

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 | 30/05/2019 16:29 |
| Date Of Accident | 28/04/2018 17:30 |
| Exact Location Of Accident | JUNC HILLVIEW TERRACE & HLLVIEW AVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SJU6645X |
|-----------------------------|----------|

Insured/Policyholder

| | |
|--------------------------|--|
| Name Of Registered Owner | M/S CHINA INTERNATIONAL WATER & ELECTRIC CORPORATI |
| Co Reg No | 199101762D |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-64405186 |

Vehicle Particulars

| | |
|--|---------------------------|
| Manufacturer | TOYOTA |
| Model | CAMRY 2.4 AUTO ABS AIRBAG |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMPCSN3016131700 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | HU LIN |
| Passport No/FIN | G5181299P |
| Date Of Birth | 15/01/1974 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 06/11/2014 |
| Driving Experience | 3 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90111616 |
| Fax Number | |
| Contact Number | OFFICE-90111616 |
| EEmail Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 12 AMBER GARDENS #02-08 KING'S MANSION |
| Postcode | 439959 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|----------------------------|
| Type Of Accident | COLLISION - MAJOR/MINOR RD |
| 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? | |
| 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: : - GENDER: : MALE |
| Passenger 2 | NAME: : - GENDER: : MALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | MARINE PARADE NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4428999 - FAX NO: 62447678 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20190525/2141.

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 | FBJ8257Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | CHEN KENBIN |

| | |
|-------------------------------------|-----------|
| NRIC/Passport Number | S9030521B |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

Accident Sketch Plan

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.



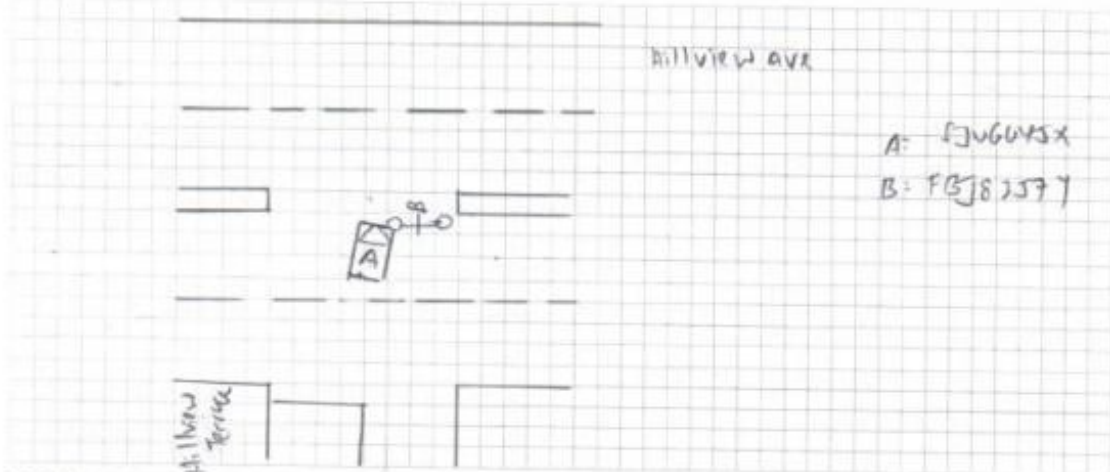
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/2019/2512141.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190525/2141

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 3

Report No. T/20190525/2141

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 25/05/2019 18:29 | Vide Report No.: | Station Diary No.: 52 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | |
|--|--|------------------------------|------------------------------|
| Name of Informant: HU LIN | Address: APT BLK 12 AMBER GARDENS #02-08 KING'S MANSION SINGAPORE 439959 | | |
| ID Type / ID No.: FIN NO / G5181299P | Contact No.: Home/Office: Mobile: 90111616 | | |
| Nationality: CHINESE | Email: | | |
| Sex: Male | Age: 45 | Date of Birth: 15/01/1974 | Type of Informant: Driver |
| Race: Chinese | Language: English | | Institution / School Name: |
| Occupation: Electrical engineer (general) | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------|------------------------------------|---|------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 28/04/2019 17:30 | Type of Location: T-Junction |
| Location: Along Road 1 HILLVIEW TERRACE | | | | |
| Along T-Junction of Hillview Terrace | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|-----------|-------|------------------|-----------------|
| FBJ8257Y | Motorcycle | KTM | RC 200 | Black | Slightly Damaged | 0 |
| SJU6645X | Car | TOYOTA | Camry 2.4 | Grey | Slightly Damaged | 2 |

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190525/2141

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20190525/2141

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---|--|-----------------------------------|
| Rider | | | |
| Name | Chen Kenbin | ID No. | S9030521B |
| Related Vehicle | FBJ8257Y (Motorcycle) | Contact No. | NIL |
| Hospital/Clinic | AR-RAUDHAH MEDICAL CLINIC AND SURGERY PTE LTD | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 28/04/2019 | Date Discharge | 28/04/2019 |
| No. of Days granted Medical Leave | 02 | Degree of Injury | NIL |
| Driver | | | |
| Name | HU LIN | ID No. | G5181299P |
| Related Vehicle | SJU6645X (Car) | Contact No. | 90111616 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On the above mentioned date and time I was driving my car SJU6645X along the T-Junction of Hillview Terrace wanted to turn right towards Hillview Avenue. I was at the stop lane of Hillview Terrace and proceeded to make a right turn after checking both the blind spots. As my car was turning right, a motorcycle FBJ8257Y appeared on the right side and tried to squeeze at gap in front of my car. As a result, my car had hit onto the left portion of the bike and the rider fell. The rider suffered abrasion and was not conveyed by ambulance. Traffic police attended to my case and I could not remember the incident number. I did not lodge any police report as I thought police had already attended to the case. However, on 03/05/2018 I received a letter from my insurance company to report the matter to them and lodge a police report. My car does not have any in-car camera installed.

Damages to my car as follows:
Front license plate damaged.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190525/2141

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

3 of 3

Report No. T/20190525/2141

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:
G /
Staff Sgt MUHAMMED SHERIFF MOHAMMED
HUSSAIN DEEN

Signature Of Interpreter:
Not applicable

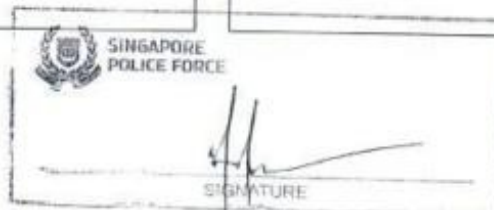
Officer In Charge Of Case:
TP / GIT /
Sgt 2 HO JIEKANG, IVAN
Contact No.: 65476170

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
25/05/2019 18:29

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



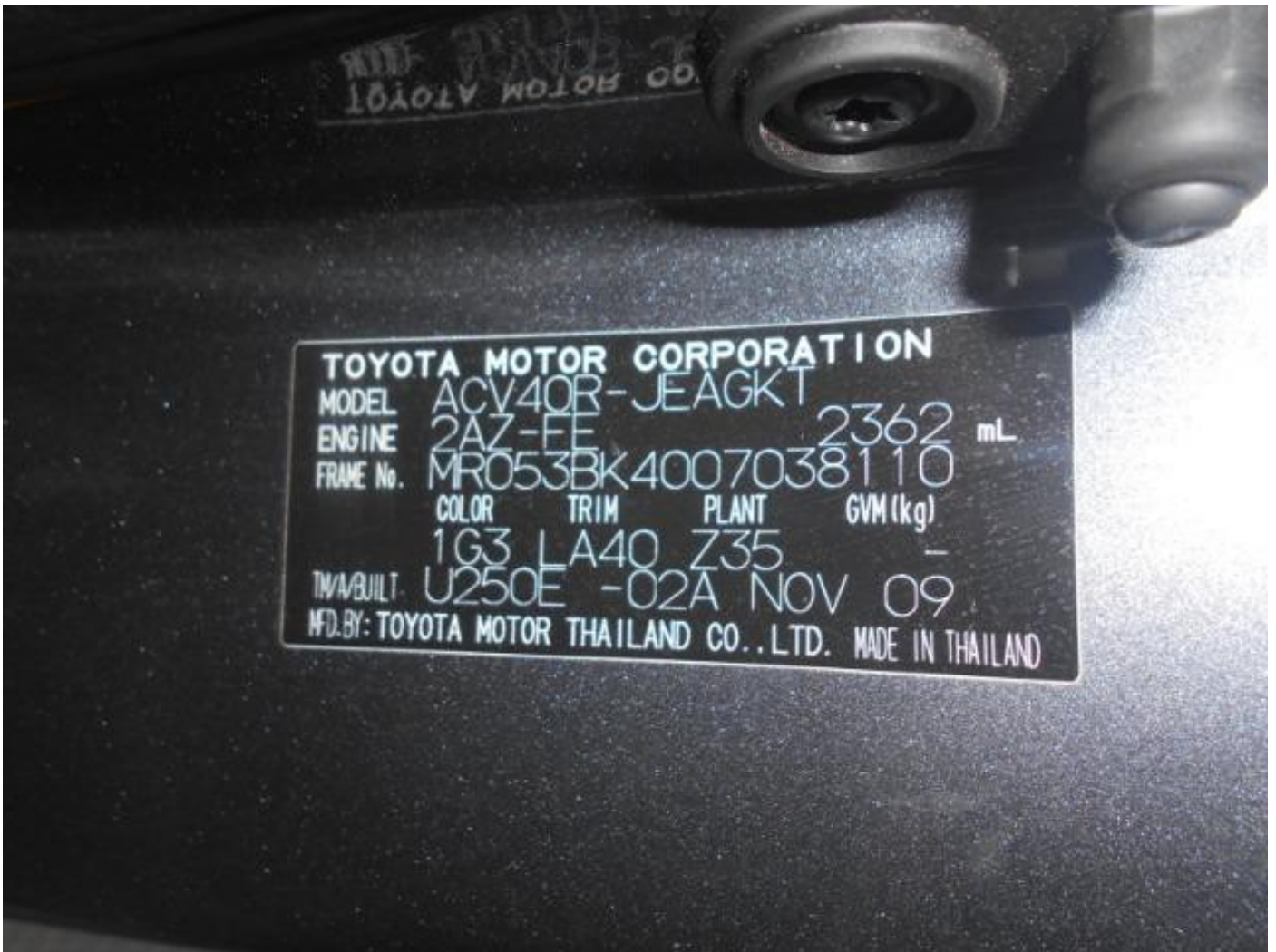
Accident Photo



Accident Photo



Accident Photo



Accident Photo

