

## 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	20/11/2017 20:05
Date Of Accident	20/11/2017 17:30
Exact Location Of Accident	ALONG AIRPORT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDL8138Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIANG FUI LONG@CHIANG FEI LONG
NRIC No	S0137431A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96919083
Alternative Phone No	OTHERS-96919083

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.6 GLX 5MT AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PTE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	5042837235-07
Cover Note Number	01/04/17 - 31/03/18

### Driver

Name of Driver	CHIANG FUI LONG@CHIANG FEI LONG
NRIC No	S0137431A
Date Of Birth	29/11/1945
Occupation	OUTDOOR
Date Of Driving Pass	21/04/1969
Driving Experience	48 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96919083
Fax Number	
Contact Number	OTHERS-96919083
EEmail Address	NOEMAIL

Address	BLK 52 LENGKOK BAHRU #10-305
Postcode	150052
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLOUDY
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	BUKIT MERAH WEST NPC
Police Station Address	<b>ROAD:</b> 500 BUKIT MERAH VIEW #01-01 , <b>POSTCODE:</b> 159682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO: - FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT ATTACHED.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	STILL RETRIEVING
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG6253T
Vehicle Make/Model/Colour	MOTORCAR
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

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: SDL 8130Z

INSURER : NTUC


DATE & TIME: 20/11/17 @ 17:30

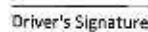
### IMPORTANT NOTICE

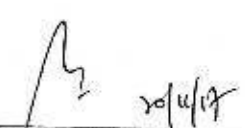
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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The 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 lodgment 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.
- (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.

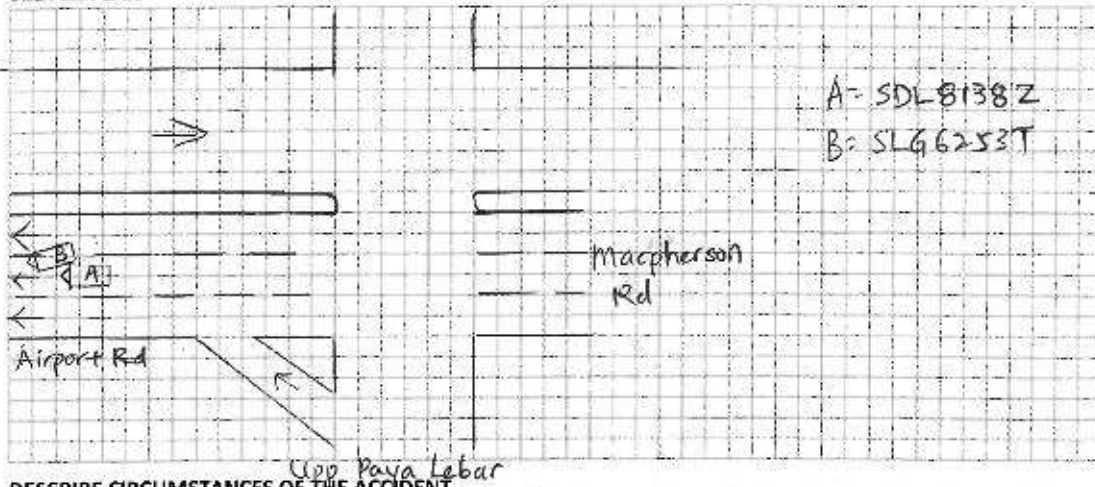
  
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name: (YS)  
NRIC/FIN No.:

### Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: T/2017/1120/2174

## DECLARATION

I/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: \_\_\_\_\_

Reporting Centre Personnel's Signature  
Name: (YS)  
NRIC/FIN No.:

☐ Claim Own Policy    ☒ Claim Third Party    ☐ Reporting Only  
☐ Claim OD/TP at other workshop ( )



# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999



T/20171120/2174

1 of 3

Report No. T/20171120/2174

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
20/11/2017 22:00

Vide Report No.:

Station Diary No.:  
73

### Informant's Particulars

Name of Informant: CHIANG FUI LONG		Address: APT BLK 52 LENGKOK BAHRU #10-305 SINGAPORE 150052	
ID Type / ID No.: NRIC NO / S0137431A		Contact No.: Home/Office: Mobile: 96919083	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 71	Date of Birth: 29/11/1945	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Driving Instructor		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/11/2017 17:30	Type of Location: Straight Road
Location: Along Road 1 AIRPORT ROAD  Along Airport Road				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision:			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDL8138Z	Car	MITSUBISHI	LANCER 1.6 GLX 5MT AIRBAG 2WD 4DR	Silver	Slightly Damaged	0
SLG6253T	Car					0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



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500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999



T/20171120/2174

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Report No. T/20171120/2174

## CONTINUATION OF REPORT

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDL8138Z	NTUC Income Insurance Co-Operative Limited	5042837235-07	01/04/2017	31/03/2018

### Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	CHIANG FUI LONG	ID No.	S0137431A
Related Vehicle	SDL8138Z (Car)	Contact No.	96919083
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On the above mentioned date and time I was travelling along Airport Road on the second lane in my vehicle bearing registration number SDL8138Z. It was during peak hours thus the traffic was congested. As my lane was moving slowly, I proceeded to move when suddenly a car bearing registration number SLG6253T cut into my lane from the first lane. I immediately stop my vehicle and horn the said vehicle however the vehicle continue to move off and did not stop. I tried to catch up with the vehicle however as traffic was congested unable to do so.

As the said vehicle had cut into my lane, it had hit my front right bumper and cause damages to it. There is scratch marks and the car paint had came off. I have an in build car camera and incident was captured. That's all.



**SINGAPORE  
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T/20171120/2174

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Report No: T/20171120/2174

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 2 NURUL 'AIN BINTE NOR RIZAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
20/11/2017 22:00

Officer In Charge Of Case:  
TP / HRT /  
SI ABDUL KAREEM BIN ABDUL HAGUE  
Contact No.: 65476079

Classification Of Case:

Authentication Stamp  
NP168

