SN0824BF0006 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 15/11/2024 16:28 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (15/11/2024 16:28 (SGT))

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 First Submission 15/11/2024 16:28 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 06/09/2024 17:50 (SGT) Exact Location of Accident 51 Meyer Rd, Singapore 437874 Additional Location Information **GUARD HOUSE** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SJH3838U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHONG YONG WEI @CHONG CHAI HING NRIC No S1646033H Fmail Address vincentchong38@yahoo.com.sg Mobile Phone No (Phone) +65-86689418 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Cla180 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? No - Reporting only Vehicle Category Private car Transmission Auto CC 1595 Vehicle Fuel

First Regisration Date

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7240044584

DRIVER

Chassis no

Name of Driver CHONG YONG WEI @CHONG CHAI HING NRIC No S1646033H Date Of Birth 03/07/1964 Occupation Indoor Driving Pass Date 03/08/1982 Driving License Pass Class Driving License Validity Valid Driving experience 42 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-86689418 Alt. Phone Number Email Address vincentchong38@yahoo.com.sg Address 36 LORONG 31 GEYLANG #05-03 Address complement Postcode 388034 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? 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 Collision - Head to Rear 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) 2 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 PASSENGER 1 Name WIFF Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name **Bedok Division Headquarters** Police Station Phone No (Phone) +65-18002440000 Alt. Police Station Phone No (Fax) +65-64443009 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT G/20240930/7007

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGG4988D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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. Please report correctly the details of the accident to speed up the claims process.
- 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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.
- 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 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' 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/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' 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 or agents (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

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

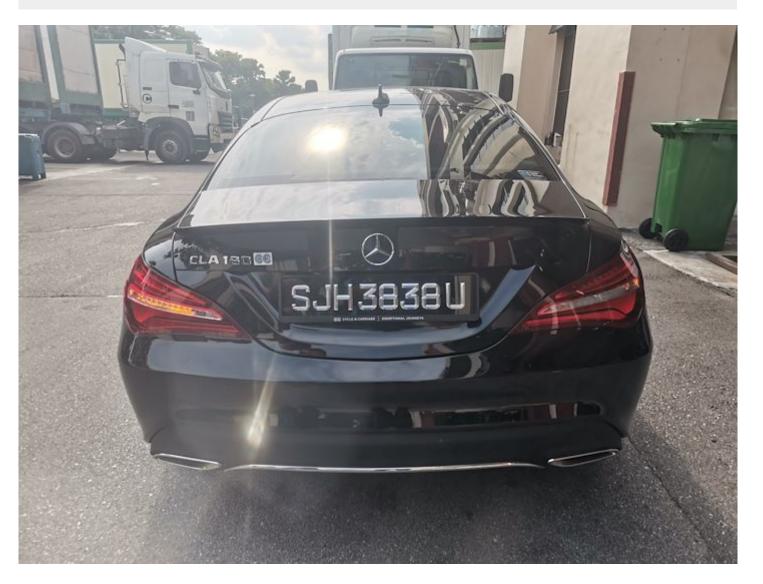
Witnessed by Reporting Centre Personnel (Name as in NR(C/ID card)

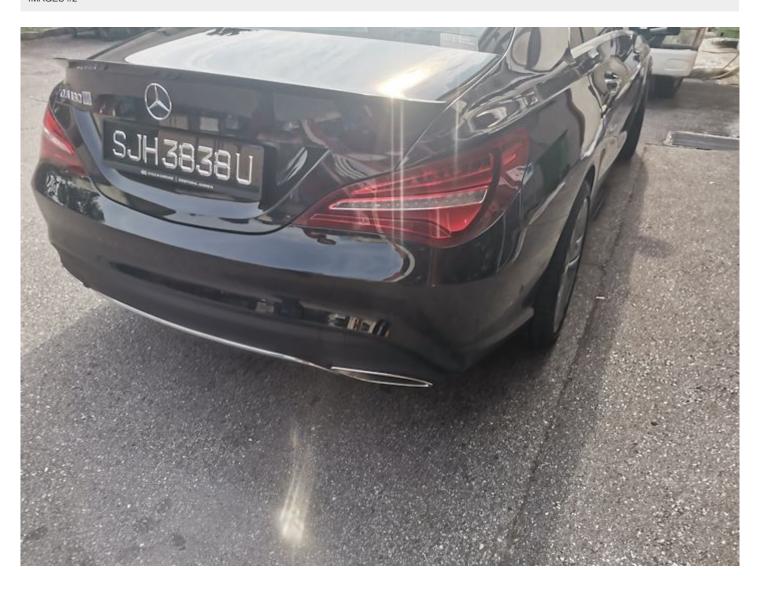
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Sketch Plan

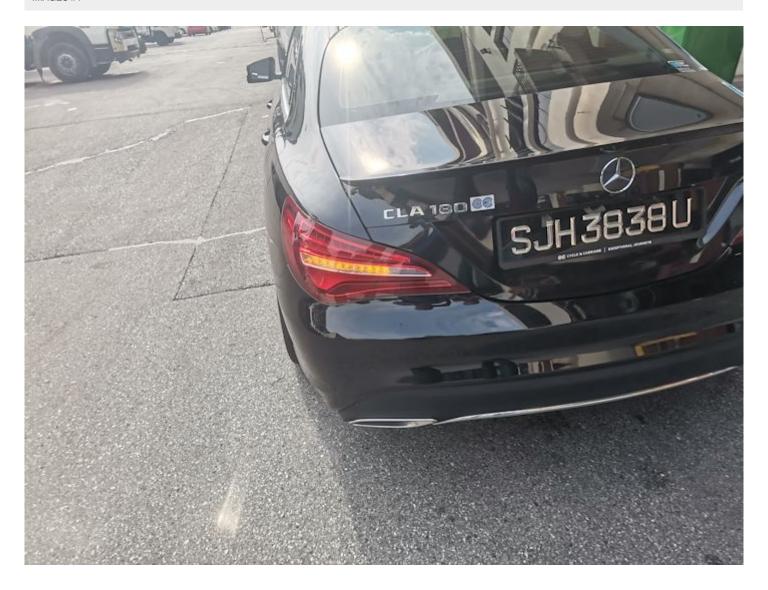
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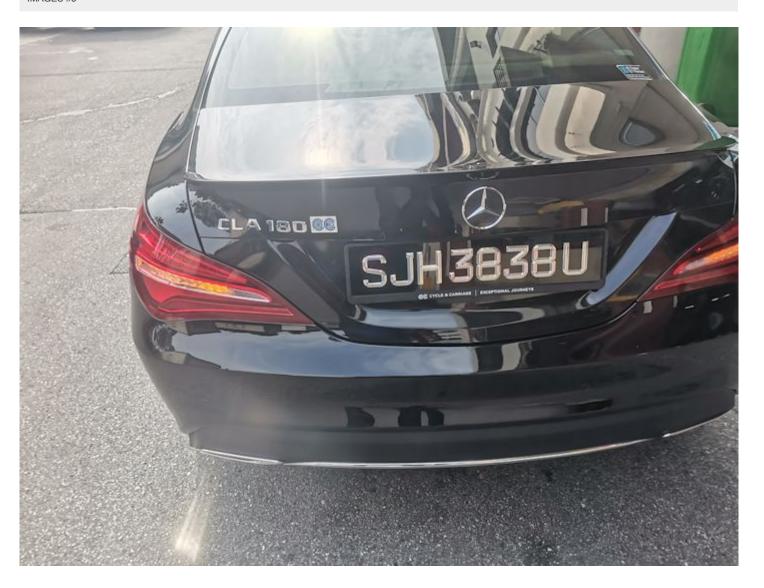
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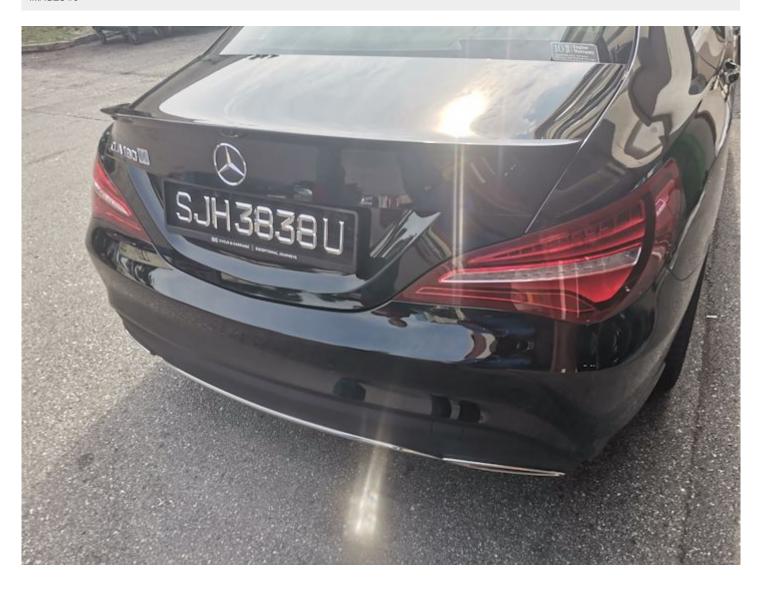




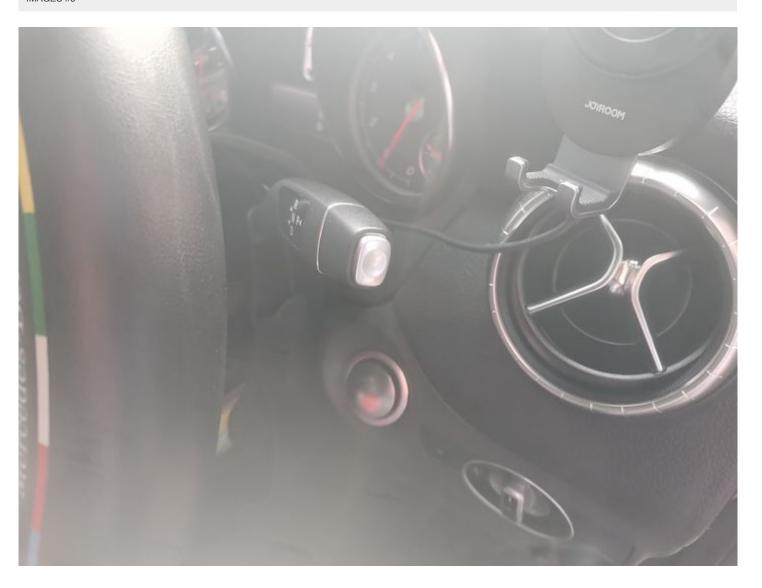


















Report No. G/20240930/7007

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Vide Re	port No.		Station Diary No.
Address 36 LORONG 31 GEYLANG #05-03 SINGAPORE 388034			
Contact No. Home/Office: Mobile:			
86689418 Email Address VINCENTCHONG38@YAHOO COM SC			
Sex Male	Age	Date of Birth	Race Chinese
Language			
Location Of Incident			
	Address 36 LOR Contact Home/C Email A VINCEN Sex Male Languag English Location	36 LORONG 31 GE Contact No. Home/Office: Email Address VINCENTCHONG3 Sex Age Male 60 Language English Location Of Inciden	Address 36 LORONG 31 GEYLANG #05-03 S Contact No. Home/Office: Mobile: 86689418 Email Address VINCENTCHONG38@YAHOO.COM Sex Age Date of Birth Male 60 03/07/1964 Language English

The incident happened at 51 Meyer road guard house on the above stated date. Wanted to enter the property but was told by guard to press intercom. I have to reverse to reach for the intercom.

While reversing slowly, I heard a loud horn behind so I stopped and alighted the car to check on what happen.

The car SGG4988D was too near to me and therefore my back of the car was brushed against his bumper.

Nothing happen to my fiber bumper but he found out that his plastic bumper had a light scratch/dent. I offered to polish his bumper but was turn down as he said he was too busy. I offered him to reach out to me anytime so I could polish for him but he insist that he wanted a whole new bumper. I negotiated that just a light scratch/dent is too much to change a new bumper and offered to polish instead. He just took a photo and left without exchanging any form of contacts.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/09/2024 02:05
Officer In-Charge Of Case:	Classification Of Case;





2012

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20240930/7007

Suspect				
Person Name	Not sure			
Gender	Male			
Victim		ASSAM TO THE THE PARTY OF THE P		
Person Name	CHONG YONG WEI			
ID Type	NRIC NO	ID No	S1646033H	
Gender	Male	Age	60	
Race	Chinese	Language	English	
Occupation	Delivery driver	Address	36 LORONG 31 GEYLANG #05-03 SINGAPORE 388034	
Mobile No	86689418	Is Informant A Victim?	Yes	
Person Name	CHONG YONG WEI (Informant)			

Signature Of Officer Recording The Report:
Not applicable

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

Date/Time:
30/09/2024 02:05

Officer In-Charge Of Case:

Classification Of Case: