

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 Authorised 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 ability.
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 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 Report	21/11/2017 14:55
Date Of Accident	19/01/2017 17:45
Exact Location Of Accident	CARPARK CDM EXIT 2 BLK 54 COMMONWEALTH DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA2939E
Insured/Policyholder	
Name Of Registered Owner	KONG SWEE KONG
NRIC No	S1265961Z
Email Address	JASHAWN.KONG@FREIGHTLINKS.NET
Mobile Phone No	(LOCAL) +65-96448424
Alternative Phone No	OTHERS-96448424

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	VISITING FRIEND
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086736857
Cover Note Number	

Driver

Name of Driver	KONG SWEE KONG
NRIC No	S1265961Z
Date Of Birth	14/10/1957
Occupation	OUTDOOR
Date Of Driving Pass	12/09/1977
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96448424
Fax Number	
Contact Number	OTHERS-96448424
EEmail Address	JASHAWN.KONG@FREIGHTLINKS.NET

Address	BLK 184C RIVERVALE CRESCENT #15-197
Postcode	543184
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4749999 - FAX NO: 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO PHOTOS AND POLICE REPORT FROM T/P T/20170123/2115 (NO PICTURE TAKEN CAR WAS SOLD ON 30/10/2017)

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	BARRIER
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
------	--

Phone Number
Email Address

Accident Sketch Plan

SKETCH PLAN

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time

11/2/2017
3:23pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

21/4/2017
KE841 WY0083

Accident Sketch Plan

SKETCH PLAN

REFER TO PHOTOS

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attached - POLICE REPORT FROM TP. 7/20170123/2116

DECLARATION

(/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 11/21/2017
3:24pm

Driver's Signature

(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: 21/11/2017
NIDC/FIN No: ROSA WINTERS

TP POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20170123/2115

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

1 of 3

Report No. T/20170123/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/01/2017 15:20		Vide Report No.:		Station Diary No.: 11
Informant's Particulars				
Name of Informant: SARIFAH MARIAM BINTE ALI		Address: APT BLK 919 JURONG WEST STREET 91 #12-134 SINGAPORE 640919		
ID Type / ID No.: NRIC NO / S1534775I		Contact No.: Home/Office: Mobile: 96448424		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 54	Date of Birth: 31/03/1962	Type of Informant: Owner	
Race: Malay		Language:	Institution / School Name:	
Occupation: SITE MANAGER		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 19/01/2017 17:45	Type of Location: Car Park
Location: Along Road 1 COMMONWEALTH DRIVE				
At the carpark of blk 54 Commonwealth Drive				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJA2939E	Car					0

TP POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20170123/2115

2 of 3

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

Report No. T/20170123/2115

CONTINUATION OF REPORT

Brief Details.

I am working for RAMKY Cleantech Services Pte. Ltd as a Site manager. My worker namely: Ekram was doing his rounds at the multi story car park of Blk 54 Commonwealth Drive 19/01/2017 at about 2030hrs when he discovered that the Bi-fold barrier arm at exit 2 was damaged. I then viewed the CCTV footage and saw that on 19/01/2017 at 1744hrs, a silver TOYOTA vehicle with reg no. SJA2939E had exited the car park and turned left. Shortly after, the vehicle reversed back and hit onto the barrier of the gantry and turned right and drove off. I am making this report for insurance claim

TP POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20170123/2115

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

3 of 3

Report No. T/20170123/2115

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:
D /
Sgt LEE HAO ZHENG ALVIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
23/01/2017 15:20

Officer In Charge Of Case:
TP / GIA /
Sr Staff Sgt ESTHER CHONG
Contact No.: 65476368

Classification Of Case:

Authentication Stamp

NP 100

Signature :

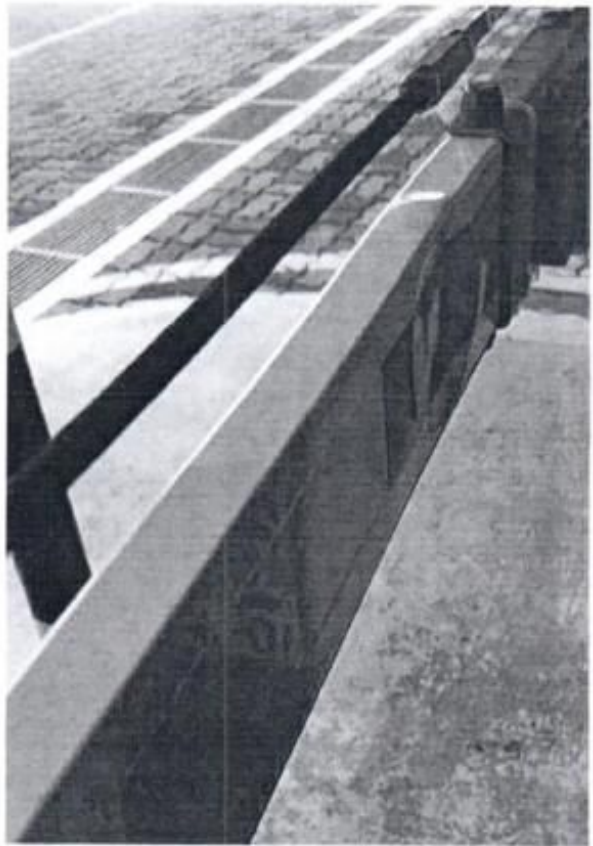
Singapore Police Force

ACCIDENT PHOTO



car 21/11/2017

ACCIDENT PHOTO



2/11/2017

PURCHASE AGREEMENT



SUNRICH MOTORING

Company Reg No: 53224316A

GST Registration No: M90369093

No. 1 Bukit Batok Crescent, #02-16 Wcega Plaza, Singapore 658064

Tel: (65) 6681 6766 Fax: (65) 6681 6767

Email: sunrichag@gmail.com

PURCHASE AGREEMENT

Date: 30 October, 2017

SELLER PARTICULARS

Name	KONG JINGXIONG JASHAWN	NRIC No. / Passport No	S8820127B
Address	BLK 184C RIVERVALE CRESCENT, #15-197 SINGAPORE 543184	Date Of Birth	05/06/1988
		Mobile No.	94560671
Email		Office No.	-

I/We hereby confirm the purchase of the vehicle described below to Sunrich Motoring on the terms & conditions of this agreement.

VEHICLE DETAILS

Make / Model	TOYOTA CAMRY 2.4A	Registration Date	3/12/2007
Registration No.	SJA2939E	Color	SILVER
Chassis No.	MR053BK4007018681	Engine Capacity	2362
Engine No.	2AZE068000	No. of Ownership	03
Remarks			

DEPOSIT & PAYMENT DETAILS

Agreed Price		\$21,959.00
Deposit	Bank / Cheque No	\$0.00
Full Settlement Amount		\$0.00
Balance Payment	Transfer To New Purchase Of Hyundai Elantra 1.6A (SKS6262R)	\$21,959.00

The above-mention vehicle is delivered / handover on (date) 30/10/2017 at (time) 4.55pm

IMPORTANT NOTE:

Terms & Conditions

All traffic offences before the delivery of the vehicle will be borne by the seller.
Vehicle is to be delivered in satisfactory condition and with accessories as inspected as stated in this agreement.
If the seller should on his part fail to observe or comply with any stipulations herein contained any deposit or deposits shall be refunded to the company and the seller shall be liable to and payable to the company a sum of S\$5,000 in addition to the deposit/deposits received without prejudice to the company.
The company reserves the rights to claim for any losses incurred from such cancellation by the seller including all cost, fees and expenses (including costs for the company's solicitors on full indemnity basis) suffered or incurred by the company for or in the recovery or attempted recovery of any monies.
In the event that the vehicle above involves in an accident before handover date, there shall be a minimum deduction of S\$5,000 from the agreed price.

Declaration

I declare that I am authorised to sign this agreement and that the above stated details are true and correct. Furthermore, I agree to do all acts and sign all documents necessary to give effect to this agreement.
I acknowledge that I have read, understand and agree to be bound by the Terms and Conditions appearing above.

Sign for and on behalf of
Sunrich Motoring



Authorised Signature

Seller's Signature