

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
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

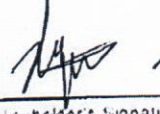
Vehicle Registration Number	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-


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)	-

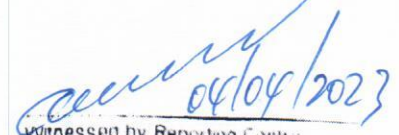
SKETCH PLAN

IMPORTANT NOTICE

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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.
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 insurers 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 or packages); and/or
v. complying with applicable law in administering, processing, handling and/or dealing with my claims collectively (the "Purposes")
b. An 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 (if any, including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

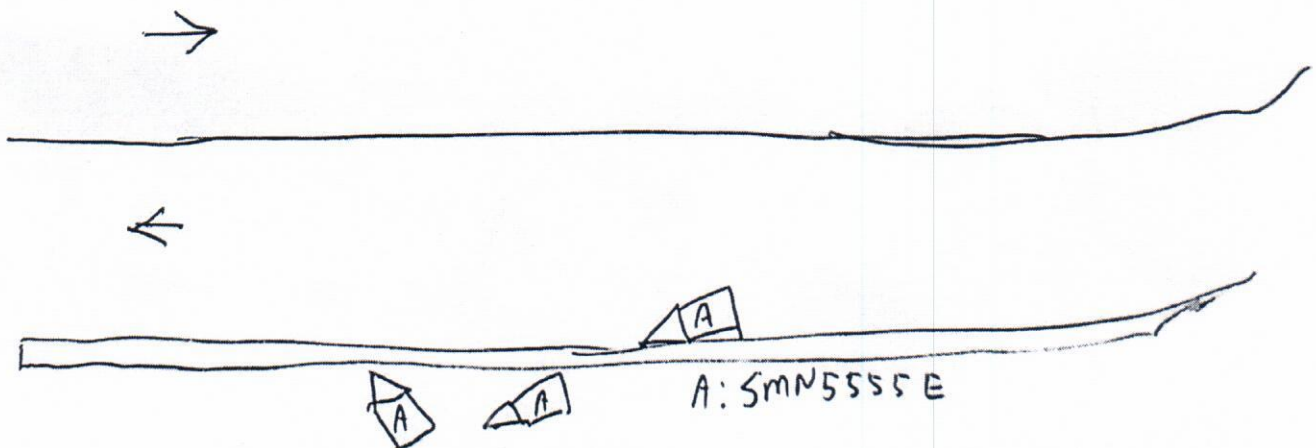

Policyholder's Signature (Date & Time)


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


Witnessed by Reporting Centre Personnel

Sketch Plan

ENCK ROAD AVENUE





Describe Circumstances of the Accident

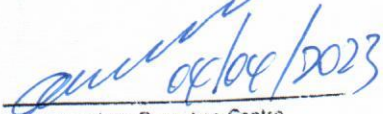
PLEASE REFER TO POLICE REPORT. T/20230331/1001

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



SINGAPORE POLICE FORCE



T/20230331/7001

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

1 of 3

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



**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**



T/20230331/7001

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

3 of 3

Report No. T/20230331/7001

CONTINUATION OF REPORT

Sketch 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:

Date of Accident 30/03/23 Accident Time 23:15 hrs
Accident Place ENY NEO Avenue
Vehicle No SMN5555E Make/Model BMW M6 Gran Coupe
Insurance Company: CHINA TAIPING Policy No. DMPCSNW00266652200
Owner or Company Name/IC No. NG ZHAO QUN CALVIN
Owner or Company Contact No. Owner's HP 90097653 Company Tel
DRIVER'S Name/IC No 587069785
DRIVER'S Date of Birth 03/03/1987 Driver's License Pass Date 15/09/2005
Relationship of Owner & Driver: Spouse \Parents \Children \Siblings \Employee \Others Self
DRIVER'S Address: 191 Spring side Ave
DRIVER'S Contact No/Alt No.. 1) 2)
DRIVER'S Occupation: INDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address: torque@live.com.sg
Weather & Road Surface: CLEAR & DRY \RAINING & WET \AFTER RAIN & WET
Reporting Type: Reporting Only \Claim Other Party \Claim Own Insurance
Number of Passengers(Including Driver): 1
Was there any video captured by car camera: YES \NO
Exact purpose for which vehicle was being used at the time of accident: Private use \Work purpose
Any Injury (If YES, please state) NIL

Other Party Driver's Particular (if any)

Vehicle No	Vehicle No
Vehicle Make/Model	Vehicle Make/Model
Name Driver	Name Driver
IC No. Driver Contact	IC No. Driver Contact
• Passenger's Name & Gender	



Motor Private Car

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MX1E

E SN

AN0733A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00266652200

Engine No.: 21470588S63B44B

Cha. No.: WBS6C92080DV74205

1. Index Mark and Registration
Number of Vehicle

SMN5555E

AUTOSAFE

=====

2. Name of Policy Holder

NG ZHAO QUN CALVIN

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
(16:02:18)
Ordinance or Enactment

17/11/2022

Named Drivers Ex Sect. I

S\$3,500.00

Excess Sect. I (Outside Singapore)

S\$7,000.00

EX ON WINDSCREEN .

S\$500.00

4. Date of Expiry of Insurance

16/11/2023

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 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:*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time

Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our

Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: QUAN FENG INVESTMENTS (S) PTE LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: QUAN FENG INSURANCE AGENCY

Authorised Officer

Authorised Signatory