

## 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	19/09/2019 17:07
Date Of Accident	18/09/2019 19:45
Exact Location Of Accident	ECP EXPRESSWAY TOWARDS CHANGI AFT STILL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK72E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KE ZHENGHUI
NRIC No	S8437793G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91712271
Alternative Phone No	Office-NOPHONE

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.6 AVANTGARDE (R17 LED) (A)

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 COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107627408
Cover Note Number	

### Driver

Name of Driver	KE ZHENGJIE
NRIC No	S8636147G
Date Of Birth	21/11/1986
Occupation	INDOOR
Date Of Driving Pass	04/10/2010
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93381652

Fax Number

Contact Number

EMail Address

NOEMAIL

Address

BLK 27A JALAN MEMBINA  
#20-140

Postcode

163027

Was driver an employee of the Insured's Company

NO

If No, Relationship of the Driver with the Insured

SIBLING

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

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

3

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

RIVER VALLEY NEIGHBOURHOOD POLICE POST

Police Station Address

**ROAD:** BLK 4 DELTA AVENUE , **POSTCODE:** 161004 , **COUNTRY:**  
SINGAPORE

Police Station Contact

**TEL NO:** 1800-2789999 - **FAX NO:** 62786427

Was notice of intended Prosecution given?

NO

If Yes, against whom?

**Circumstances of Accident**

SEE ATTACHED SKETCH PLAN AND POLICE REPORT

**Attachment(s)**

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

GBH6629G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SMJ3947S  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
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 KE ZHENGJIE  
Approximate Age 33  
Injuries Sustain PAIN ON THE RIGHT SIDE OF THE HEAD AND NECK AREA  
Injured person in which vehicle? SMK72E  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address BLK 27A JALAN MEMBINA  
#20-140  
Postcode 163027

## Sketch Plan


SKETCH PLANIMPORTANT NOTICE

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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.

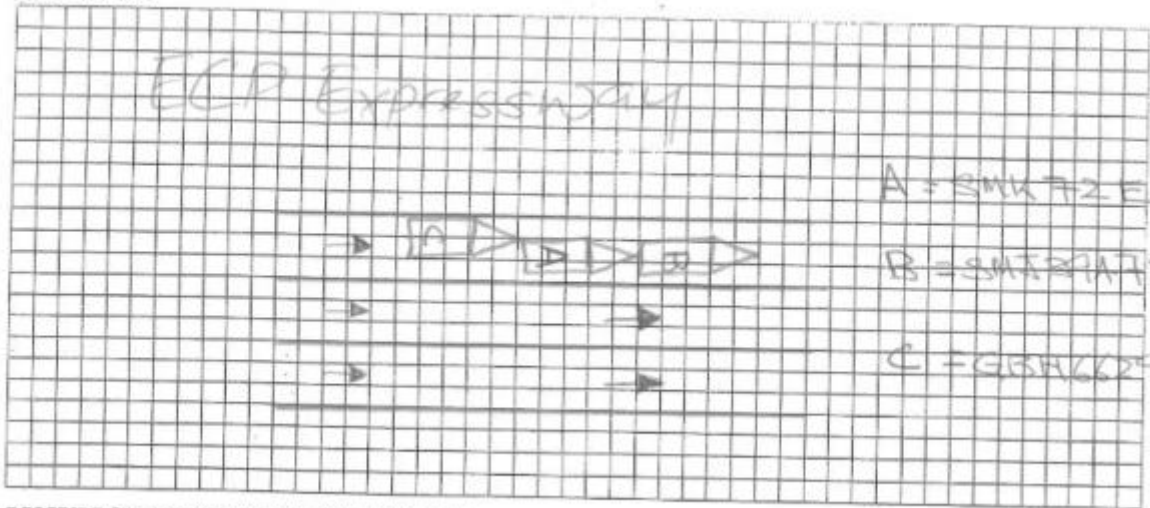
  
 Policyholder's Signature  
 Date & Time:

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

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

## Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report Attached - Report No: T/20190919/2115

## 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:

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

GIARMC SketchPlanForm\_V3

OWNER'S NRIC



DRIVER'S NRIC & LICENSE



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190919/2115

1 of 4

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

Report No: T/20190919/2115

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2019 16:33		Vide Report No.:		Station Diary No.: 12	
<b>Informant's Particulars</b>					
Name of Informant KE ZHENGJIE			Address: APT BLK 27A JALAN MEMBINA #20-140 SINGAPORE 163027		
ID Type / ID No.: NRIC NO / S8636147G			Contact No.: Home/Office: Mobile: 93381652		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 21/11/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			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: 18/09/2019 19:45	Type of Location: Expressway
Location: Along Road 1 EAST COAST EXPRESSWAY East Coast Park Expressway towards Changi, After Still Rd				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Chain collision.				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH6629G	Van				Seriously Damaged	0
SMJ3847S	Car				Seriously Damaged	3
SMK72E	Car				Seriously Damaged	0



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190919/2115

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

2 of 4

Report No. T/20190919/2115

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GAO FUZE	ID No.	G3211540W
Related Vehicle	GBH6629G (Van)	Contact No.	82929699
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
Driver			
Name	POON KEAH YAU	ID No.	S8590101Z
Related Vehicle	SMJ3947S (Car)	Contact No.	93290368
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KE ZHENGJIE	ID No.	S8636147G
Related Vehicle	SMK72E (Car)	Contact No.	93381652
Hospital/Clinic	ORTHOLIMB BONE AND JOINT SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/09/2019	Date Discharge	19/09/2019
No. of Days granted Medical Leave	15	Degree of Injury	Slight

## Brief Details.

On the abovementioned date and time, I was driving my vehicle ( SMK 72E/ Mercedes Benz C Class/ Black in colour) along ECP towards Changi on the extreme right lane. I applied emergency brake to my vehicle when I saw the car (SMJ 3947S) in front of me suddenly braked. Out of a sudden, a van ( GBH 6629G) suddenly hit me from behind. The impact was strong and it caused my vehicle to move forward and hit the car ( SMJ 3947S). All the 3 affected vehicle drivers then stopped our vehicles and started to exchange particulars. I also contacted Orange Force to come to the scene and assist me.

My vehicle does not have any in-car camera. I managed to find out from the car driver ( SMJ 3947S) that

## Police Report



SINGAPORE  
POLICE FORCE



T/20190919/2115

3 of 4

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

Report No. T/20190919/2115

CONTINUATION OF REPORT

he had e-braked when the car in front of him suddenly stopped. The van ( GBH 6629G) seems to be driving rather fast and was unable to brake and then hit onto my car.

The damages to the vehicles involved are as follows:-

- 1) SMK 72E - Rear bonnet badly damaged. Front bumper dropped. Front right side door also damaged.
- 2) SMJ 3947S - Rear bumper and door badly damaged.
- 3) GBH 6629G - Front part of the van damaged.

I am thus lodging this report for record and insurance claims purposes.

## Police Report

SINGAPORE  
POLICE FORCE

T/20190919/2115

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

4 of 4

Report No. T/20190919/2115

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 65474985 stating the report number as reference.

Signature Of Officer Recording The Report:  
E /  
Staff Sgt NORMAN BIN JALAL

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
19/09/2019 18:33

Officer In Charge Of Case:  
TP 1 AEIT / SINGAPORE POLICE  
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED  
MOHD SAID  
Contact No.: 65476172  
Authentication Stamp  
NP 168

Classification Of Case:

## MEDICAL CERT

**ORTHOLIMB BONE AND JOINT SURGERY PTE LTD** (RN:201496644W)

8 Napier Road #07-19 Glineagles Medical Centre  
Singapore 258498  
GST and Co Reg No: 201406644W  
Tel: +65 6479 7372, Fax: +65 6479 7378

Patient: **KE ZHENGJIE**  
NRIC: S8636147G  
ID: 14004609

Date: 18 Sep 2019  
MC: #1396

## Medical Certificate

This is to certify that the patient is Unfit for work from 19 September 2019 to 03 October 2019 for 15 days.

Dr Lim Yi-Jia MCR: 08533B  
MBBS (Sports), MBBS (Ortho), MRCSEd (Ortho)  
Orthopaedic Surgeon  
Ortholimb Bone and Joint Surgery Pte Ltd  
8 Napier Road #07-19 Glineagles Medical Centre  
Singapore 258498  
Tel: +65 6479 7372, Fax: +65 6479 7378  
Email: info@ortholimb.com.sg  
Website: www.ortholimb.com.sg

Dr Lim Yi-Jia  
MCR: 08533B  
Consultant Orthopaedic Surgeon

Note: This medical certificate is not valid for absence from court.

## INSURANCE CERT



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1989  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

<b>Certificate Number:</b> S107627406	<b>Cover:</b> 1. drive CLASSIC
1. Index mark and Registration Number of Vehicle	: SMK72E
Classic Number	: WDC0250402R020603
2. Name of Policyholder	: KE ZHENGHUA
3. Effective Date of Insurance	: 19 Feb 2019
4. Expiry Date of Insurance	: 21 Jan 2020
5. Persons or Classes of Persons entitled to drive/	
(a) The Policyholder.	
(b) Any other person who is driving on the Policyholder's order or with his/her permission.	
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
6. Limitations as to Use/	
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.	
<b>This Policy does not cover</b>	
(a) Use for hire or reward.	
(b) Use for racing, pace-making, reliability trial or speed-testing.	
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.	
(d) Use for any purpose in connection with the Motor Trade.	
# Limitations rendered operative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.	
EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH CDE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KE ZHENG HUI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

(I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : S & M ALLIANCE PTE LTD (00000614373)  
 Date of Issue : 19 Feb 2019 17:16 hrs

For NYUK INCOME INSURANCE CO-OPERATIVE LIMITED

Counterigned By:

Authorized Officer

Chief Executive

Accident Photo



**Accident Photo**



**Accident Photo**





**Accident Photo**



Accident Photo

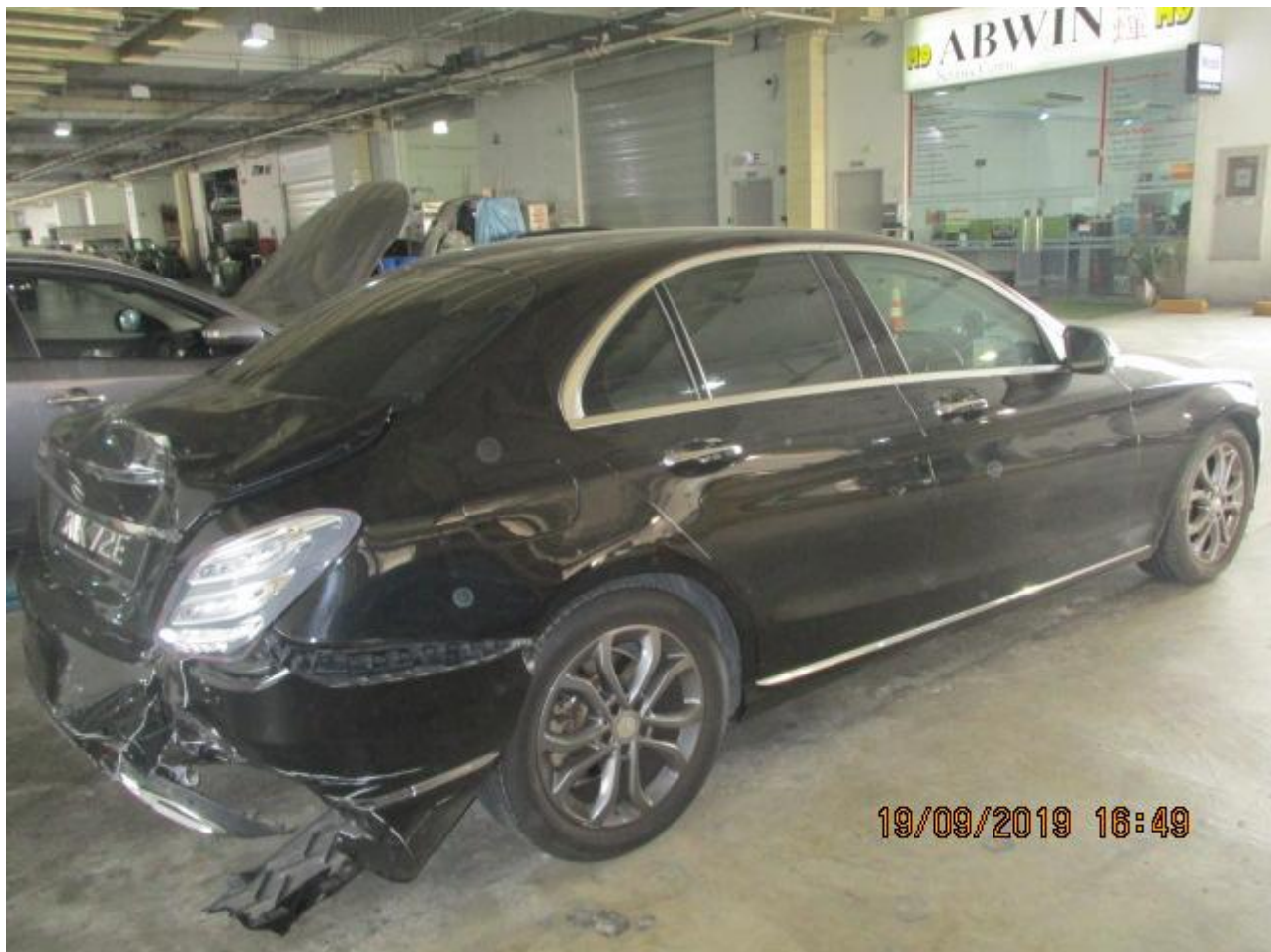


Accident Photo





Accident Photo



**Accident Photo**



Accident Photo





**Accident Photo**

