

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	21/01/2020 16:59
Date Of Accident	21/01/2020 09:50
Exact Location Of Accident	AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE5899G
Insured/Policyholder	
Name Of Registered Owner	KE JINSHAN
NRIC No	S7468875F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86957333
Alternative Phone No	OFFICE-86957333

Vehicle Particulars

Manufacturer	BMW
Model	523I-2.5 XL (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?	YES
If No, Please state action to be taken	
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	DMPCSN1913611900
Cover Note Number	

Driver

Name of Driver	KE JINSHAN
NRIC No	S7468875F
Date Of Birth	15/10/1974
Occupation	OUTDOOR
Date Of Driving Pass	02/10/2007
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86957333
Fax Number	
Contact Number	OFFICE-86957333
Email Address	NOEMAIL

Address	BLK 850 JURONG WEST STREET 81 #07-279
Postcode	640850
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	RAINING
Road Surface	WET

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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : DAUGHTER GENDER: : FEMALE

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

WHEN I WAS TRAVELLING ALONG AYE AT FIRST LANE, MY FRONT UNKNOWN VEHICLE SUDDENLY FILTERED OUT TO THE SECOND LANE, THEN I REALISED THAT VEHICLE B WAS STATIONARY IN FRONT, I COULDN'T BRAKE IN TIME AND ACCIDENTALLY COLLIDED INTO VEHICLE B'S REAR PORTION. UPON CHECKING, BEFORE THE COLLISION OF MY VEHICLE WITH VEHICLE B, VEHICLE B ALSO HIT ONTO VEHICLE C'S REAR PORTION AND BOTH VEHICLE B & C WERE STOPPED AT THE FIRST LANE OF AYE. NO ONE WAS INJURED IN THIS ACCIDENT.

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	SLK9383K
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMMAD AZ-ZAHARI BIN AHMAD KAMIL
NRIC/Passport Number	S8126574G
Contact Number	81180100
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHA2616K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver HEO KIM YONG
NRIC/Passport Number S1133957C
Contact Number 81022625
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

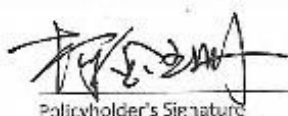
SKETCH PLAN

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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:

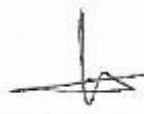
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 21/01/2020

16:25 pm

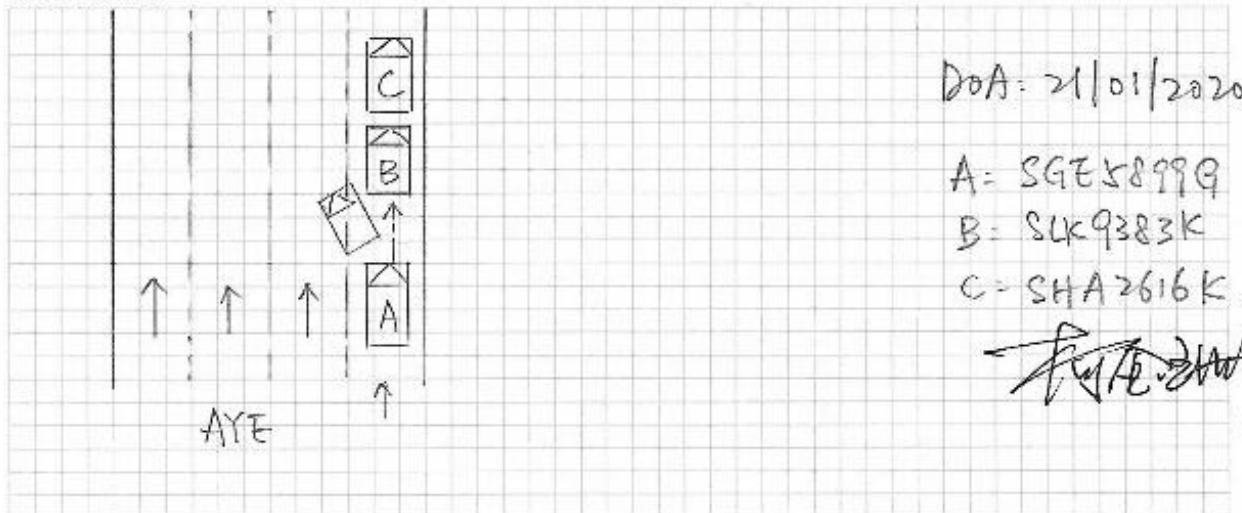
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was travelling along AYE at first lane, my front unknown vehicle suddenly filtered to the second lane, then I realised that vehicle B was stationary in front, I couldn't brake in time and accidentally collided into vehicle B's rear portion. Upon checking, before the collision of my vehicle with vehicle B, vehicle B also hit onto vehicle C's rear portion and both vehicle B & C were stopped at the first lane of AYE. No one was injured in this accident.

[Signature]

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:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7468875F**



Name
KE JINSHAN
柯 金 珊

Race
CHINESE

Date of birth
15-10-1974

Sex
M

Country of birth
CHINA





REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S7468875F**


Name:
KE JINSHAN

Birth Date: **15 Oct 1974**

Issue Date: **05 Jan 2010**



001819066H



Identification Card

8994927



NRIC No. **S7468875F**

Nationality
CHINESE

Date of issue
02-01-2009

**APT BLK 850 JURONG WEST STREET 81 #07-279
SINGAPORE 640850**

NRIC No: **S7468875F**

Date: **04/05/2011**

No: **6668956**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

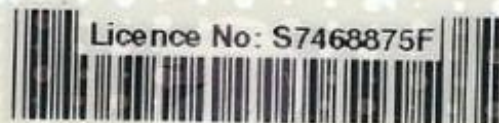
Class 2B Motorcycles =< 200 cc
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

PASS DATE

02 Oct 2007

02 Oct 2007

NP 428A



Licence No: S7468875F

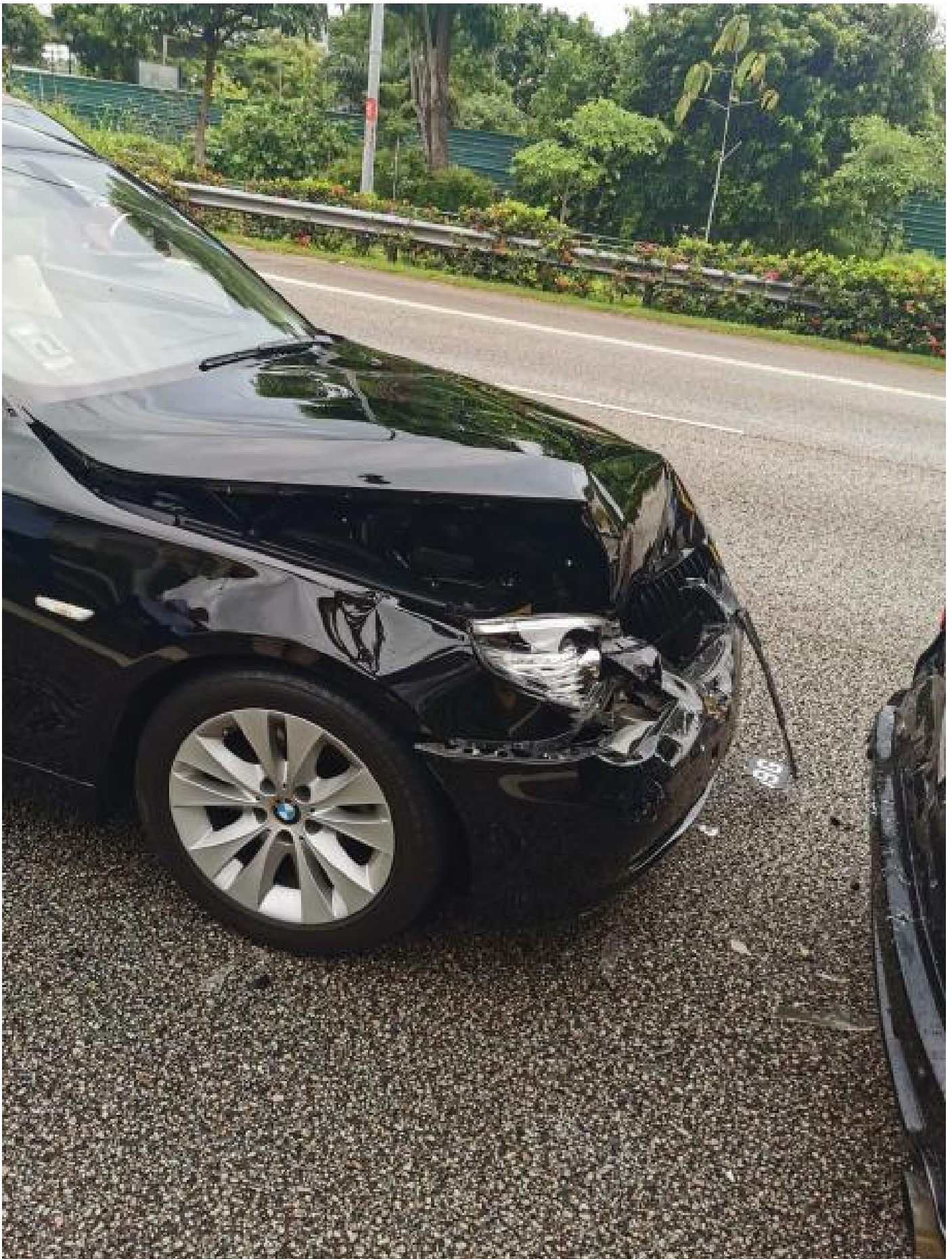
SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



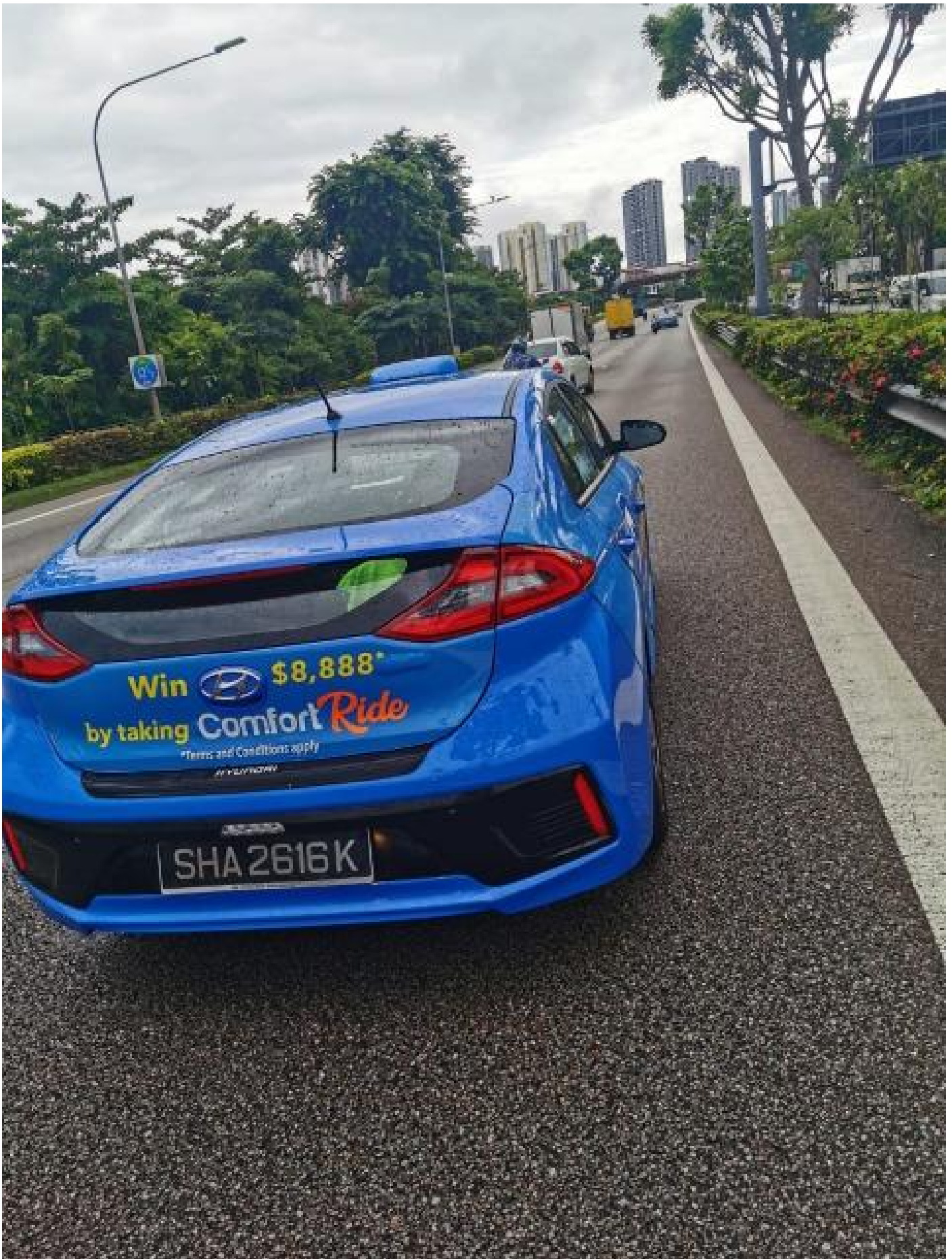
SCENE PHOTO



SCENE PHOTO



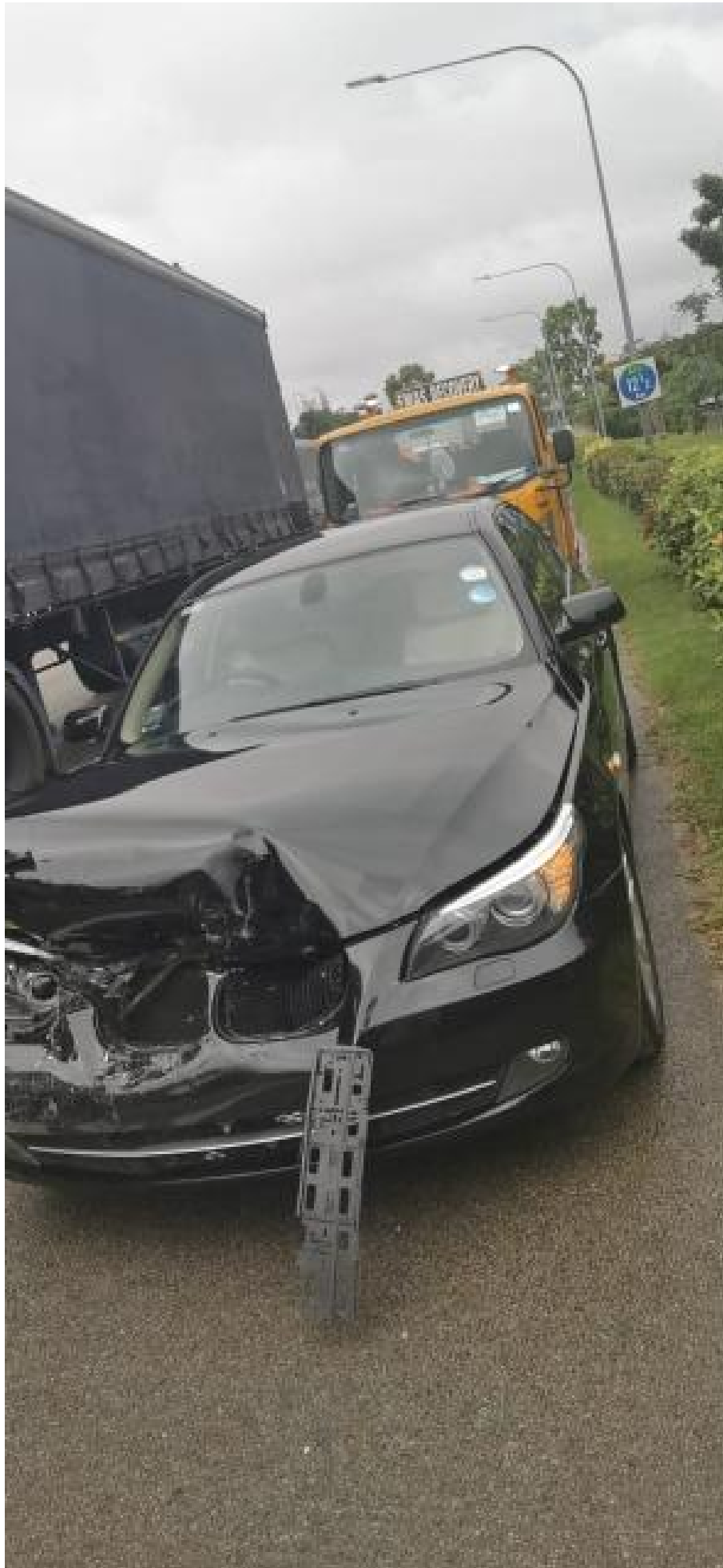
SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8126574G**



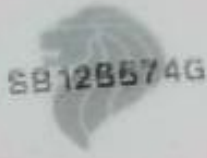

Name
MOHAMMAD AZ-ZAHARI BIN AHMAD KAMIL
محمد الزاهري بن احمد كamil

Race
MALAY

Date of birth
13-09-1981

Sex
M

Country of birth
SINGAPORE



S8126574G

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1133957C



Name
HEO KIM YONG
丘 劍 容

Race
CHINESE

Date of birth
06-05-1955

Sex
M

Country/Place of birth
SINGAPORE

