

## 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	29/07/2019 16:25
Date Of Accident	27/07/2019 19:00
Exact Location Of Accident	BALESTIER RD TWDS CRAWFORD ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG9947T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR HONG FANSHENG, JUSTIN
NRIC No	S8325796B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90485796
Alternative Phone No	OFFICE-90485796

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B 200
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3023201900
Cover Note Number	

### Driver

Name of Driver	HONG FANSHENG, JUSTIN
NRIC No	S8325796B
Date Of Birth	24/08/1983
Occupation	INDOOR
Date Of Driving Pass	10/10/2011
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90485796
Fax Number	
Contact Number	OFFICE-90485796
Email Address	NOEMAIL

Address	BLK 302 ANG MO KIO AVENUE 3 #05-1842
Postcode	560302
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?	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)	3
Passenger 1	NAME: : TERENCE TAN GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 51 KILLINEY ROAD , <b>POSTCODE:</b> 239572 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7359999 - <b>FAX NO:</b> 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT- T/20190728/2005.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCP9999P
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)  
Passenger 1

2

NAME: :

GENDER: :

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLD7912J  
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) 1

#### DETAILS OF INJURED PERSON 1

Name HONG FANSHENG, JUSTIN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SMG9947T  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name TERENCE TAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SMG9947T  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

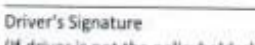
#### IMPORTANT NOTICE

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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.

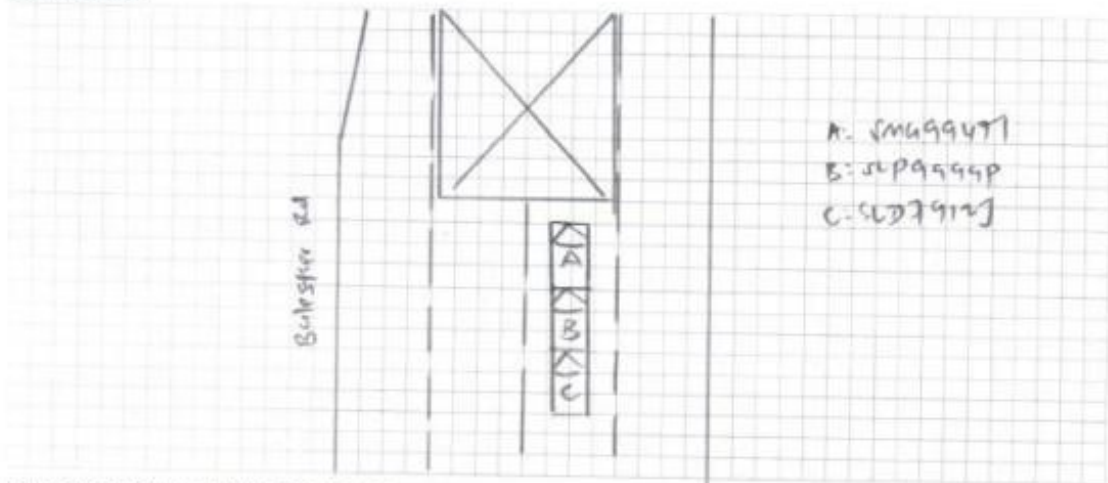
  
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

### 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/20190728/2005

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

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Report No. T/20190728/2005

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/07/2019 00:25	Vide Report No.: A/20190727/0106	Station Diary No.: 1
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### Informant's Particulars

Name of Informant: HONG FANSHENG,JUSTIN			Address: APT BLK 302 ANG MO KIO AVENUE 3 #05-1842 SINGAPORE 560302	
ID Type / ID No.: NRIC NO / S8325796B			Contact No.: Home/Office: Mobile: 90485796	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 35	Date of Birth: 24/08/1983	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: CHARTERING MANAGER			Driving Licence Information: Class: 3A Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/07/2019 19:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BALESTIER ROAD CRAWFORD STREET along Balestier Road towards Crawford Street at lamp post 6/1, on the center lane in 3 lane traffic. Lamp Post Number: 6/1				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCP9999P	Car				Slightly Damaged	1
SLD7912J	Car				Slightly Damaged	0
SMG9947T	Car	MERCEDES BENZ	B 200	White	Slightly Damaged	2

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190728/2005

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

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Report No. T/20190728/2005

## CONTINUATION OF REPORT

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG9947T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN3023201900	28/03/2019	27/03/2020

### Details of Person Involved

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

#### Driver

Name	KOH PUAY TEE	ID No.	S0475334H
Related Vehicle	SCP9999P (Car)	Contact No.	98196637
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

#### Driver

Name	TANG BEN XIANG	ID No.	S8035993D
Related Vehicle	SLD7912J (Car)	Contact No.	90936963
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

#### Driver

Name	HONG FANSHENG,JUSTIN	ID No.	S8325796B
Related Vehicle	SMG9947T (Car)	Contact No.	90485796
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190728/2005

Police Station Of Origin:  
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Report No. T/20190728/2005

### CONTINUATION OF REPORT

#### **Brief Details.**

On 27/7/2019 at about 7pm, I was driving my car (SMG9947T) along Balestier Road towards Crawford Street with 2 of my friends in the car. The traffic was heavy at the point of time. I stopped my car at the traffic light when it turned red. My car was positioned at the front of the traffic light. Directly behind me was another car (SCP9999P). When the light turned green in my favour, I felt a soft impact then a stronger impact causing my car to surge forward. During the accident, I had felt a whiplash on my back. I got out of the car to access the damage. I saw that there was another car (SLD7912J) directly behind SCP9999P which was located behind my car. I called the police to report the accident and reported that I felt back pain. Ambulance and traffic police officers arrived at scene. I visually checked the exterior of my car and saw that it sustained some dents, scratches and paint marks from the impact. My car has in-car camera for the front and rear of my car. I have already submitted the memory card from the camera to the traffic police officer at scene.



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190728/2005

Police Station Of Origin:  
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Report No. T/20190728/2005

## 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:  
E /  
Sgt 2 NURFARRAH ADTIQAH BINTE ADNAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
28/07/2019 00:25

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 MARIAH BINTE ZAKARIA  
Contact No.: 65476433

Classification Of Case:

Authentication Stamp  
NP168

SINGAPORE  
POLICE STAMP

Medical Cert

**338 Family Clinic Pte Ltd**

Blk 338 Ang Mo Kio Ave.1 #01-1615 Singapore 560338  
Tel : 6454 9408

**MEDICAL CERTIFICATE**

Certificate No : MC/67516

Date Of Visit : 29/07/2019

Patient Ref No : 34282

This is to certify that :

**HONG FANSHENG JUSTIN**

**NRIC : S8325796B**

is unfit for work for 3 days

from 29/07/2019 to 31/07/2019.

DR YONG MUN HOH  
065756  
M.B.B.S (S'PORE)  
CERT. FAMILY PHYSICIAN

Note : This certificate is not valid for absence from court.

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

