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 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.

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 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 Submission 28/02/2022 15:01 (SGT) Date of Accident 28/02/2022 09:40 (SGT) Exact Location of Accident Punggol Way, Singapore Additional Location Information **TOWARDS END NEAR LAMPPOST 181** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX3817K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIU ZIBIN NRIC No. SXXXX635H Email Address RAZALLOU@HOTMAIL.COM

Mobile Phone No (Phone) +65-83467952 Alternative Phone No

+65-83467952

VEHICLE PARTICULARS

Manufacturer Nissan Model GT-R Variant

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? Vehicle Category

Transmission CC

No - Claiming third party Private car

Auto 3799

Private use

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

Type of Coverage Comprehensive

Fleet Policy

Policy Number DMPCSNW00012452100

Cover Note Number

DRIVER

Name of Driver LIU ZIBIN NRIC No. SXXXX635H Date Of Birth 05/07/1987 Occupation Outdoor Date Of Driving Pass 27/03/2013 Driving experience 8 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-83467952 Alt. Phone Number +65-83467952 Email Address RAZALLOU@HOTMAIL.COM Address 176 OCEAN DRIVE Address complement Postcode 098458 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 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 the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name **PUNGGOL N.P.C** Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT: T/20220228/2027 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 XD7729E Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle

Name of Driver
Contact Number
Address

Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

- Flease report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 6. 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

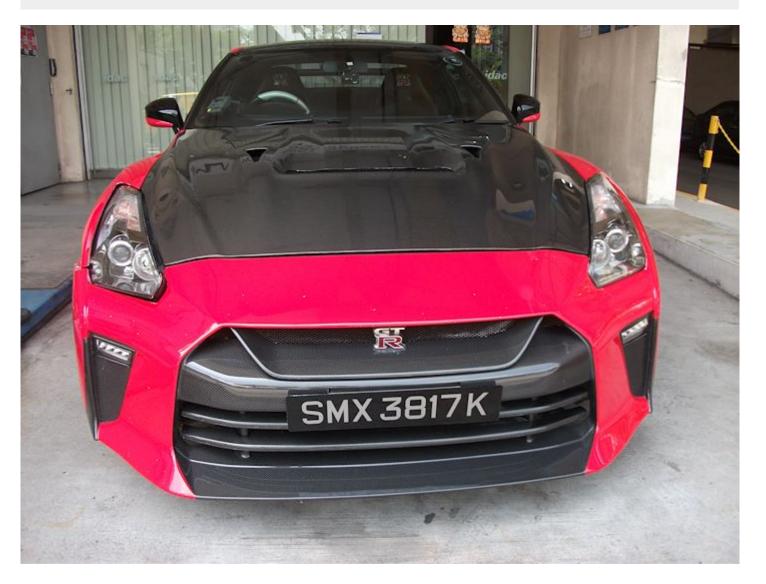
Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Time

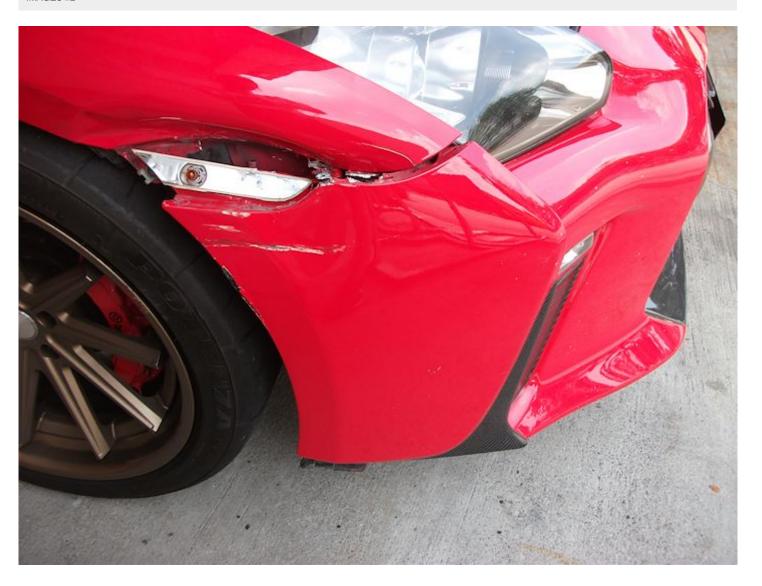
Sketch Plan

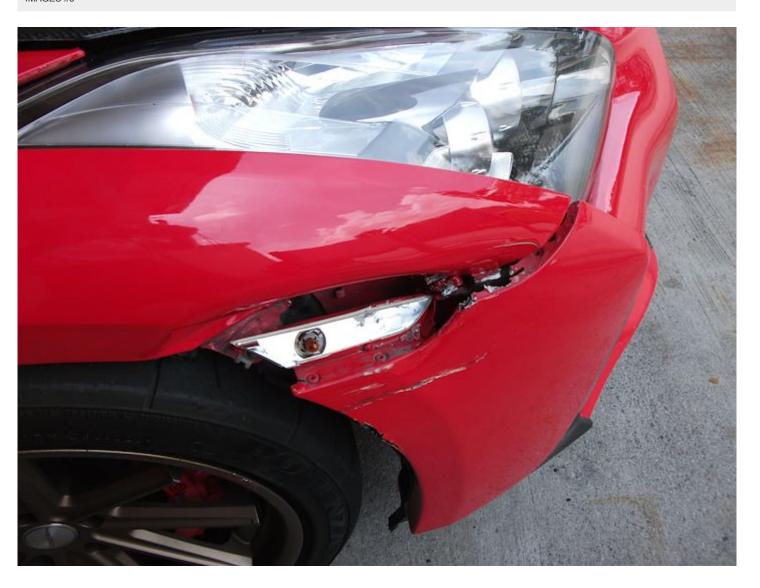
Driver's Signature (If driver is not the policyholder) / Date Personnel

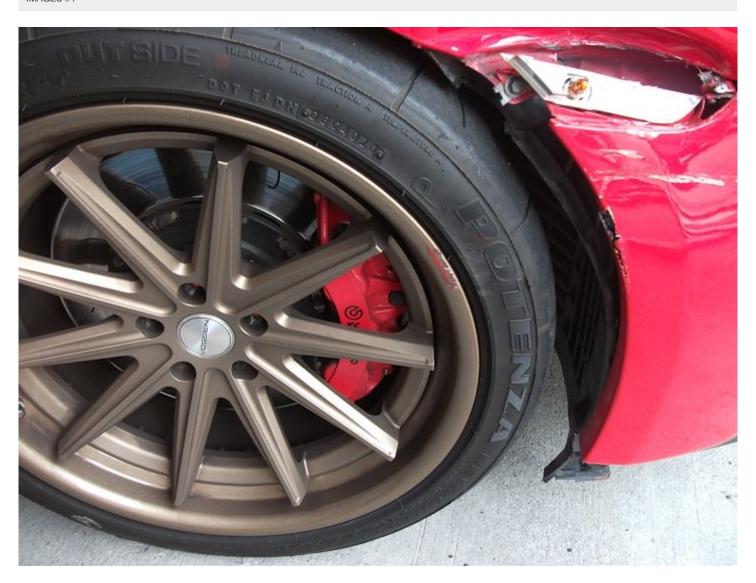
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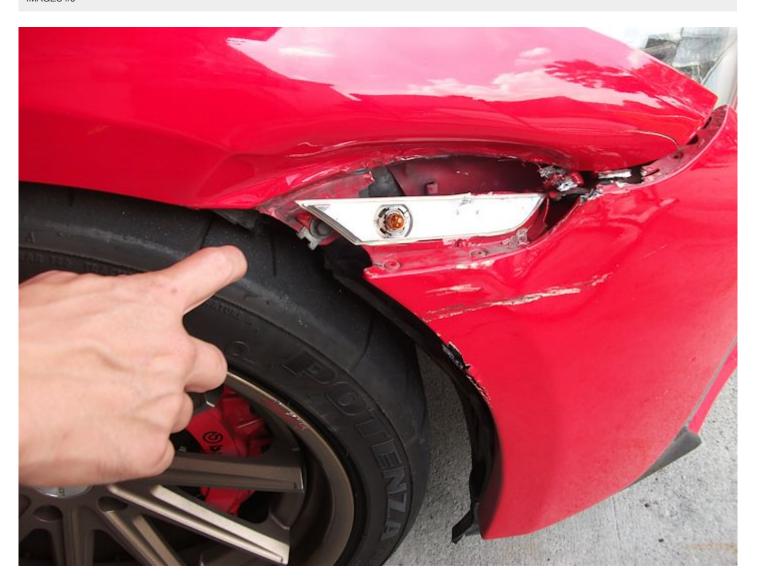
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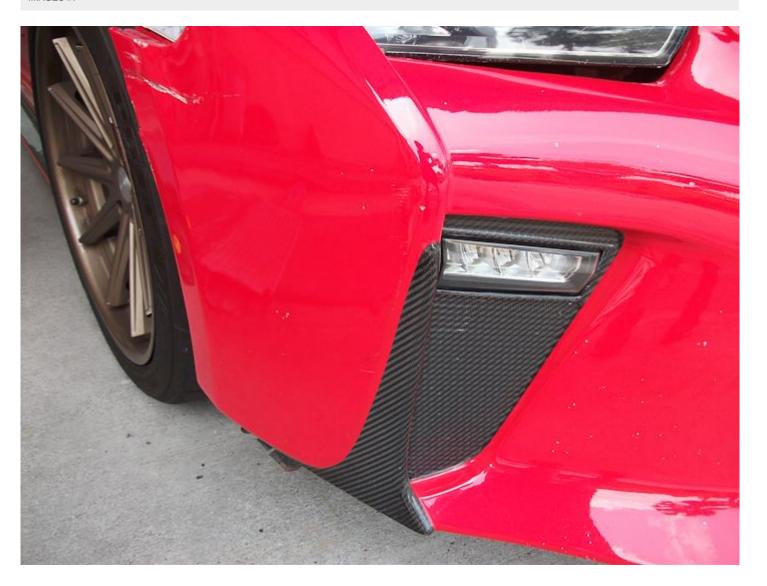


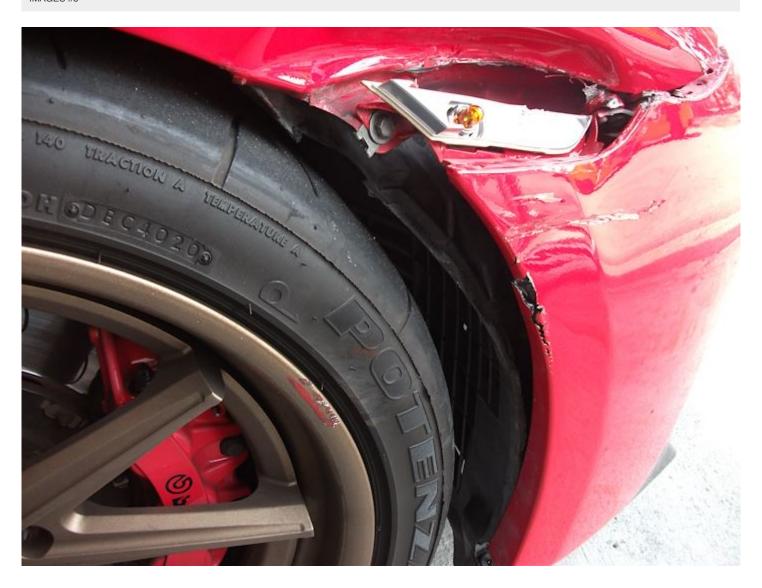






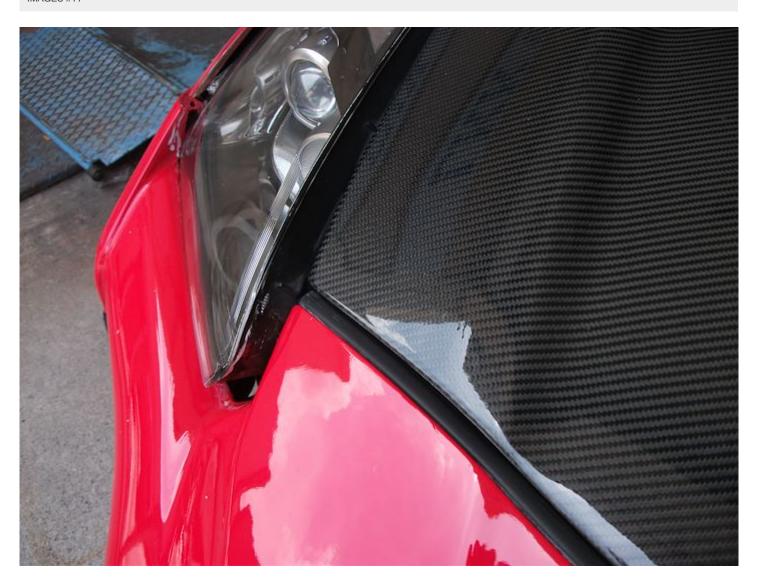




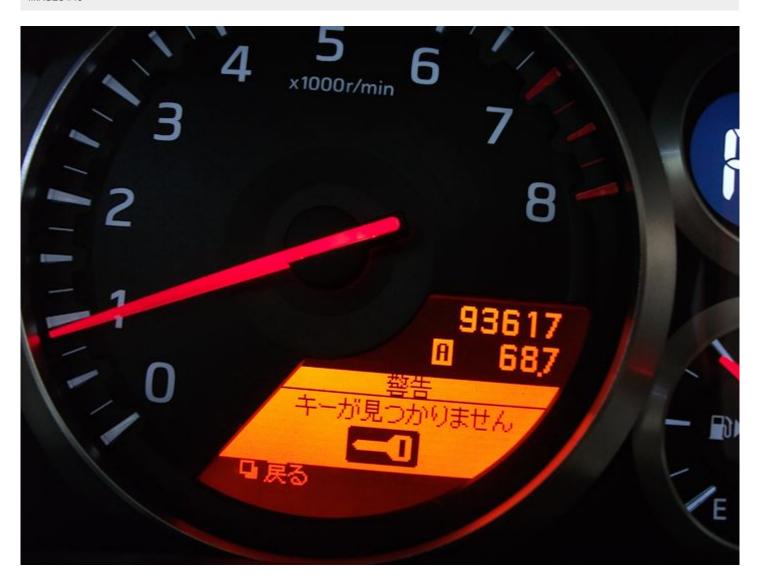




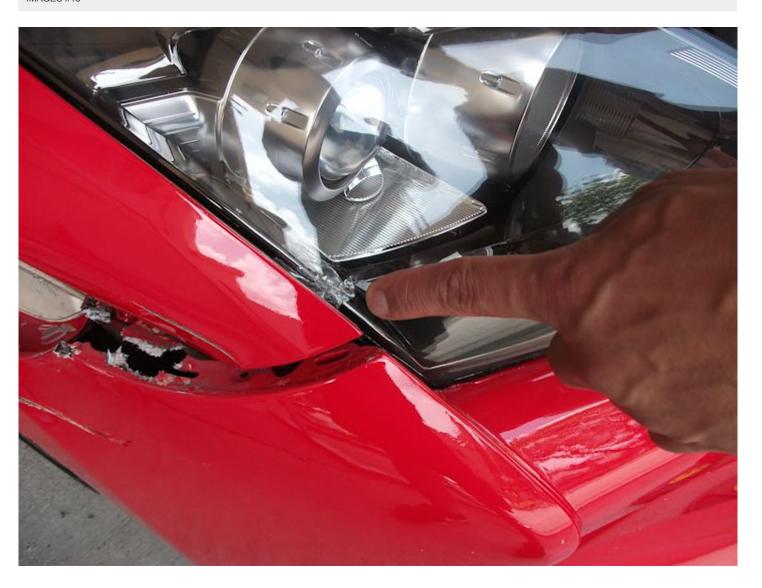






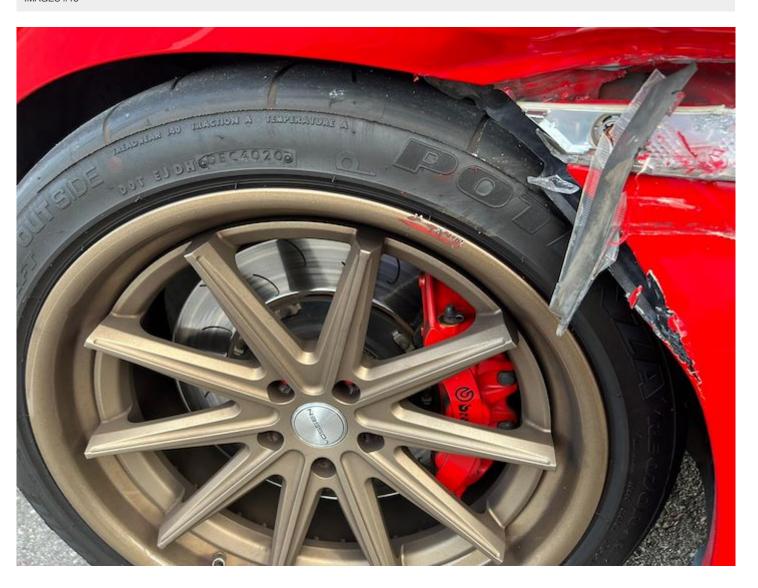


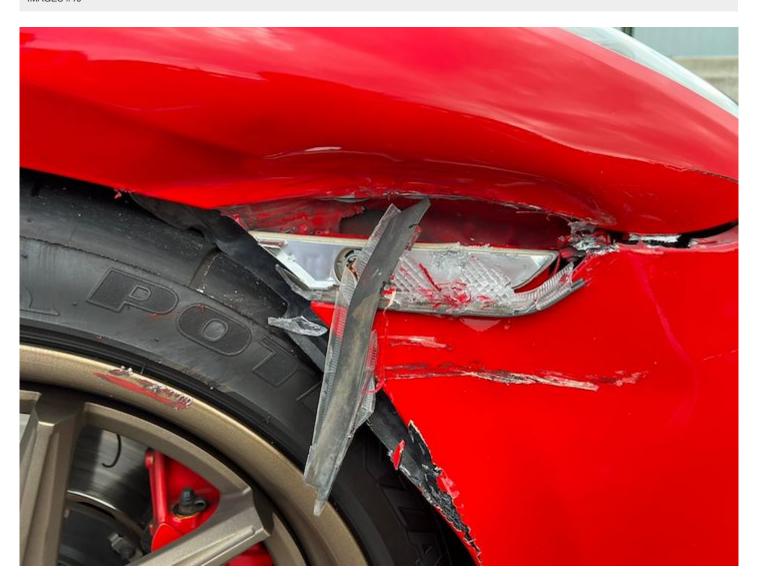


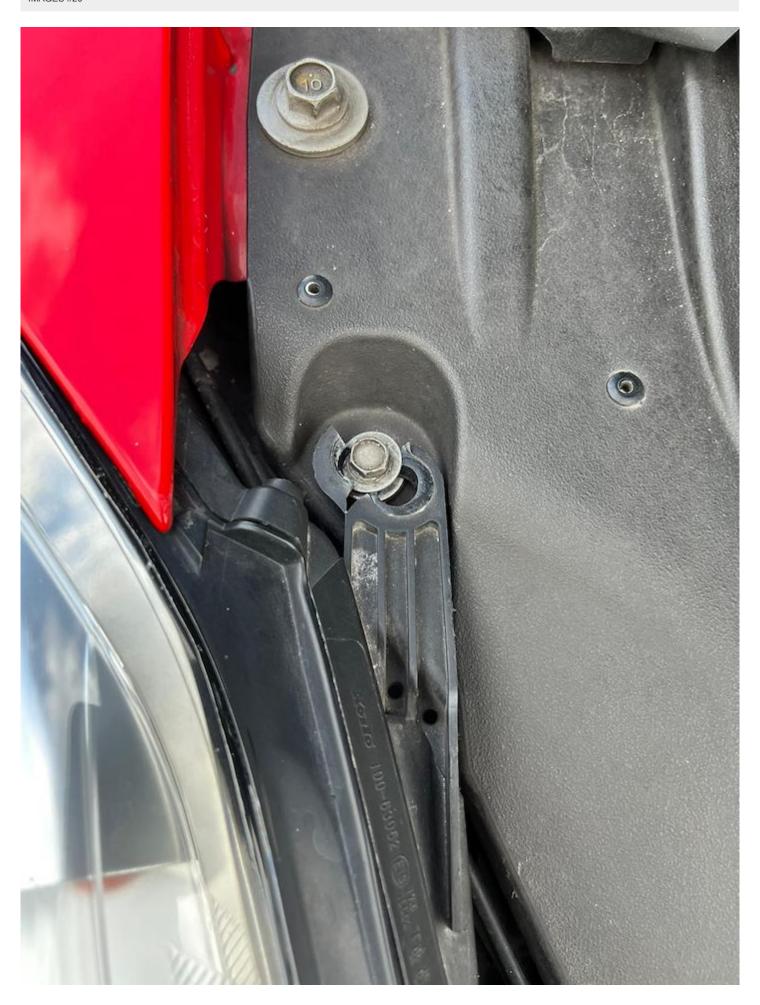


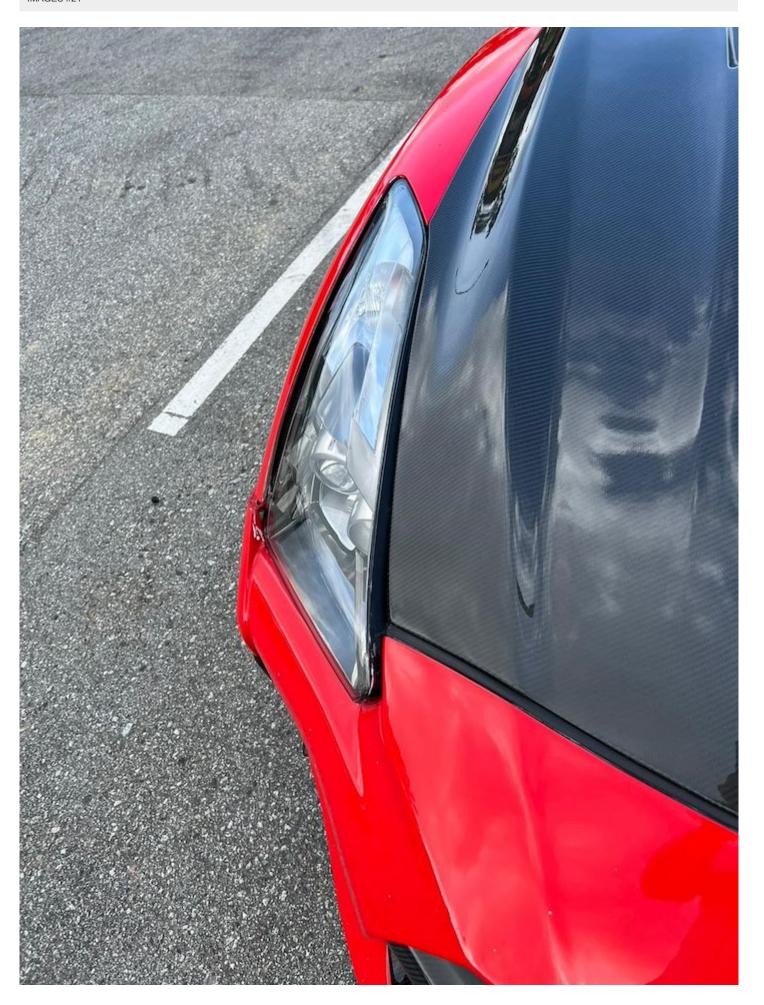


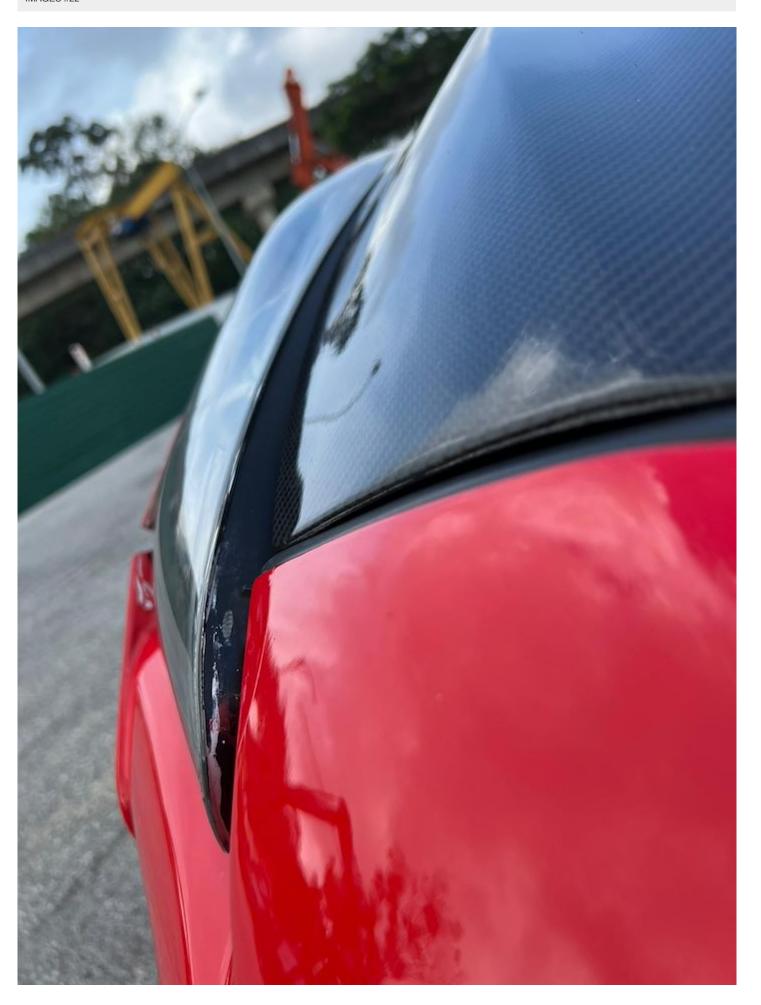


















T/20220228/2027

1013 Report No. T/20220228/2027

Police Station Of Origin: Punggol N.P.C 151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/02/2022 12:16			Vide Report No.: F/20220228/0091	Station Diary No.: 25		
Informa	nt's Partic	ulars	TO THE RESIDENCE	- Charles and the second		
Name of LIU ZIBI	f Informant: N		Address: 176 OCEAN DRIVE SINGAP	ORE 098458		
	/ ID No.: D / S87786	35H	Contact No.: Home/Office:	Mobile: 83467952		
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Age: Date of Birth: Male 34 05/07/1987			Type of Informant: Vehicle Owner			
Race: Chinese			Language: English	Institution / School Name:		
Occupat CONTRI	ion: UCTION		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/02/2022 09:40	Type of Location Straight Road
Location: PUNGGOL V Lamp Post No				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:

Details of V	ehicle Invol	ved			account of the	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMX3817K	Car	NISSAN	GTR	Red		0
XD7729E	Trailer	18 10				0

Details of V	ehicle Insurance		The Lee	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMX3817K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000124 52100	12/01/2021	19/05/2022





Police Station Of Origin: Punggol N.P.C 151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999

Report No. T/20220228/2027

CONTINUATION OF REPORT

Any Pedestrian I	avalved: No					
No. of Pedestrian	The state of the s		Use of Pe	destriar	Cross	sina: NA
Vehicle Owner				Charles of		Total Participation (1996)
Name	LIU ZIBIN			ID No	4	S8778635H
Related Vehicle	SMX3817K (Car)		Contact No.		83467952	
Hospital/Clinic	NIL	-20		Class Drivin Licend Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 28/02/2022 at about 0940hrs, I had parked my vehicle SMX3817K on the side of the road along Punggol Way towards end near lamppost 181. I had then went in to the nearby construction site pass office to change pass. Everything was normal and intact.

At about 0950hrs, I returned to my vehicle and discovered that the front right side was damaged. I was then informed by the security guard that a trailer vehicle XD7729E was the one which had hit onto my vehicle and that the driver had came down shortly to look at the damages before going back to his vehicle and left.

That is all.





Police Station Of Origin: Punggol N.P.C 151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999 3 of 3 Report No. T/20220228/2027

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 Th F / SR STAFF SGT MOHAMAD	e Report:
RADZIF BIN MOHAMAD SALEH Signature Of Interpreter: Not applicable	
Officer In Charge Of Case:	

SI STEPHANIE, CHEUNG TSZ YING

Contact No.: 96208032

Date/Time: 28/02/2022 12:16

Classification Of Case:

NP168

