

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	04/11/2019 17:19
Date Of Accident	03/11/2019 12:10
Exact Location Of Accident	AYE TOWARDS TUAS SLIP ROAD INTO PORTSDOWN AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT613X
Insured/Policyholder	
Name Of Registered Owner	ZHONG LIANG
NRIC No	S7784546A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90025899
Alternative Phone No	OTHERS-90025899

Vehicle Particulars

Manufacturer	AUDI
Model	A3-1.4 SEDAN TFSI (AMBIENTE) (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?	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	DMPCSN1521341904
Cover Note Number	

Driver

Name of Driver	ZHONG LIANG
NRIC No	S7784546A
Date Of Birth	27/12/1977
Occupation	INDOOR
Date Of Driving Pass	17/06/2010
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90025899
Fax Number	
Contact Number	OTHERS-90025899
EEmail Address	NOEMAIL

Address	50G FABER HEIGHTS #03-49
Postcode	129201
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	COLLISION - HEAD TO REAR
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	2
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?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191103/2056

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 Witness 1

Name	CATHERINE
Phone Number	81212640
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ4617T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	PROBST LUCA ERIC SERGIO PAOLO
NRIC/Passport Number	G0846243M

Contact Number	81686870
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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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: *Resh*
NRIC/FIN No.: *123456789*

Accident Sketch Plan

SKETCH PLAN

Normanton Park

Portsdown Ave

V.A) SKT613X
V.B) FBJ4617T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. T/2019 1103/2056.

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191103/2056

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20191103/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/11/2019 14:13		Vide Report No.: D/20191103/0076		Station Diary No.: 38	
Informant's Particulars					
Name of Informant: ZHONG LIANG			Address: 50G FABER HEIGHTS #03-49 SINGAPORE 129201		
ID Type / ID No.: NRIC NO / S7784546A			Contact No.: Home/Office: Mobile: 90025899		
Nationality: CHINESE			Email:		
Sex: Male	Age: 41	Date of Birth: 27/12/1977	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Researcher			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/11/2019 12:05	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE > Tuas Slip Rd into Portsdown ave LP6				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
FBJ4617T	Motorcycle				Slightly Damaged	0
SKT613X	Car	AUDI	A3 SEDAN 1.4 TFSI AMBIENTE MY 15	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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T/20191103/2056

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Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20191103/2056

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKT613X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN15213419 04	21/05/2019	20/05/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	PROBST LUCA ERIC SERGIO PAOLO	ID No.	G0846243M
Related Vehicle	FBJ4617T (Motorcycle)	Contact No.	81686870
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	Slight
Driver			
Name	ZHONG LIANG	ID No.	S7784546A
Related Vehicle	SKT613X (Car)	Contact No.	90025899
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 3/11/2019 at about 1209hrs, I am the driver of the vehicle SKT613X (V1). While I was driving along AYE towards Portsdown Flyover. Before the right turn into Portsdown flyover the traffic light was turned amber and I started to slow down and eventually stop my vehicle before the stop line when the traffic light was red. After my vehicle was at a complete stop, I felt an impact on the rear of my vehicle. I discovered that the vehicle FBJ4617T (V2) had actually collided with my vehicle and the rider was on the floor. The rider then sat up and wanted to lie against my vehicle. I asked if he was okay whether he was able to blink, speak and see my hands waving and he was able to do it. Subsequently a witness namely Catherine, Contact 81212640 then assisted to call for the ambulance. I noticed that he had scratches on his arm and he informed that he felt pain at his right shoulder area. The Ambulance then arrived and conveyed him to hospital. The Rider was conscious during the incident.

POLICE REPORT



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T/20191103/2056

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Report No. T/20191103/2056

CONTINUATION OF REPORT

POLICE REPORT



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T/20191103/2056

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Report No. T/20191103/2056

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: D / Sgt 2 ANG KHENG HAO, THAWAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/11/2019 14:13
Officer In Charge Of Case: TP / GIT / Staff Sgt SUFIYAN BIN KHAIRI Contact No.: 65476390	Classification Of Case:
Authentication Stamp NP168	SN 49
 SIGNATURE	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

