

### 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	06/05/2020 17:19
Date Of Accident	30/04/2020 18:15
Exact Location Of Accident	ALONG CHOA CHU KANG CRESCENT
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5668X
Insured/Policyholder	
Name Of Registered Owner	ARTIZEN PTE LTD
Co Reg No	2XXXXX611W
Email Address	ZHANGFWI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87816158
Alternative Phone No	OFFICE-87816158

#### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
Are you claiming under your own insurance policy for repair to your vehicle?	YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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#### Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVC000008163-00-000
Cover Note Number	

#### Driver

Name of Driver	ZHANG FEI
NRIC No	SXXXX651J
Date Of Birth	26/03/1985
Occupation	OUTDOOR
Date Of Driving Pass	29/03/2018
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87816158
Fax Number	
Contact Number	OTHERS-87816158
Email Address	ZHANGFWI@GMAIL.COM

Address	BLK 686B CHOA CHU KANG CRESCENT #11-228
Postcode	682686
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO MOTORCYCLIST
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG POLICE DIVISIONAL HQ ( 'J' DIVISION )
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PEASE REFER TO POLICE REPORT J/20200502/7010

#### 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	FBR1660U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN RIDER

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FBR1680U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



## Accident 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:

*[Signature]*

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

06/05/2020

16:55

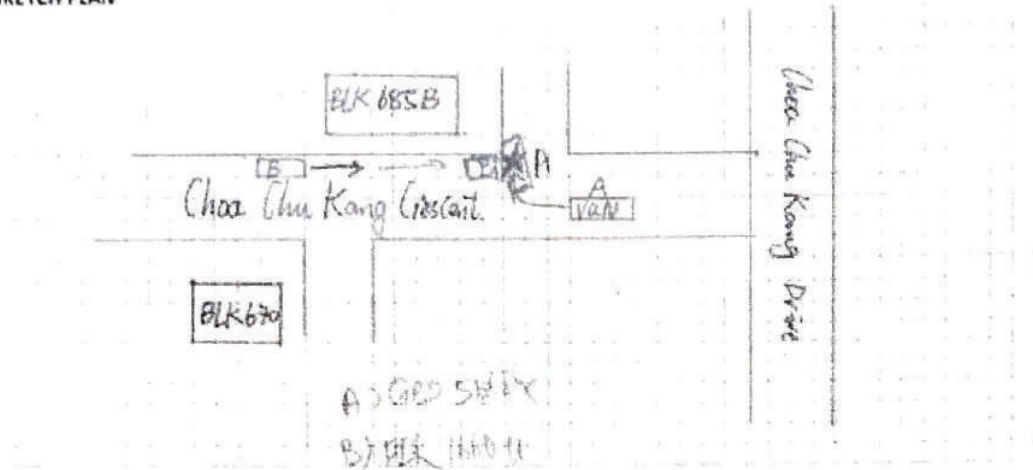
*[Signature]* 06/05/2020

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

*[Signature]*  
Name: Reski  
NRIC/FIN No.: WA 1113

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 2/2020 0522/101

## DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:  
06/05/2020  
16:55

Reporting Centre Personnel's Signature  
Name:  
NRIC/TIN No:



[illegible]

1 of 2

Report No. J/20200502/7010

Date/Time Report Made 02/05/2020 09:49		Vide Report No.		Station Diary No.	
Name Of Informant ZHANG FEI		Address APT BLK 686B CHOA CHU KANG CRESCENT #11-22B SINGAPORE 682686			
ID Type / ID No. NRIC NO / S8563651J		Contact No. Home/Office:                      Mobile: 87816158			
Nationality CHINESE		Email Address ZHANGFWI@GMAIL.COM			
Occupation Mechanical engineering technician (general)		Sex Male	Age 35	Date of Birth 26/03/1985	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 30/04/2020 18:15 - 30/04/2020 18:20		Location Of Incident CHOA CHU KANG CRESCENT			
Brief details.					

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: 02/05/2020 09:49
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

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## Police Report



**SINGAPORE  
POLICE FORCE**



J/20200502/7010

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20200502/7010

Some plastic parts of his motorcycle were damaged. Both the front door and sliding door on the left side of my van were badly dented. I quickly approached the motorcycle rider and check whether he was okay. I noticed that his face were injured and swollen, so I immediately called 995 for an ambulance. I was then waiting at the scene for the traffic police officer.

I would like to explain that I got a cut on my right hand that afternoon during work and lost a lot of blood. I felt a bit dizzy on my way driving home. After the collision I realised that I missed this motorcycle approaching from the opposite following the one mentioned above.

Subjects Involved			
Victim			
Person Name	ZHANG FEI		
ID Type	NRIC NO	ID No	S8563651J
Gender	Male	Age	35
Race	Chinese	Language	English
Occupation	Mechanical engineering technician (general)	Address Type	
Address	APT BLK 686B CHOA CHU KANG CRESCENT #11-228 SINGAPORE 682686		Mobile No
Is Informant A Victim?	Yes		
Person Name			
ZHANG FEI (Informant)			

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

02/05/2020 09:49

Classification Of Case: