

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	03/04/2020 17:50
Date Of Accident	02/04/2020 17:25
Exact Location Of Accident	FORT ROAD (JUST BEFORE BUS STOP 91089)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML4612R
Insured/Policyholder	
Name Of Registered Owner	ROZAIDI BIN ZAINAL
NRIC No	SXXXX786A
Email Address	HANAH.HAYDEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97966444
Alternative Phone No	OTHERS-97966444

Vehicle Particulars

Manufacturer	PORSCHE
Model	PANAMERA
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	DMPCSN3037871900
Cover Note Number	

Driver

Name of Driver	ROZAIDI BIN ZAINAL
NRIC No	SXXXX786A
Date Of Birth	13/07/1980
Occupation	OUTDOOR
Date Of Driving Pass	13/12/2003
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97966444
Fax Number	
Contact Number	OTHERS-97966444
E Mail Address	HANAH.HAYDEN@GMAIL.COM

Address	53 BEDOK ROAD #03-31
Postcode	469569
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?	YES
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)	2
Passenger 1	NAME: : NURHANAH BINTE AZMAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20200404/2048

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	XD6927G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WONG THIAM FATT
NRIC/Passport Number	
Contact Number	

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

DETAILS OF INJURED PERSON 1

Name ROZAIDI BIN ZAINAL
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SML4612R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NURHANAH BINTE AZMAN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SML4612R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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:

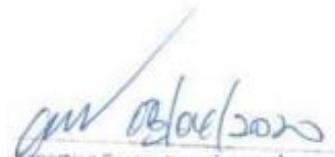
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



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

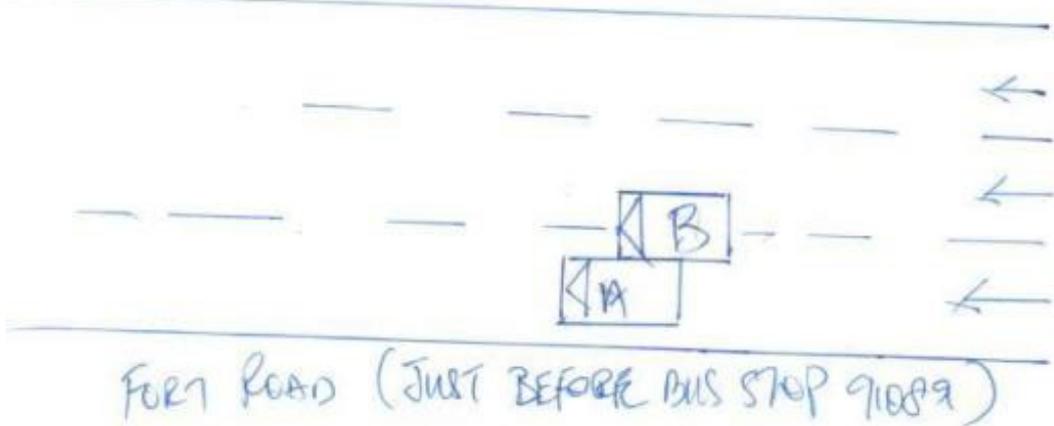


Reporting Centre Personnel's Signature
Name: Resli Lim

Accident Sketch Plan

A = SML4612R
 B = XD 6927G

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Fort Rd on the outer left lane. A huge truck suddenly hit us on the right side of the car, and caused us to move further to the front. The truck and our car came to a complete stop slightly after the bus stop.

POLICE REPORT T/20200404/2048

DECLARATION

(We declare the foregoing particulars true in every respect.)


 Policyholder's signature
 Date & Time:


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


 Reporting Centre Person's signature
 Date & Time: 13/06/2020
 Paul W. [Signature]

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200404/2048

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20200404/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2020 14:03	Vide Report No.:	Station Diary No.: 103
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Informant's Particulars			
Name of Informant: ROZAIDI BIN ZAINAL		Address: 53 BEDOK ROAD #03-31 SINGAPORE 469569	
ID Type / ID No.: NRIC NO / S8019786A		Contact No.: Home/Office: Mobile: 97966444	
Nationality: SINGAPORE CITIZEN		Email:	
Sex Male	Age: 39	Date of Birth: 13/07/1980	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: Real estate agent		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/04/2020 17:25	Type of Location: Straight Road
Location: Along Road 1 FORT ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SML4512R	Car	PORSCHE	PANAMERA	White	Slightly Damaged	1
XD5927G	Lorry				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SML4512R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD	DMPCSN30378719 00	24/05/2019	23/05/2020

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200404/2048

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20200404/2048

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	NURHANAH BINTE AZMAN	ID No.	S8233592G
Related Vehicle	SML4612R (Car)	Contact No.	96551426
Hospital/Clinic	REGENT CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/04/2020	Date Discharge	03/04/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	ROZAIDI BIN ZAINAL	ID No.	S8019786A
Related Vehicle	SML4612R (Car)	Contact No.	97966444
Hospital/Clinic	REGENT CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/04/2020	Date Discharge	03/04/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	WONG THIAM FATT	ID No.	F7282860R
Related Vehicle	XD6927G (Lorry)	Contact No.	63660537
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	NIL

Brief Details.

On 02/04/2020 at about 1725hrs, I was driving along Fort Road lane 3 at about 50km/hr. Suddenly, I felt an impact on the right side of my vehicle. After making a check, I discovered that a cement truck has collided into the right side of my vehicle, causing scratches, dents and chips on rear right tire, rear right tire rims, rear right bumper, rear right passenger and driver door. My side mirror was also broken and dislodged. Both the truck driver and I came down and exchange particulars. At that point, my wife (4 months pregnant) was in my car. As both parties were not injured, we did not call for ambulance or police assistance. Subsequently, we left on our own directions. On the following day, my wife and I felt unwell and visited Regent clinic for consultation where the doctor gave both of us four days medical leave and

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200404/2048

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Report No. T/20200404/2048

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

medications for bilateral neck injuries. I wish to state that my wife felt traumatize as well and I missed two work appointment due to the accident as well.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200404/2048

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No: T/20200404/2048

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:

L/
Sgt 2 NG KOK WEI JOHN

Signature Of Informant:

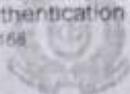
Signature Of Interpreter:
Not applicable

Date/Time:
04/04/2020 14:03

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP158



Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No. : MNA420039826 Vehicle Registration No: SML 4612R
Name(as shown in NRIC) : ROZAIDI BIN ZAINAL NRIC/FIN/Passport No : S8019786A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 53 BEDOK ROAD #03-31 Singapore(469569)
Contact (Tel) : Mobile No. : 9796 6444
Email Address :
Date of Accident : 02.04.2020 Time of Accident : 17:25hrs
Place of Accident : FORT ROAD (JUST BEFORE BUS STOP 91089)
Insurance Company: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ATTACHED POLICE REPORT NUMBER: T/20200404/2048
TAMBAH R. POL. NO. 204 CAR NURHANAH BINTI AZMAN

ROZAIDI BIN ZAINAL
Policyholder / Driver's Signature
Date: 06.04.2020

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