

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 Actual 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 Submission	04/04/2023 11:09 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/03/2023 23:15 (SGT)
Exact Location of Accident	Eng Neo Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN5555E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG ZHAO QUN CALVIN
NRIC No	SXXXX078J
Email Address	torque3387@gmail.com
Mobile Phone No	(Phone) +65-90097653
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	M6
Variant	-
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	4395

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00266652200

DRIVER

Name of Driver	NG ZHAO QUN CALVIN
NRIC No	SXXXX078J
Date Of Birth	03/03/1987
Occupation	Indoor

Date Of Driving Pass	15/09/2005
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90097653
Alt. Phone Number	-
Email Address	torque3387@gmail.com
Address	191 SPRINGSIDE AVENUE
Address complement	-
Postcode	786040
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	Collided into Property
Weather Conditions	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230331/7001

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	LAMP POST
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

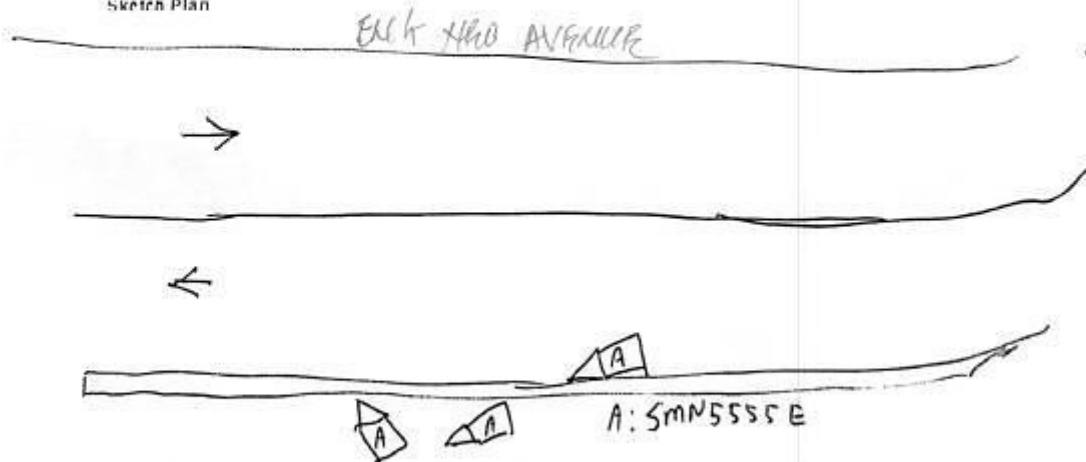
1. Please report correctly the details of the accident to speed up the claims process.
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Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reputate policy liability.
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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.
6. **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 be 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 other persons 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 Ministry 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 claim including the settlement of the claim and any necessary investigations relating to the claim;
(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 issuing of correspondence, statements, invoices, reports or notices to me, which could include disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of enclosed correspondence) 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 the accident and the Insurers' lawyers/law firms may be 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 also 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 used outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre (Signature)

Sketch Plan

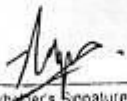


Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT. 7/202303317001

Declaration

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


Witnessed by Reporting Centre Personnel

CS CamScanner
















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230331/7001

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Report No. T/20230331/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/03/2023 05:08		Vide Report No.: E/20230330/0149		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG ZHAO QUN, CALVIN			Address: 191 SPRINGSIDE AVENUE SINGAPORE 786040		
ID Type / ID No.: NRIC NO / S8706078J			Contact No.: Home/Office: Mobile: 90097653		
Nationality: SINGAPORE CITIZEN			Email: TORQUE3387@GMAIL.COM		
Sex: Male	Age: 36	Date of Birth: 03/03/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: self-employed			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/03/2023 23:15	Type of Location: Bend
Location: ENG NEO AVENUE				
Weather: there was heavy pour prior to the accident		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Lamp Post			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMN5555E	Car	BMW	M6 GRAN COUPE 4DR LED DSC NAV HUD	Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230331/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230331/7001

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN5555E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002666 52200	17/11/2022	16/11/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG ZHAO QUN, CALVIN		ID No. S8706078J
Related Vehicle	SMN5555E (Car)		Contact No. 90097653
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

Was travelling along eng neo ave towards bukit timah road.

The was a bend, slightly upslope, the floor is wet and i could feel my rear wheel losing traction and out of panic, i stepped on the brakes and my car start to skid and lose control. My rims hit the center divider and swerve towards left and hit the lamp post.

The insurance is using old car plate. I already changed to new carplate of SMN5555E.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230331/7001

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Report No. T/20230331/7001

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD ISMAIL BIN AMZAH
Contact No.: 65476185

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
31/03/2023 05:08

Classification Of Case:

NP166



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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0823440001 Vehicle Registration No: SMW 55JE
 Name (as shown in NRIC): NG ZHAN GUAN CALVIN NRIC/FIN/Passport No: SXXXX0787
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 90097653
 Email Address: _____
 Date of Accident: 30/08/2023 Time of Accident: 11:09
 Place of Accident: ENG NEOW AVENUE
 Insurance Company: CHINA TOWERS

(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:

To upload POLICE REPORT

Policyholder / Actual Driver's Signature
Date:

18/08/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: