

## 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	03/06/2019 16:07
Date Of Accident	30/05/2019 16:45
Exact Location Of Accident	CTE TWDS SLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS9999B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LUI PUI SZE
NRIC No	S7470693B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92259877
Alternative Phone No	OFFICE-92259877

### Vehicle Particulars

Manufacturer	TOYOTA
Model	BB1.5 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?	YES
If No, Please state action to be taken	
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	DMPCSN3067791801
Cover Note Number	

### Driver

Name of Driver	KEITH ONN ZI ZHAO
NRIC No	S9546874H
Date Of Birth	09/12/1995
Occupation	INDOOR
Date Of Driving Pass	23/09/2014
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92259877
Fax Number	
Contact Number	OFFICE-92259877
Email Address	NOEMAIL

Address	BLK 108 PUNGGOL WALK #17-18
Postcode	828764
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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)	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 - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190530/2098.

#### 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	METAL
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (ii) For complying with requirements under my regulations, laws or court orders.

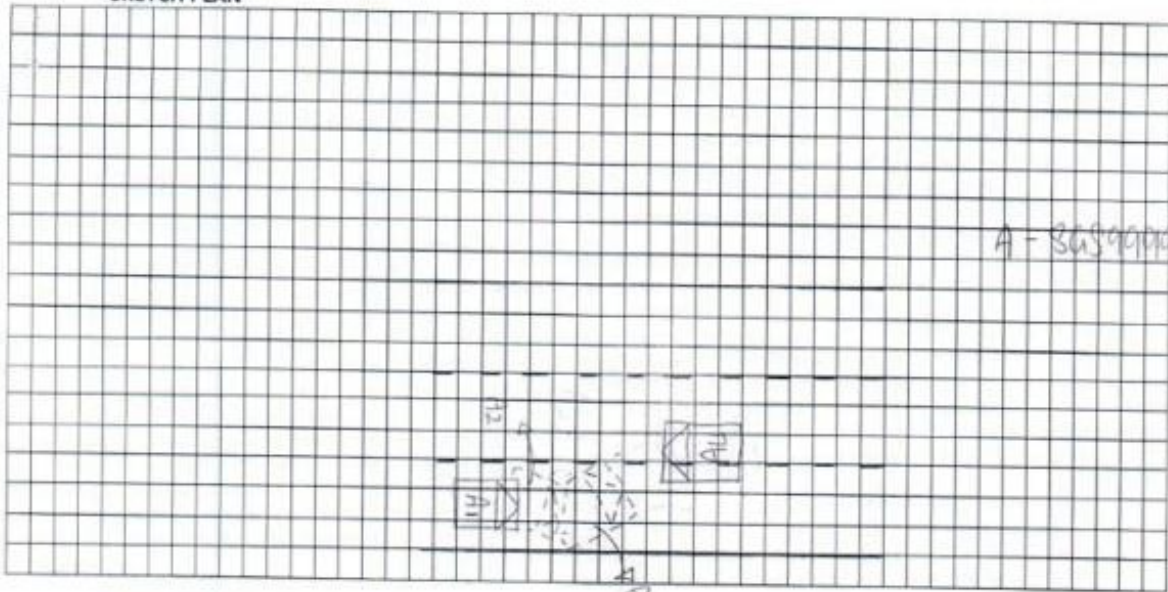
\_\_\_\_\_  
Policy holder's signature  
Date / time:

\_\_\_\_\_  
Driver's signature  
(if driver is not policy holder)  
Date / time:

\_\_\_\_\_  
reporting centre personnel's Signature  
Date / time:

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

### DECLARATION

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

Policy holder's signature  
Date & time:

Driver's signature  
(if driver is not policy holder)  
Date & time:

reporting centre personnel's Signature  
Name:  
NRIC/FIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190530/2098

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

1 of 3  
Report No. T/20190530/2098

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/05/2019 16:45	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: KEITH ONN ZI ZHAO		Address: APT BLK 108 PUNGGOL WALK #17-18 TWIN WATERFALLS SINGAPORE 828764	
ID Type / ID No.: NRIC NO / S9546874H		Contact No.: Home/Office: Mobile: 92259877	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 23	Date of Birth: 09/12/1995	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: OTHERS		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 30/05/2019 04:00	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY  TWDS SLE				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.:	Type	Make	Model	Color	Condition	No. of Passenger
SGS9999B	Car				Seriously 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/20190530/2098

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

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Report No. T/20190530/2098

## CONTINUATION OF REPORT

Driver				
Name	KEITH ONN ZI ZHAO		ID No.	S9546874H
Related Vehicle	NIL		Contact No.	92259877
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 THE ABOVE MENTIONED DATE & LOCATION.

I WAS DRIVING MY CAR ( SGS9999B) ALONG THE STRAIGHT ROAD OF THE EXPRESSWAY ON THE 1ST LANE. TRAFFIC WAS CLEAR AND LIGHT BUT IT WAS RAINING HEAVILY.DUE TO THE BAD ROAD SURFACE, I SKIDDED AND COLLIDED ONTO A METAL OBJECT.

NO OTHER VEHICLES WERE INVOLVED AND THERE IS NO INJURIES.

MY CAR HAS SLIGHT DAMAGES AND WAS TOWED TO TRAFFIC POLICE.

THATS ALL

Police Report



SINGAPORE  
POLICE FORCE

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



T/20190530/2098

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Report No. T/20190530/2098

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:  
TP /  
YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
30/05/2019 16:45

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature:



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

