

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	10/12/2018 16:14
Date Of Accident	07/12/2018 15:40
Exact Location Of Accident	LENTOR AVENUE TOWARDS YISHUN AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME4809C
Insured/Policyholder	
Name Of Registered Owner	TAN LEE CHIANG
NRIC No	S6801899D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91264336
Alternative Phone No	OTHERS-91264336

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180 ML COUPE
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104813788 (DRIVO CLASSIC)
Cover Note Number	

Driver

Name of Driver	LI ZHENG
Work Permit No	G0430638X
Date Of Birth	01/09/1977
Occupation	INDOOR
Date Of Driving Pass	13/11/2008
Driving Experience	10 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91263767
Fax Number	
Contact Number	OTHERS-91263767
Email Address	LUCKYMIANN@YAHOO.COM

Address	BLK 612 #06-195 YISHUN STREET 61
Postcode	760612
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : CHEN YI XUAN GENDER: : FEMALE
Passenger 2	NAME: : ZHAN XIAO YI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO .T/20181207/2165 ATTACHED. (ATTENDED BY CHRISTINA)

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ8751L
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBE7788P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN RIDER
Approximate Age
Injuries Sustain REFER TO POLICE REPORT
Injured person in which vehicle? FBJ8751L
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan Pg. 1

SKETCH PLAN

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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.

10 DEC 2010

Policyholder's Signature
Date & Time:

10 DEC 2010

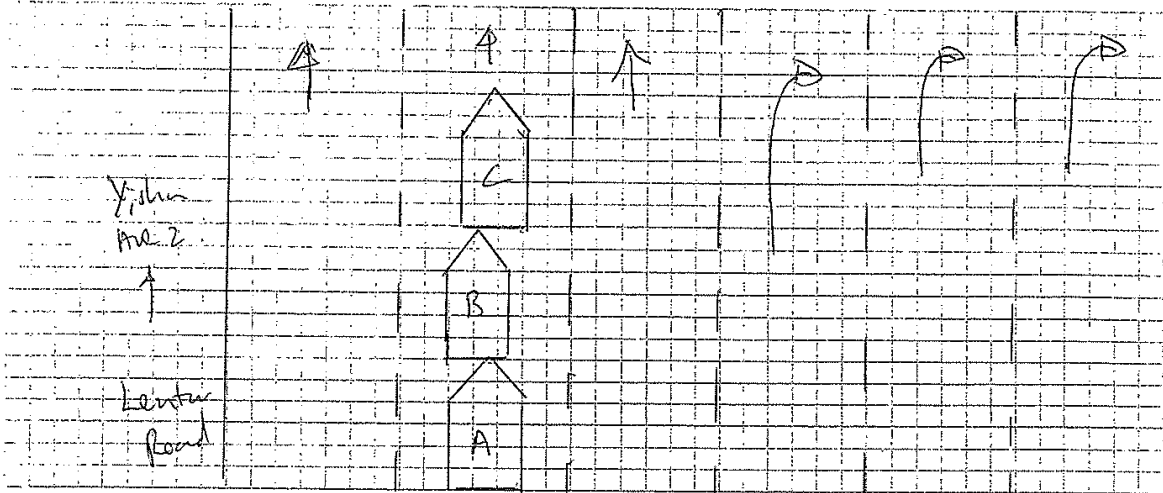
Driver's Signature
(If driver is not the policyholder)
Date & Time:

10 DEC 2010

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report.

A - SME 4809C

B - FBI 8751 L

C-GBE 7788P

DOA - 7/12/18

DECLARATION

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

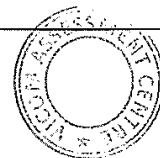
10 DEC 2018

10 DEC 2010

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.:





**SINGAPORE
POLICE FORCE**



T/20181207/2165

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No. T/20181207/2165

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2018 20:28	Vide Report No.:	Station Diary No.: 74
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Informant's Particulars				
Name of Informant: LI ZHENG			Address: APT BLK 612 YISHUN STREET 61 #06-195 SINGAPORE 760612	
ID Type / ID No.: FIN NO / G0430638X			Contact No.: Home/Office: Mobile: 91263767	
Nationality: CHINESE			Email:	
Sex: Female	Age: 41	Date of Birth: 01/09/1977	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: 3 Date of Expiry: 12/11/2023	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/12/2018 15:40	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 LENTOR AVENUE YISHUN AVENUE 1				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ8751L	Motorcycle				Seriously Damaged	0
GBE7788P	Lorry				No Damage	1
SME4809C	Car				Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20181207/2165

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20181207/2165

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LI ZHENG	ID No.	G0430638X
Related Vehicle	NIL	Contact No.	91263767
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 12/11/2023
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/12/2018 at about 3.40pm, I was driving in the direction of Lentor Avenue towards Yishun Avenue 1. Nearing the traffic light junction, the traffic light turned red. I applied the brakes to my car (SME4809C, Mercedes Benz, Silver). However, as the road was wet, my car did not decelerate in time. My car accidentally hit into the rear of a grey motorcycle (FBJ8751L). This caused the motorcycle to move forward, and the motorcycle collided into a white lorry (GBE7788P).

The rider of the motorcycle was slightly injured; he was observed to be bleeding at the mouth. The motorcyclist then called for ambulance and police. The police and ambulance then attended to the scene at about 3.45pm. The motorcyclist was conveyed to the hospital. I did not suffer any injuries. There was no damage to government property.

I am lodging this report as instructed by the Traffic police and for insurance claims.



**SINGAPORE
POLICE FORCE**



T/20181207/2165

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20181207/2165

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: L / Insp LOW HONGKAI, GERARD		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 07/12/2018 20:28	
Officer In Charge Of Case: TP / GIT / Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL Contact No.: 65476131		Classification Of Case:	
Authentication Stamp NP168 		Signature: SN 085	
Singapore Police Force			

Policy Information

Page 1 of 1

Policy Information					
Policy No.	5104813788	Policyholder Name	TAN LEE CHIANG	Policyholder NRIC	S6801899D
Certificate No.					
Address	BLK 612 #06-195 YISHUN STREET 61 SINGAPORE 760612				
Product Name	PRIVATE CAR INSURANCE	Plan			
Policy Issue Date	24/10/2018	Effective Date	24/10/2018 00:00	Group Policy Flag	N
Excess Type		All Claims Excess		Expiry Date	23/10/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	KCB AGENCY	Agent Tel.	63913813	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyholder Mailing Address					
Address 1	BLK 612 #06-195	Address 2	YISHUN STREET 61	Address 3	SINGAPORE 760612
Address 4		Address Type	Singapore address	Post Code	760612
Unit No.		Related Policy Number	5104813788		
Insured Object: SME4809C					
Vehicle No.	SME4809C	Model	C180 ML COUPE	Make	MERCEDES BENZ
Vehicle Type	397	Date of Registration	03/02/2012		
Classis No.	WDD2043492F798343	Engine No.	27182030377590	Vehicle Capacity	
No. of Seats	4	Parallel Import	0	Imported/Reconditioned	0
Off peak car	0				
	Coverage	Coverage Category	Sum Insured	Excess Description	Remark
drivo CLASSIC	Own Damage or Loss		999,999,999.99		
drivo CLASSIC	TPI		999,999,999.99		
drivo CLASSIC	TPPD		5,000,000.00		
drivo CLASSIC	Own Damage or Loss in transit		999,999,999.99		
drivo CLASSIC	Windscreen Damage		999,999,999.99		
drivo CLASSIC	Personal Accident for PH		20,000.00		
drivo CLASSIC	Personal Accident for Driver Liability		10,000.00		
drivo CLASSIC	Personal Accident for Passenger		10,000.00		
drivo CLASSIC	Medical Expenses		300.00		
drivo CLASSIC	Towing Fee		200.00		
drivo CLASSIC	Own Damage Benefit		99,999,999.99		
Driver Name	ID No.	Date of Birth	Driving License Reg Date	Role	
TAN LEE CHIANG	S6801899D	09/01/1968	13/03/2003	Main Driver	
Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content	
<div>Continue</div> <div>Cancel</div>					

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

