

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	12/12/2019 12:06
Date Of Accident	06/12/2019 21:00
Exact Location Of Accident	HANDY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	S5315CD
Insured/Policyholder	
Name Of Registered Owner	ZHANG XUMIN
NRIC No	G1842456N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96503026
Alternative Phone No	OFFICE-96503026

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180
Exact Purpose for which vehicle was being used at time of accident	
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	DMPCSN1824911901
Cover Note Number	

Driver

Name of Driver	ZHANG XUMIN
NRIC No	G1842456N
Date Of Birth	15/06/1975
Occupation	INDOOR
Date Of Driving Pass	29/06/2018
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96503026
Fax Number	
Contact Number	OFFICE-96503026
Email Address	NOEMAIL

Address	-
Postcode	
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	SIDE SWIPE
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer 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	SHA7602S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE WAI CHOI
NRIC/Passport Number	S1819325F
Contact Number	98293060
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

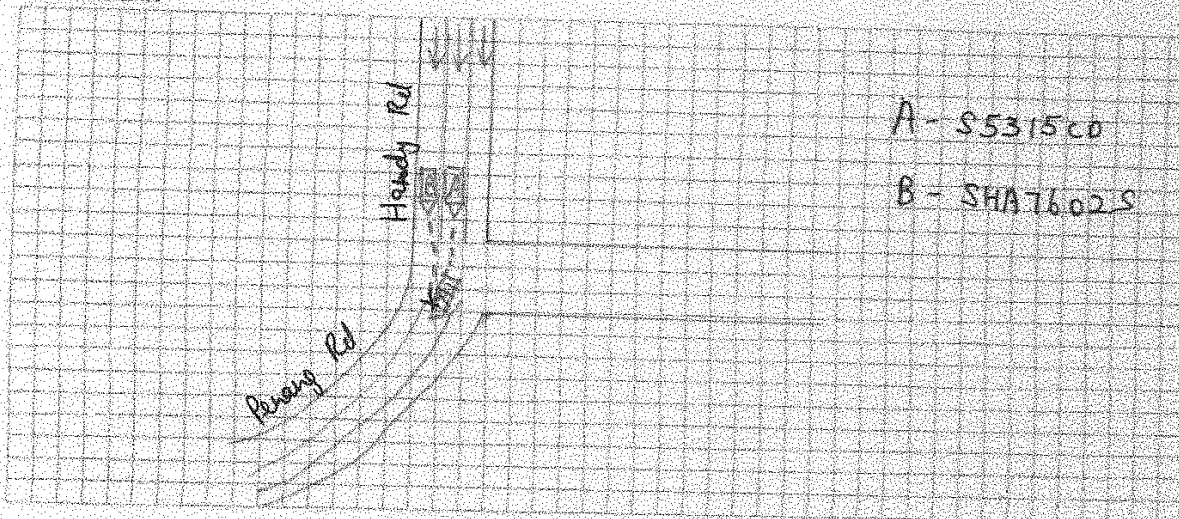
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer attached statement.

DECLARATION

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

X 張徐氏
Policyholder's Signature
Date & Time:

X 張徐民
Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature: _____
Name: _____

**Details of accident for my Vehicle No : S5315CD claiming TP
Vehicle no : SHA7602S which happened on 6th Dec 2019 at
2100hrs**

I was driving from Handy Rd on the 2nd lane and stopping at the traffic light junction while waiting for the light to turn green towards Penang Rd. When the light was in my favour and my car was started to move, all of a sudden I felt a great impact from my car's right side. Vehicle B who drove on 3rd lane which next to my car had encroached into my path, as a result his taxi left side body had collided onto my car's front right portion. After the collision, Vehicle B just hit and ran from the accident scene without stopping. Immediately I gave a chase until 50m away, finally I had managed to stop his taxi and took down his particulars but he had denied the allegation. I had decided to make an accident report to my Insurance for claim & repair purposes.



Ministry of Foreign Affairs
Singapore

DIPLOMATIC



FIN: G1842456N Card No: D59-000602

Name: ZHANG XUMIN

Designation: DEPUTY CHIEF OF MISSION &
MINISTER COUNSELLOR

Mission: EMBASSY OF THE PEOPLE'S
REPUBLIC OF CHINA

Date of issue: 22-06-2016

Date of Expiry: 22-06-2021

This card is not transferable. The card should be returned to the Protocol Directorate, Ministry of Foreign Affairs, Singapore, on departure of the Bearer.

Loss of this card must be reported immediately to the Chief of Protocol, Ministry of Foreign Affairs, Singapore.

If found, this card must be returned immediately to the Protocol Directorate, Ministry of Foreign Affairs, Tanglin, Singapore 24816 or handed in at the nearest Police Station.



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Zhang Xumin

Licence Number: G1842456N
Name: ZHANG XUMIN

Birth Date: 15 Jun 1973
Valid Date: 29 Jun 2018
Valid Till: 28/06/2023

Barcode: 002818237J

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	29 Jun 2018

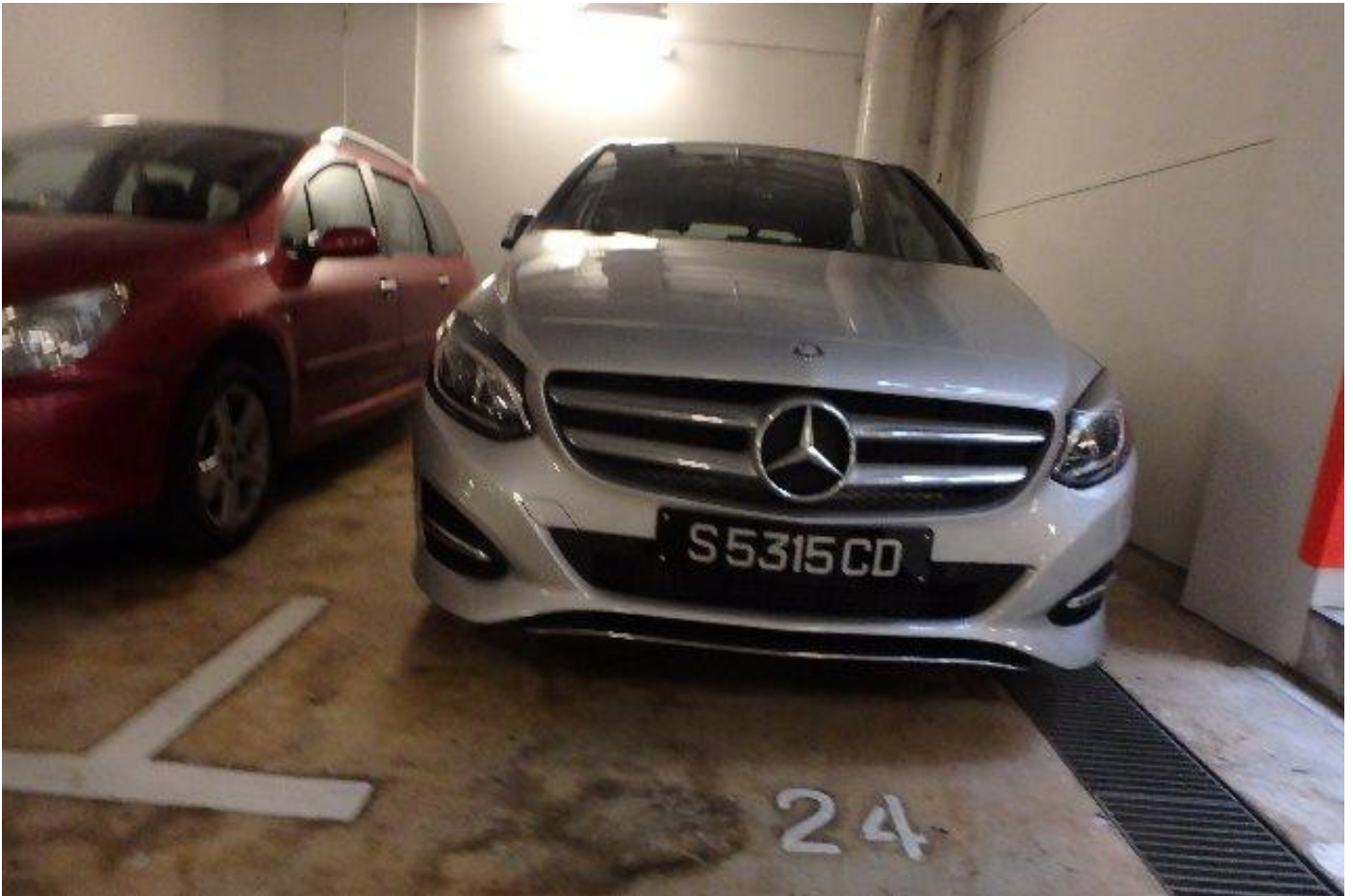
NP 428A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

