SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

- 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 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

| 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 |
| D | 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 |

OUTDOOR

21/05/2013

MALE

NOEMAIL

5 YEARS AND 10 MONTHS

(LOCAL) +65-82281547

OFFICE-82281547

93 MARSHALL RD Address

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)

2 involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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

SLL6537Z

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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 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 Name: NRIC/FIN No.:

Page 4 of 23

Accident Sketch Plan

| SKETCH PLAN | |
|--|--|
| | A = SWL 3888S B = SUL 6537-2 |
| DESCRIBE CIRCUMSTANCE: | BCP twos charge After thanne Parade Exit |
| | |
| Please | Refer to Statement |
| | |
| | - |
| | |
| | |
| | |
| ECLARATION | |
| We declare the foregoing partic | ulars are true in every respect. |
| olicyholder's Signature ate & Time: | Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: Name: |

NRIC/FIN No.:

Accident Sketch Plan

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.

POLICE REPORT





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/Tin 17/04/20 | 7/04/2019 22:56 | | Vide Report No.: | Station Diary No. | |
|---|-------------------------|------------------------------|--|----------------------------|--|
| Informa | nt's Partic | ulars | Company of the Party of the Par | AND DESCRIPTIONS | |
| Name of Informant: TAN ZHONGQIANG, SHANNON | | | Address: 93 MARSHALL ROAD SINGAPORE 424888 | | |
| ID Type NRIC N | / ID No.: D / S88290 | 34H | Contact No.: Home/Office: | Mobile: 82281547 | |
| Nationality: SINGAPORE CITIZEN | | EN | Email: shannon.tan@dg-packaging.com | | |
| Sex: Male | Age: 30 | Date of Birth: 10/08/1988 | Type of Informant: Driver | 99900 | |
| Race: Chinese | | | Language: English | Institution / School Name: | |
| Occupation: Sales and marketing manager | | g manager | Driving Licence Information: Class: 3A | Date of Expiry: | |

| 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 | | | |
| | | | | |
| | | Road Surface: Dry | | Road Speed Limit: 90 Km/h |
| Weather: Sunny Traffic Flow: One Way | | | | Road Speed Limit: 90 Km/h Traffic Volume: Heavy |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------|-------|-------|-----------|-----------------|
| Vehicle No. | Туре | 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 |

POLICE REPORT



T/20190417/7037

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

2 of 3 Report No. T/20190417/7037

CONTINUATION OF REPORT

| Driver | A STATE OF THE PARTY OF THE PAR | Line Salah | 10 ST 010 SE | 3355 | 1500 | |
|------------------|--|------------|-----------------------------------|-------|----------------------------------|----------|
| Name | TAN ZHONGQIANG, SHANNON | | ID No | | S8829034H | |
| Related Vehicle | SKL3888S (Car) | | | Conta | ct No. | 82281547 |
| Hospital/Clinic | PARKWAY EAST HOSPITAL | | Class Drivin Licen Expin | g | Class: 3A Date of Expiry: NIL | |
| Date Treatment | 17/04/2019 | | Date Disc | harge | 17/04 | 1/2019 |
| No. of Days gran | ted Medical Leave | Doto Dio | | | Sligh | |

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.

POLICE REPORT





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

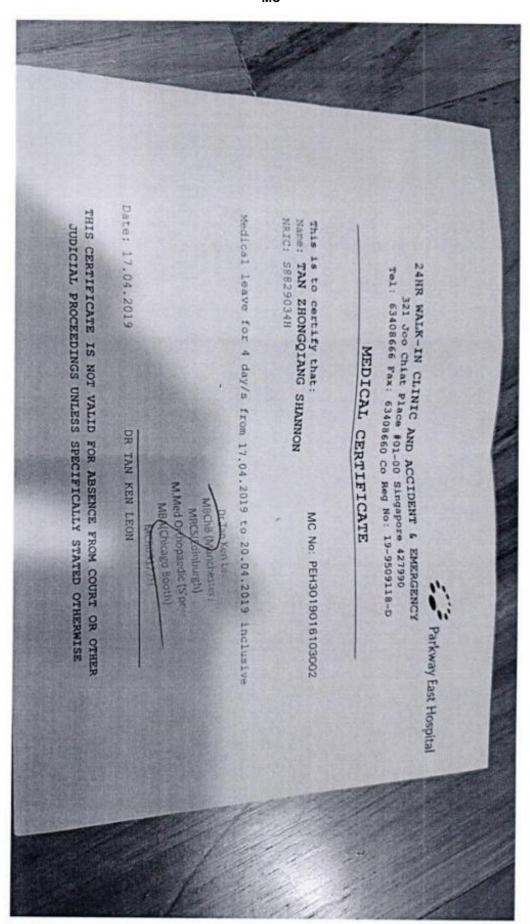
3 of 3 Report No. T/20190417/7037

CONTINUATION OF REPORT

| Sketch Plan | | | | |
|--------------|----------|-----------|--------|------|
| Informant is | not able | o provide | sketch | plan |

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: |
| |



DRIVING DOC



















