

## 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	10/06/2019 14:31
Date Of Accident	08/06/2019 19:40
Exact Location Of Accident	52 EU TONG SEN ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDF911S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZHANG XUANMING
NRIC No	S8131033E
Email Address	MARK@ORFEOSTORY.COM
Mobile Phone No	(LOCAL) +65-91717707
Alternative Phone No	OTHERS-91717707

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLA200 AUTO
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80469221 QMY
Cover Note Number	

### Driver

Name of Driver	ZHANG XUANMING
NRIC No	S8131033E
Date Of Birth	06/10/1981
Occupation	INDOOR
Date Of Driving Pass	06/04/2000
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91717707
Fax Number	
Contact Number	OTHERS-91717707
Email Address	MARK@ORFEOSTORY.COM

Address	87 STILL ROAD
Postcode	423983
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3231P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM HOON LAM (LIN YUNNAN )
NRIC/Passport Number	S7144744H
Contact Number	93664905
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF4870Z
-----------------------------	----------

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

SELVAM DURAI

NRIC/Passport Number

F7968852P

Contact Number

91414705

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

#### 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. 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 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 #2

## SKETCH PLAN

CHINATOWN

A - SDF911S

B - SHD 3231P

C - GBF 4870Z

← Taxi

52 EU Tong Sen St

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along EU TONG SENG ST  
Traffic light was Red. Vehicle A was at a slow  
speed & towards traffic in front.

Vehicle B knocked onto vehicle A  
Damage was to the rear of vehicle A.

## 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.:

16/6/2019

Sketch Plan #3



Email: Mark @ orfeostory.com ✓



# Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



G/20190610/7020

1 of 2

## POLICE REPORT (NP322)

Report No. G/20190610/7020

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 10/06/2019 14:46	Vide Report No.	Station Diary No.
Name Of Informant ZHANG XUANMING	Address 87 STILL ROAD SINGAPORE 423983	
ID Type / ID No. NRIC NO / S8131033E	Contact No. Home/Office:	Mobile: 91717707
Nationality SINGAPORE CITIZEN	Email Address mark@orfeostory.com	
Occupation	Sex Male	Age 37
	Date of Birth 06/10/1981	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 01/02/2019 12:00 - 01/02/2019 13:00	Location Of Incident - MARINE PARADE #--- parkway parade SINGAPORE 449269	

### Brief details.

Wallet was dropped while walking towards parkway parade.

Property Information								
S/N	Item	Type	Brand	Model	Serial No/ IMEI No	Quantit y	Value	Description

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/06/2019 14:46
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch HIRMAN BIN ABDULL AZIZ Contact No.: -	Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645

# Sketch Plan #5



**SINGAPORE  
POLICE FORCE**



G/20190610/7020

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20190610/7020

1	Licence	Lost	Qualified Driving Licence		S8131033 1 E		Singapore Driving License
---	---------	------	---------------------------------	--	-----------------	--	------------------------------

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/06/2019 14:46
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch HIRMAN BIN ABDULL AZIZ Contact No.: -	Classification Of Case:
Authentication Stamp	FUPO hotline number: 68429645



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



Accident Photo



Accident Photo



Accident Photo



The image shows a close-up of a Mercedes-Benz vehicle identification plate (VIN label) mounted on the chassis. The plate is rectangular with a black background and white text. On the left side, there is the Mercedes-Benz logo (a three-pointed star in a circle) and the text "Mercedes-Benz". Below this, there is a small diagram of a car's side profile with a box indicating the location of the VIN. To the right of the diagram, the text "Made in Germany" is visible. The main body of the plate contains the following information:

- DAIMLER AG**
- WDC1569432J441989** (VIN)
- 1940 kg**
- 3370 kg**
- 1- 1020 kg**
- 2- 920 kg**



Accident Photo





Accident Photo

