	SMF5508J (Car)	Contact No.	87093835
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 28/12/2018 at about 2115hrs, I was driving my vehicle (SMF5508J) along Dover Road towards North Buona Vista Road. There was a vehicle in front of me and we came to a stop in front of the traffic light towards North Buona Vista Road. When the traffic was green and clear, the vehicle in front of me drove off and I followed. While turning right towards North Buona Vista road, a motorcycle came riding towards my vehicle along the pedestrian walkway along the road and clash onto the front of my vehicle. The rider then landed on my vehicle's bonnet and was lying there. I exited my vehicle and made a check on him and a off duty doctor came render assistance. Soon after, Police and Ambulance came. I was given a case number (D/20181228/0132) and was advised to lodge a report immediately. The rider was conveyed to hospital by the ambulance. I do not know what are his injuries and damages to his motorcycle. Damage to my vehicle are as follows:

- a) Dented bonnet
- b) Damaged number plate
- c) Front windscreen slightly cracked
- d) A camera sensor which was placed at the front bonnet area damaged.

I am not injured.

Police Report



**SINGAPORE
POLICE FORCE**



T/20181229/2000

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

3 of 3

Report No. T/20181229/2000

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:

A /

Sgt 1 LEW KANGTING, JONATHAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/12/2018 00:11

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390

Classification Of Case:

Authentication Stamp

NP168