SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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	
	ACCIDENT STATEMENT	
Date Of Report	25/10/2019 16:13	
Date Of Accident	24/10/2019 19:00	
Exact Location Of Accident	ALJUNIED ROAD TOWARDS MACPHERSON ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMG3816C	
Insured/Policyholder		
Name Of Registered Owner	KH LEASING PTE. LTD.	
Co Reg No	201611813C	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-82000060	
Vehicle Particulars		
Manufacturer	MAZDA	
Model	3	
Exact Purpose for which vehicle was being used at ime of accident	WORK PURPOSE	
Are you claiming under your own insurance policy or repair to your vehicle?	NO	
f No, Please state action to be taken	THIRD PARTY	
/ehicle Category	PRIVATE HIRE	
nsurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	5107245308	
Cover Note Number		
Oriver		
Name of Driver	MOEY HAN ZHAO (MEI HANZHAO)	
IRIC No	S8533664I	
Date Of Birth	30/10/1985	
Occupation	OUTDOOR	
Date Of Driving Pass	27/10/2005	
Driving Experience	13 YEARS AND 11 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-82000060	
ax Number		
Contact Number	OFFICE-82000060	
THE RESERVE OF THE PARTY OF THE		

HZMOEY@GMAIL.COM

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJW2382B

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

MRS CHU LIANG YI-TING

NRIC/Passport Number

S7175228C

Contact Number

87223388

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

MOEY HAN ZHAO Name

Approximate Age 33

Injuries Sustain 3 DAYS MC Injured person in which vehicle? SMG3816C

Were seat belts worn?

Was this injured conveyed to hospital by

Address

NO

ambulance?

APT BLK 108 ALJUNIED CERESCENT

#02-36 SINGAPORE

380108 Postcode

APT BLK 108 ALJUNIED CRESCENT Address

#02-36 SINGAPORE

380108 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER 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

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : NA

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name MACPHERSON NEIGHBOURHOOD POLICE POST

YES

2

3

ROAD: BLK 54 PIPIT ROAD #01-82/84, POSTCODE: 370054, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-7449999 - FAX NO: 65476366

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED REPORT.

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 SJW1642B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver DAI JIANFA NRIC/Passport Number S7771398J

Contact Number 90592225

Sketch Plan Pg. 1

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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, 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 the purpose of the police of the purpose of the police of the purpose of the purp
 - 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.

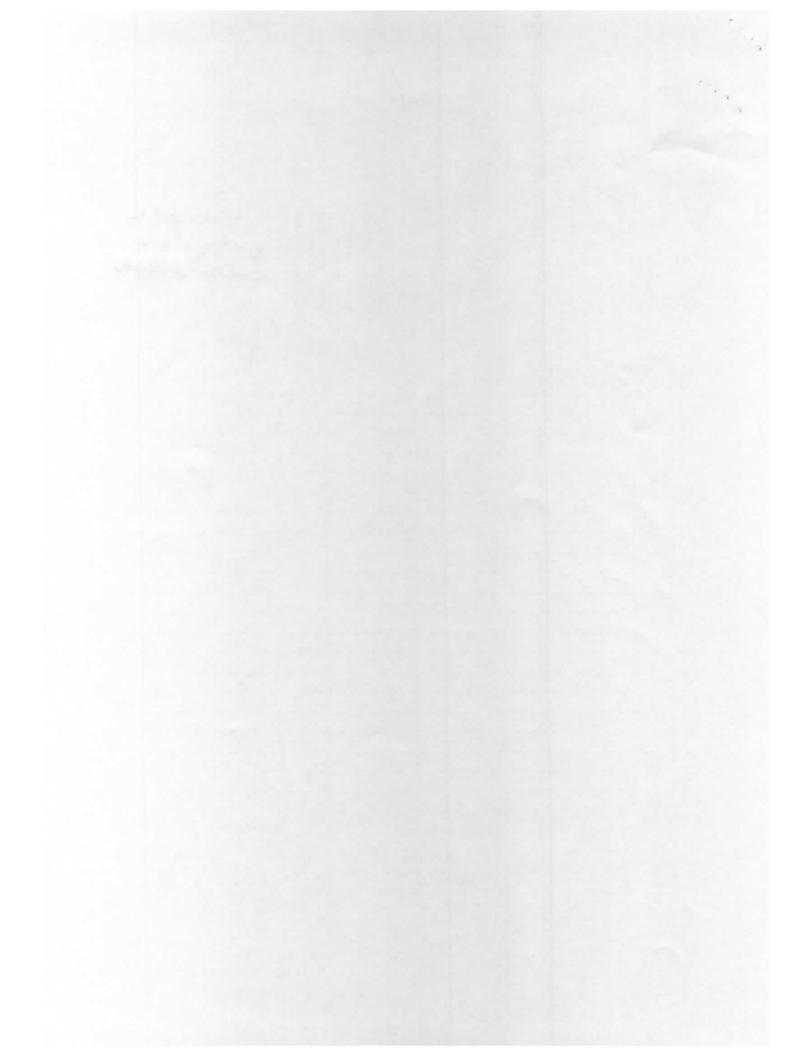
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

KETCH PLAN	X	
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ESCRIBE CIRCUMSTANCES O		
On 24 Oct 2019 at	about 1980hm I was travaling on time 2 (center la	ar)
along Aljamed Road	towards Margherson house the truffer was home, and I	Court
	enty I heard a bong from the boes and it cause my	
	hit outs the cor in draft Ales the account I -	
	e like every and I seek medical attention on the	
next day and got	3 days MC.	
- REFER POLICE	refort -	
ECLARATION		
We declare the foregoing particul	irs are true in every respect.	
	to the	
700		
olicyholder's Signature ate & Time:	Driver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Name:	
ice of fille.	Date & Time: NRIC/FIN No.:	

Statistic the idensine accepts

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1 of 4

Report No. T/20191024/2179

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999

REPORT	OF A	TRAFFIC	ACCIDENT

Date/Time Report Made: 24/10/2019 21:24		Made:	Vide Report No.:	Station Diary No.: 81		
Informa	nt's Partic	ulars				
Name of Informant: MOEY HAN ZHAO			Address: APT BLK 108 ALJUNIED CRESCENT #02-36 SINGAPORE 380108			
ID Type / ID No.: NRIC NO / S8533664I			Contact No.: Home/Office:	Mobile: 82000060		
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 30/10/1985	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: PHV DRIVER			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive:	Date/Time of Accident: 24/10/2019 19:00	Type of Location Straight Road
			ne junction of Kallang V	
Weather:		Road Surface: Dry		Road Speed Limit:
Clear		Traffic Control: Not Controlled		
Clear Traffic Flow: One Way				Traffic Volume: Heavy

Vehicle Not	Type	Make	Model	Golor_	Condition	No of Passenger
SDB2382B	Car	ТОУОТА	TOYOTA PREVIA 7 SEATER	Gold	Slightly Damaged	1
SJW1642B	Car	HONDA	ACCORD 2.0L	Black	Slightly Damaged	0
SMG3816C	Car	MAZDA	MAZDA3 4- DOOR SEDAN 1.5L SP.6EAT	White	Slightly Damaged	1

Common Statement Pg. 1



Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999



3 of 4 Report No. T/20191024/2179

CONTINUATION OF REPORT

my car suffered some slight dents on the bonnet. No one have complaint of any injuries at the scene. No ambulance or traffic police attended. All three cars were able to drive and no towing was required.





/20191024/2179

2 of 4 Report No. T/20191024/2179

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

CONTINUATION OF REPORT

Any Pedestrian In	volved: No					
No. of Pedestrian	s Injured: NIL		Use of Ped	lestrian	Cross	ing: NA
Driver 🖟 😐 :	GPA PAPER STA	人。但是不是的	为国际"阿里斯"	New Pa	TA CAL	THE PERSON NAMED IN COLUMN TO SERVICE OF SER
Name	CHU LIANG YI-TING	3		ID No.		S7175228C
Related Vehicle	SDB2382B (Car)			Contact No.		87223388
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ed Medical Leave	NIL	Degree of	of Injury NIL		
Driver	Marine Committee Control	G. Weiter Table	The same of the same	STATE OF	APPLANTS.	
Name	DAI JIANFA			ID No		S7771398J
Related Vehicle	SJW1642B (Car)			Contact No.		90592225
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class; NIL Date of Expiry: NIL
Date Treatment	NIL Date Di			charge NIL		
No of Days gran	ted Medical Leave		Degree of Injury NIL			
		NIL	14 55 50 15 15 15 15 15 15 15 15 15 15 15 15 15	AND THE	ATTENDED	
Name	MOEY HAN ZHAO		ID No.		S8533664I	
Related Vehicle	SMG3816C (Car)		Contact No.		82000060	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 24/10/2019 at about 1900hrs, I was driving my car (SMG3816C) on the second lane (center lane) along Aljunied Rd. Due to heavy traffic, cars were moving slowly in a move and stop manner. When my car came to a complete stop due to traffic. Suddenly, a car (SJW1642B) which was behind my car collided onto the rear of my car. The impact caused my car to move forward and my car hit collided onto the rear of the front car (SDB2382B).

All three drivers came of out from the cars to make a check and exchange particulars. The rear of my car suffered some dents on the rear bumper and boot door. The rear bumper was also cracked. The front of

Common Statement Pg. 1



T/20191024/2179

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999 4 of 4 Report No. T/20191024/2179

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:	Signature Of Informant:
Sgt 3 PU SONGHUI	I have
Signature Of Interpreter: Not applicable	Date/Time: 24/10/2019 21:24
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	