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	12/02/2020 11:30
Date Of Accident	08/02/2020 20:10
Exact Location Of Accident	CHENG YAN PLACE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGC626X
Insured/Policyholder	
Name Of Registered Owner	MA JUNXIANG
NRIC No	SXXXX267A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96330409
Alternative Phone No	OFFICE-96330409
Vehicle Particulars	
Manufacturer	BMW
Model	316I 1.6 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	DMPCSN3065151900
Cover Note Number	
Driver	
Name of Driver	MA JUNXIANG
NRIC No	SXXXX267A

Name of Driver MA JUNXIANO
NRIC No SXXXX267A
Date Of Birth 19/05/1988
Occupation INDOOR
Date Of Driving Pass 16/02/2009

Driving Experience 10 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96330409

Fax Number

Contact Number OFFICE-96330409

EMail Address NOEMAIL

Address BLK 532 BUKIT BATOK STREET 51

#13-148

Postcode 650532

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 0

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200211/7027.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMQ368X

Vehicle Make/Model/Colour

Cividoco

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 20

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
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- 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:
 - 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: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

NRIC/FIN No.:

Accident Sketch Plan

ETCH PLAN		-
	<u> </u>	A. SUCCIEX
	200	8: SM @ 368 X
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SCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
FORT TO POLICE	report + 7/2020211/9027.	
	/	
CLARATION		
	iculars are true in every respect.	
cyholder's Signature e & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
Tratto 3 (SWA3)	Date & Time:	NRIC/FIN No.:

GIARMC SketchPlanform_V3

Police Report



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20200211/7027

REPORT OF A TRAFFIC ACCIDENT

11/02/20	ne Report M 20 19:44	Made:	Vide Report No.: A/20200208/0159	Station Diary No.:		
Informa	nt's Partic	ulars	ACTIVITIES AND ADDRESS.	Charles and the same of the sa		
Name of MA JUN	Informant: XIANG		Address: APT BLK 532 BUKIT BATOI SINGAPORE 650532	K STREET 51 #13-148		
ID Type / ID No.: NRIC NO / S8817267A			Contact No.: Home/Office:	itact No.:		
Nationality: SINGAPORE CITIZEN		EN	Email: MA_Junxiang@spf.gov.sg			
Sex: Age: Date of Birth: Male 31 19/05/1988			Type of Informant: Driver			
Race: Chinese			Language: Institution / School N			
Occupation: Police officer			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police				
Location: CHENG YAN Weather: Clear	PLACE	Road Surface:	R	oad Speed Limit:	
CICCII		Diy			
Traffic Flow: One Way		Traffic Control: Not Controlled		raffic Volume:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGC626X	Car	BMW	316I 1.6 AT D/AB 4DR ABS HID	White		0
SMQ368X	Car	HYUNDAI	12001110	Red		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SGC626X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30651519 00	28/08/2019	

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20200211/7027

CONTINUATION OF REPORT

Details of Perso	n Involved			NEW C	WILLIAM ST	SECTION AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS
Any Pedestrian I	nvolved: No		AND DESCRIPTION OF THE PARTY OF			
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver	STATE OF THE PARTY OF THE	CONTRACTOR OF THE PARTY OF	THE RESERVE	WEST CO.	ALC: N	
Name	MA JUNXIANG			ID No	2	S8817267A
Related Vehicle	SGC626X (Car)			Conta	ct No.	96330409
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

I parked my vehicle along the said location at the last parallel parking lot on the left side of the road at about 1815hrs. When I returned to my vehicle at about 2025hrs, I discovered scratches at the rear right portion of my vehicle with red paint transferred. My in-car camera managed to capture a red hyundai avante parked very closely directly behind my vehicle. When the said red car tried to leave the place at about 2011hrs, the front left portion of the red car collided onto my vehicle rear right portion. The driver did not stop to make a check but continued to drive away. A Cctv from a shop house managed to capture the red car plate as SMQ368X

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200211/7027

CONTINUATION OF REPORT

|--|

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/02/2020 19:44
Officer In Charge Of Case: TP / TPIB / NORAMEERA BINTE MOHAMED HUSSEIN Contact No.: 65476236	Classification Of Case:
Authentication Stamp	



10 Sin Ming Drive Singapore 575701 www.lta.gov.sg

02 Sep 2019

Our ref 0209190203N061006600

What You Need To Do:

You must show the new number SGC626X on your vehicle by 05 Sep 2019.

MA JUNXIANG APT BLK 532 BUKIT BATOK STREET 51 #13-148 SINGAPORE 650532

Dear Sir/Madam

You Have Successfully Replaced Vehicle Registration No. SLP5693R With SGC626X

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was SLP5693R, now has the number SGC626X.

The vehicle details after the transaction are:

Transaction No.

: 20190902170534409506

Vehicle Registration

: SGC626X (Previously SLP5693R)

No.

Vehicle Make

: B.M.W.

Vehicle Model

: 316I 1.6 AT D/AB 4DR ABS HID

Chassis No.

: WBA3A16010NS36258

Engine No./ Motor

: B504J552N13B16A / -

No.

Please change the number plates on this vehicle to show SGC626X by 05 Sep 2019. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.





















