SINGAPORE ACCIDENT STATEMENT

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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.

 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 07/05/2022 14:45 (SGT) Date of Accident 05/05/2022 10:35 (SGT) Exact Location of Accident Singapore Additional Location Information **EUNOS LINK TRAFFIC LIGHT JUNCTION** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNA9050A INSURED/POLICYHOLDER Is company? Nο Name Of Registered Owner SONG BUZHU S7279829E NRIC No songbuzhu@gmail.com Email Address Mobile Phone No (Phone) +65-86661675 Alternative Phone No (Home) +65-86661675 VEHICLE PARTICULARS

Mercedes C180 Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Auto Transmission

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company Type of Coverage Comprehensive Fleet Policy No Policy Number DMPCSNW00168482100 Cover Note Number

SONG BUZHU Name of Driver S7279829E



Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	23/08/1972 Indoor 27/05/2005 17 YEARS Female (Phone) +65-86661675 (Home) +65-86661675 songbuzhu@gmail.com BLK 123A RIVERVALE DRIVE #07-135 - 541123 Yes - No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Change/cross lane Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Sengkang Neighbourhood Police Centre (Phone) +65-18003438999 (Fax) +65-63438939 2 Sengkang Square #01-02 No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED POLICE REPORT NO:T/2	
I MANAGED TO FIND THE REGISTRATION NUMBER OF THE	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes Yes No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	SBS6523U -

Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Bus
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

- 1. Heave report correctly the details of the accident to speed up the claims process
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3, information provided must be as truthital and accurate as possible. Any willul 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.
- 5. 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 outpies of this report will for a fee be made available upon application by inserested 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.
- 5 Consent under the Personal Data Protection Act (PDPA)

i understand, admowledge, 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 by personal deta/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 at insurer(s) who have insured vehicle(s) involved in this accident (at 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 agescy/authority (such as the police). For the purpose(s) of
- (i) processing, handing and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the aboldent and/or my claims:
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me,
- (w) admissioning my claims (including the making of correspondence, statements, invokes, 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/making-packages); and/or
- (v) complying with applicable law in administering processing, handling and/or dealing with my claims (colectively the "Purposes")
- (b) as incurrer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/lare permitted to collect, use, disclose and/or process my Personal Information for one of 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 (moluding their law yers/law (irms), which may be sited dutside of Singapare, for one or more of the above Purposes

Policynalder's Signature / Oate &

Pelicyholder's Signature / Date & Div

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

Time 07 05 22 (1.15 am & Time Sketch Plan

Refer to the Video attached

DOA : 05-05-22

Personnel

A = SNA 9050A

Witnessed by Reporting Centre

B: SBS 6523U

B/A

escribe Circ	umstance	s of the	a Accide	nt	:						
Please	nefer	to	the at	Hached	Polis	e Re	ort No	: T/20	22057	25	2073
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Declaration

While declare the foregoing particulars are true in every respect.

Palicyholder's Signature / Date &

Driver's Signature (8 driver is not the policyholder) / Date 3 Tene

Witnessed by Reporting Centre Personnel





Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

1 of 4 Report No. T/20220505/2073

Date/Time	Report Ma	ndo.	Vide Report No.:	Station Diary No.:		
05/05/2022		ide.	Vide Report No	85		
		en trademor nos com reconoceration en mensos				
Informant	s Particul	ars				
Name of In	formant:		Address:			
SONG BU	ZHU		APT BLK 123A RIVERVALE I	DRIVE #07-135 SINGAPORE		
			541123			
ID Type / II	D No.:		Contact No.:			
NRIC NO / S7279829E			Home/Office: Mobile: 86661675			
Nationality			Email:			
SINGAPO	RE CITIZE	N				
Sex:	Age:	Date of Birth:	Type of Informant:			
Female	49	23/08/1972	Driver			
Race:			Language:	Institution / School Name:		
Chinese						
Occupation	n:		Driving Licence Information:			
F&B			Class: 3	Date of Expiry:		
Occupation: F&B				Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drive:	Date/Time of Accident: 05/05/2022 10:35	Type of Location	
Location:				<u> </u>	
EUNOS LINK	<				
Weather:		Road Surface:		Road Speed Limit:	
Clear		Dry	İ	·	
		Traffic Control: Traffic Light - Workin	L.	Traffic Volume: No Traffic	
Type of Collis	sion:			Anyone conveyed by	

Details of Ve	hicle involved					
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SNA9050A	Car	MERCEDES	C180 AVG	Black	Slightly	0
		BENZ	(R17 LED)		Damaged	
SBS 55234	Bus/Coach/Mi					0
200 774) M	nibus			_		

Details of Ve	hicle insurance 🦠			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNA9050A	CHINA TAIPING INSURANCE	DMPCSNW001684	17/08/2021	30/07/2022
	(SINGAPORE) PTE. LTD.	82100		





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Report No. T/20220505/2073

Tel No: 1800-343 8999

CONTINUATION OF REPORT

			e to a to a con-			the effective of
Details of Perso	n Involved 🛴 🔩 🔾			Organia Organia Canadronia		
Any Pedestrian II	nvolved: No	The Bridge Control of Control	tur e en ences et algue (ences en	era, kerenda		reseau reper in alternation of the control of
No. of Pedestrian			Use of Peo	destrian	Cross	ing: NA
Driver 💉						PS 基础的数据
Name	SONG BUZHU			ID No.		S7279829E
Related Vehicle	SNA9050A (Car)			Contact No.		86661675
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discl	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver						
Name	Unknown Driver			ID No	•	NIL
Related Vehicle	(Bus/Ceach/Minibus)		Contact No.		NIL	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL 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 05/05/2022 at about 1037hrs, I was driving my vehicle bearing vehicle number SNA9050A along Eunos link turning to Kaki Bukit Avenue 1. My vehicle was on the right lane and there was a bus with service number 15 on the left lane.

Concurrently when the traffic light turns green, both me and the bus proceeded to turn right towards Kaki Bukit Avenue 1. While turning, I noticed the bus was very near to my vehicle, thus I slowed down however the bus got nearer to me and side swipe my vehicle left front area and continued to drive off while I stopped my vehicle.

I did not managed to get the bus vehicle plate number but I know the bus service was bus service number 15.

I am not injured.

No police or ambulance was at scene.





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

3 of 4 Report No. T/20220505/2073

CONTINUATION OF REPORT





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 4 of 4 Report No. T/20220505/2073

Tel No: 1800-343 8999

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: F / SGT 2 EUGENE NG YONG JUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/05/2022 15:36
Officer In Charge Of Case: TP / HRT / SR STAFF SGT IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case: