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 <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	02/08/2019 10:40
Date Of Accident	01/08/2019 17:00
Exact Location Of Accident	WOODLANDS CHECKPOINT TWDS SINGAPORE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH6416K
Insured/Policyholder	
Name Of Registered Owner	MR ZHOU MINGYU
NRIC No	S8473600G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97408811
Alternative Phone No	OFFICE-97408811
Vehicle Particulars	
Manufacturer	BMW
Model	320I AT D/AB 4DR ABS HID
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	DMPCSN3007461900
Cover Note Number	

Driver

Name of Driver ZHOU MINGYU
NRIC No S8473600G
Date Of Birth 12/04/1984
Occupation INDOOR
Date Of Driving Pass 25/03/2013

Driving Experience 6 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97408811

Fax Number

Contact Number OFFICE-97408811

EMail Address NOEMAIL

BLK 296B COMPASSVALE CRESCENT Address

#10-273 542296

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

5

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Was any other material or property damaged?

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : MALE

Passenger 2

NAME:

GENDER: : FEMALE

Passenger 3

NAME:

GENDER:

: FEMALE

Passenger 4

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 SENGKANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE, POSTCODE: Police Station Address

545025, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800 - 3438999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - F/20190801/2111.

Attachment(s)

Remarks/ Reasons:

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES YES

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

1

Vehicle Registration Number SJG7176A

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category TAN KOK HONG Name of Driver

S1370928I NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 3 of 20

Accident Sketch Plan

SKETCH PLAN

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- 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.
- 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, disciose 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 Personners Signature Name: NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN				
Wouldands chack pin-1.	A A	A no	SCA 6416E SDA7176A	
pescribe circumstance	es of the accident	891) 7111.		
ECLARATION We declare the foregoing part	ticulars are true in every respect	L.º	7	1
olicyholder's Signature ate & Time	Driver's Signature (If driver is not the polic Date & Time:	cyholder)	Reporting Centre Personne Name: NRIC/FIN No.:	el's Signature





1 of 2

Report No. F/20190801/2111

POLICE REPORT (NP299)

Police Station Of Origin Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800 343 8999

Date/Time Report Made 01/08/2019 19:57	Vide Re	port No.		Station Diary No 163
Name Of Informant	Address			
ZHOU MINGYU	APT BLK 296B COMPASSVALE CRESCENT #10-273 SINGAPORE 542296			
ID Type / ID No. NRIC NO / S8473600G	Contact No. Home/Office Mobile 97408811			
Nationality SINGAPORE CITIZEN	Email Address			
Occupation	Sex	Age	Date of Birth	Race
Engineer	Male	35	12/04/1984	Chinese
Institution/School Name	Language			
Date/Time Of Incident 01/08/2019 17:00	Location Of Incident At woodlands checkpoint towards Singapore SINGAPORE			

Brief details.

On 01/08/2019 at about 1700hrs, I drove my car SLH6416K at woodlands checkpoint towards Singapore and the traffic was heavy. I was just following the traffic driving straight when suddenly one car SJG7176A hit my rear left area. I have in-car camera footage and photos of the incident. When we came off the car, we agreed on private settlement however subsequently after knowing the damage claim was unreasonable, hence, we both agreed on insurance claiming. There was no one injured and no government property damaged in the said incident.

Signature Of Officer Recording The Report:	Signature Of Informant:
F / Sgt 3 TEO JIA HAO, KENNETH	A
Signature Of Interpreter: Not applicable	Date/Time: 01/08/2019 19:57
Officer In-Charge Of Case: F / Sengkang N.P.C / Staff Sgt TEY LI TING, FION Contact No.: 63438999	Classification Of Case:

Authentication Stamp



Police Report





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190801/2111

Hence, I am doing this police report for insurance claiming purpose.

Signature Of Officer Recording The Report:	Signature Of Informant:
F / Sgt 3 TEO JIA HAO, KENNETH	
Signature Of Interpreter:	Date/Time: 01/08/2019 19:57
Officer In-Charge Of Case: F / Sengkang N.P.C / Staff Sgt TEY LI TING, FION Contact No.: 63438999	Classification Of Case:
Authentication Stamp	
Can't	SN 085
	Signature:
,	Police Force

























