

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	18/04/2019 10:51
Date Of Accident	17/04/2019 16:55
Exact Location Of Accident	ECP TWDS CHANGI AFTER MARINE PARADE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL3888S
Insured/Policyholder	
Name Of Registered Owner	TAN ZHONG QIANG SHANNON
NRIC No	S8829034H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82281547
Alternative Phone No	OFFICE-82281547

Vehicle Particulars

Manufacturer	BMW
Model	M4 3.0 A
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V08402/VPE/R01
Cover Note Number	-

Driver

Name of Driver	TAN ZHONG QIANG SHANNON
NRIC No	S8829034H
Date Of Birth	10/08/1988
Occupation	OUTDOOR
Date Of Driving Pass	21/05/2013
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82281547
Fax Number	
Contact Number	OFFICE-82281547
Email Address	NOEMAIL

Address	93 MARSHALL RD
Postcode	424888
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	COLLISION - HEAD TO REAR
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?	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SLL6537Z
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)

DETAILS OF INJURED PERSON 1

Name	TAN ZHONG QIANG SHANNON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKL3888S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

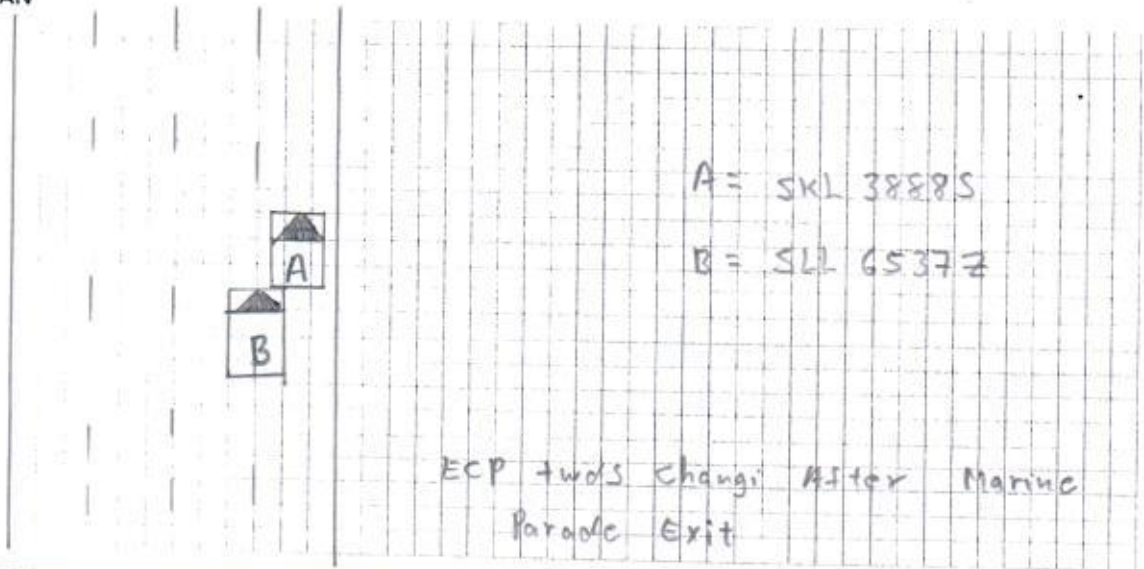
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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.

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



A = SKL 3888S
B = SL 6537Z

ECP + wals Changi After Marine Parade Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature]

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

I WAS TRAVELLING ALONG ECP TWDS CHANGI AFTER MARINE PARADE EXIT ON THE FIRST LANE, WHEN NOTICED VEH INFRONT OF ME STOP, AS SUCH I FOLLOW TO STOP, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SLL6537Z) FROM BEHIND COLLIDED ONTO MY VEH REAR LEFT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 4 / 19) (DD/MM/YYYY), TIME: (16 : 55) (HH:MM)

LOCATION: ECP twds Changi After Marine Parade Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKL 3888 S
 b) INSURANCE COMPANY: LIP
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Tan Zhong Qiang Shannon (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: CONTACT: 8228 1547
 C) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

*d) DATE OF BIRTH: (/ /) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) Nobody

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKL 6537 Z MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

waiting CI & Police Report
 Email =
 fax =
 VIDEO = No-



SINGAPORE POLICE FORCE



T/20190417/7037

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190417/7037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/04/2019 22:56		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN ZHONGQIANG, SHANNON			Address: 93 MARSHALL ROAD SINGAPORE 424888		
ID Type / ID No.: NRIC NO / S8829034H			Contact No.: Home/Office: Mobile: 82281547		
Nationality: SINGAPORE CITIZEN			Email: shannon.tan@dg-packaging.com		
Sex: Male	Age: 30	Date of Birth: 10/08/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/04/2019 17:30	Type of Location: Straight Road
Location: EAST COAST PARKWAY				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SKL3888S	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190417/7037

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190417/7037

CONTINUATION OF REPORT

Driver			
Name	TAN ZHONGQIANG, SHANNON	ID No.	S8829034H
Related Vehicle	SKL3888S (Car)	Contact No.	82281547
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	17/04/2019	Date Discharge	17/04/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

I was travelling along ECP towards Changi airport just before marine parade exit when a car suddenly hit me from my rear. My car was stationary at the moment due to cars stopped in front of me during peak hour traffic. I have pictures of the incident.



**SINGAPORE
POLICE FORCE**



T/20190417/7037

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190417/7037

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

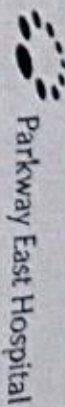
Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
17/04/2019 22:56

Classification Of Case:



24HR WALK-IN CLINIC AND ACCIDENT & EMERGENCY
321 Joo Chiat Place #01-00 Singapore 427990
Tel: 63408666 Fax: 63408660 Co Reg No: 19-9509118-D

MEDICAL CERTIFICATE

This is to certify that:

Name: **TAN ZHONGQIANG SHANNON**

NRIC: S8829034H

MC No: PEH3019016103002

Medical leave for 4 day/s from 17.04.2019 to 20.04.2019 inclusive

Dr Tan Ken Leon
MBChB (Manchester)
MRCS (Edinburgh)
M.Med Orthopaedic (Spec)
MBA (Chicago Booth)
MC900177H

Date: 17.04.2019

DR TAN KEN LEON

THIS CERTIFICATE IS NOT VALID FOR ABSENCE FROM COURT OR OTHER
JUDICIAL PROCEEDINGS UNLESS SPECIFICALLY STATED OTHERWISE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8829034H



TAN-ZHONGQIANG, SHANNON
(CHEN ZHONGQIANG)
陳仲強
Name
CHINESE
Date of Birth 10-08-1988 Sex M
Country of Birth SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8829034H
Name



TAN ZHONGQIANG, SHANNON
(CHEN ZHONGQIANG)
Birth Date 10 Aug 1988
Issue Date 21 May 2013

002182714F

3385172



NRIC No. S8829034H



Board Control Date of issue
15-08-2003

83 MARSHALL ROAD
SINGAPORE 424888
NRIC No: S8829034H Date: 18/01/2018

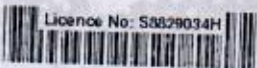
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE 21 May 2013

Class 3A Motor cars without clutch pedals (Auto) \leq 3000kg
with \leq 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals \leq 2500kg

NP 428A

Licence No: S8829034H



Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No
Form
Date Of Issue
1. Index Mark and Registration No. of Vehicle:
2. Chassis number of Vehicle:
3. Name of Policyholder:
4. Effective date of Commencement of Insurance
for the purposes of the Act:
5. Date of Expiry of Insurance:
6. Persons or Classes of Persons
entitled to drive*:
SI18V08402 /VPE /R01
MX3
06-JUL-2018
SKL3888S
WBS3R92000K339309
TAN ZHONG QIANG SHANNON
11-JUL-2018 00:00 AM
10-JUL-2019 23:59 PM
TAN ZHONG QIANG SHANNON

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7. Limitations as to use*:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.


8. The Policy does not cover:

- A) Use for hire or reward.
- B) Use for racing, pace-making, reliability trials or speed-testing.
- C) Use for the carriage of goods (other than samples) in connection with any trade or business.
- D) Use for any purpose in connection with the Motor Trade.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers



Authorised Signature

For information only:

COVERAGE:	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section 1 - Outside Singapore Only: S\$10000, Section 1 - Singapore Only: S\$5000, Windscreen Excess: S\$500
FINANCE COMPANY:	STANDARD CHARTERED BANK (SINGAPORE) LIMITED
PRODUCER NAME:	MAXURANCE VENTURE

CSJP 20180706

Ver.1.260705

your servicing agent
SMS or Call 9821.8153

Maxurance Venture

8 Burn Road #09-10 S(369977)
Trives | enquiry@maxurance.com
Tel 6100 2592 | Fax 6280 9878