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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 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

04/04/2023 11:09 (SGT) Both Policyholder and Actual Driver 30/03/2023 23:15 (SGT) Eng Neo Ave, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMN5555E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No No NG ZHAO QUN CALVIN

SXXXX078J torque3387@gmail.com

(Phone) +65-90097653

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of

your vehicle? Vehicle Category

Transmission CC

BMW

M6

Private use

Yes

Private car

Auto 4395

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Are you claiming under your own insurance policy for repair to

China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00266652200

DRIVER

Name of Driver NRIC No Date Of Birth

Occupation

NG ZHAO QUN CALVIN SXXXX078J 03/03/1987 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 Collided into Property Type of Accident 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) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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 Traffic Police Police Station Name (Phone) +65-65470000 Police Station Phone No (Fax) +65-65474900 Alt. Police Station Phone No 10 Ubi Avenue 3 Singapore 408865 Police Station Address 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	2
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	LAMP POST
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

- 1 Please report correctly the details of the accident to speed up the charry process.
- . This formmist be completed by the Pollcyholder and/or the Authorised Driver
- Information provided must be as truthful and accurate as possible. Any willful inscrepresentation or withholding of naterial facts resallow insurance companies to repudlate 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
- Any laise reporting may be referred to the Police for Investigation
- 6. The report will be forwarded by the insurers of the GIA Records Managamont Centre established by the General Insurance Association
- of Singapore (GM) 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.
- 5 Consent under the Personal Data Protection Act (PDPA)
- i inderstand 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 ar possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all many who have insured vehicle(s) involved in this obcident (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
- on processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to מחוהור חתו
- the investigating the accident and/or my claims,
- and a serving out and/or dealing with my instructions or responding to any enquiries by me
- are administering my claims (including the mailing of correspondence statements, invoices, reports or notices to me, which could invoice disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopesh remanifages) and/or
- er complying with applicable law in administering, processing, handling and/or dealing with my claims
- collectively thu "Purposes")
- all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law tirms, may/are permitted to collect use disclose and/or process my Personal Information for one or more of the above Purposes, and
- any Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agorito are finding their law yers/law, firms), which may be added outlaide of Singapore, for one or more of the above Purposes

Unity problems Signature / Date 8

Exiver's Signature (If driver is not the nolicyholder) - Date

Personnel

Witnessed by Reporting Centre

Sketch Plan

ENCY HAD AVENUE

A: SMN5555E

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T/20230331/7001

1 of 3

Report No. T/20230331/7001

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

REPORT OF A TRAFFIC ACCIDENT

ALL OKT OF A HANTIO ADDIDENT				
Date/Time Report Made:	Vide Report No.:	Station Diary No.:		
31/03/2023 05:08	E/20230330/0149			

31/03/202					
Informar	nt's Particu	ulars			
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	
Nationalit SINGAPO	ty: ORE CITIZ	EN	Email: TORQUE3387@GMAIL.COM	ı	
Sex: Male	Age:	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:	

T f	Non-Injury	Drink	Date/Time of	Type of Location:
Type of Accident:	Attended by Police	Drive:	Accident: 30/03/2023 23:15	Bend 5
Location:				
ENG NEO A\	/ENUE			
Weather:		Road Surface:		Road Speed Limit:
there was hea	avy pour prior to the	Wet		50 Km/h
Traffic Flow:		Traffic Control:		Traffic Volume:
Traffic Flow.		Not Controlled		No Traffic
Two Way		AND THE PERSON AND THE PROPERTY.		Anyone conveyed by

Details of Vo	The second second second	CONTRACTOR OF THE PARTY OF THE	Madal	Color	Canditio	No of
Vehicle No.	Type	Make	Model	Color	Conditio	140 01
SMN5555E	Car	BMW	M6 GRAN COUPE 4DR LED DSC NAV HUD	Blue		0

Details of V	ehicle Insurance		1.4	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





2 of 3 Report No. T/20230331/7001

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

CONTINUATION OF REPORT

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

Details of Perso	n Involved					
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	Use of Ped	destrian	Cross	ing: NA		
Driver						
Name	NG ZHAO QUN, CALVIN			ID No.		S8706078J
Related Vehicle	SMN5555E (Car)			Conta	ct No.	90097653
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
	ted 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.





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

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Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 31/03/2023 05:08
Officer In Charge Of Case: TP / TPIB / MUHAMMAD ISMAIL BIN AMZAH Contact No.: 65476185	Classification Of Case:

Date of Accident 30/03/23	Accident time 15 And
accident Place EM NEO Avenue	
Vehicle No SMN 555 5E	Make/Model BMW M6 Gran CoupE
Insurance Company: CHINA TAIPING	Policy No. DMPCSNW 20266652200
Owner or Company Name/IC No. Nt. ZHA:	aud Calvin
Owner or Company Contact No	Owner's HP 90047653 ompany Tel
DRIVER'S Name/IC No. 537064795	
DRIVER'S Date of Birth. 03/03/1987	Univer's License Pass Date 15 09 2005
Relationship of Owner & Driver: Spouse \Parer	its \Children \Siblings \Employee \OthersSelf
	Ave
DRIVER'S Contact No/Alt No 1)	2)
DRIVER'S Occupation: (NDOOR \OUTDOOR (c	g working inside or outside office)
mail Address torque @live.com	59
Weather & Road Surface: CLEAR & DRY \RAIN	NG & WET VATIER RAIN & WIT
Reporting Type Reporting Only \Claim	Other Party Claim Own Insurance
Number of Passengers (Including Univer)	
was there any video captured by car camera:	YIS YAD
Exact purpose for which vehicle was heing use	d at the time of accident Private use Work purpose
Any Injury (If YES, please state)	NIL
Other Party Or	iver's Particular (if any)
Vehicle No	Volução No
venicle Make/Model	vehicle Make/Model
Name Driver	Name Driver
C No Driver Contact	ic No Driver Contact

Passenger's Name & Gender



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



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

SN

AN0733A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00266652200

Engine No.: 21470588S63B44B

Cha. No.:WBS6C92080DV74205

Index Mark and Registration

SMN5555E

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

NG ZHAO QUN CALVIN

Effective date of the Commencement of Insurance for the purposes of the Regulations, (16:02:18)

17/11/2022

Named Drivers Ex Sect. I

\$\$3,500.00

Ordinance or Enactment

Excess Sect. I (Outside Singapore) EX ON WINDSCREEN . S\$7.000.00 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

6. Limitations as to use:*

Use for social, domestic and pleasure purposes and for the Policyholder's business. 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 \$\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorized Workshops for near Policy Voc. 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.

Authorised Signatory

Issued By: QUAN FENG INSURANCE AGENCY **Authorised Officer**

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) ★3 Anson Road #16-00 Springleaf Tower Singapore 079909

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