

## 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	01/12/2017 14:41
Date Of Accident	29/11/2017 20:05
Exact Location Of Accident	MOUNTBATTEN RD TWDS OLD AIRPORT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL5519G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	933 MOTORING
Co Reg No	53295935C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94504933
Alternative Phone No	OFFICE-94504933

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5080283964-01
Cover Note Number	

### Driver

Name of Driver	CHENG CHOON MENG (ZENG JUNMING)
NRIC No	S8408792J
Date Of Birth	26/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	13/09/2007
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85959595
Fax Number	
Contact Number	OFFICE-85959595
Email Address	NOEMAIL

Address	BLK 326 HOUGANG AVENUE 7 #02-323
Postcode	530326
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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	PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 114 HOUGANG AVENUE 1 #01-1270 , <b>POSTCODE:</b> 530114 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2899999 - <b>FAX NO:</b> 62815961
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20171130/2129.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN2386H
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	
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Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name	CHENG CHOON MENG (ZENG JUNMING)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJL5519G
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan


### SKETCH PLAN

#### IMPORTANT NOTICE


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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:

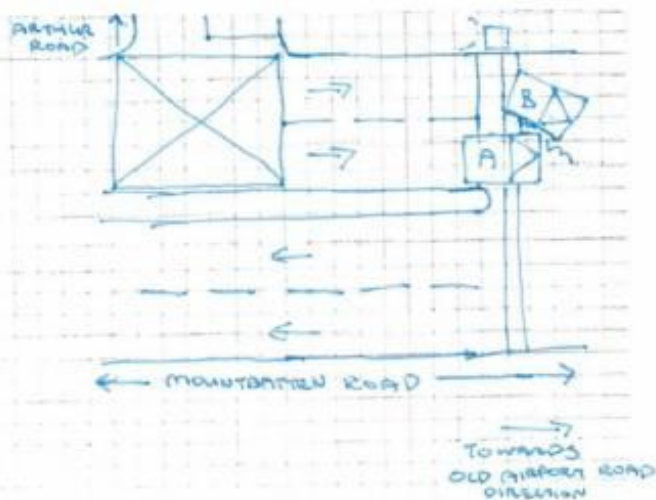
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN

Vehicle A - 53L 55194

VEHICLE B - 5LN2386H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT.

REPORT NUMBER  
T/20191130/2129  
PADA LEBAH NPP

## 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:  
NRIC/FIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171130/2129

1 of 3

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

Report No. T/20171130/2129

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2017 18:04	Vide Report No.:	Station Diary No.: 25
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### Informant's Particulars

Name of Informant: CHENG CHOON MENG			Address: APT BLK 326 HOUGANG AVENUE 7 #02-323 SINGAPORE 530326		
ID Type / ID No.: NRIC NO / S8408792J			Contact No.: Home/Office: Mobile: 85959595		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 26/03/1984	Type of Informant: Driver		
Race: Chinese			Language: Chinese	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/11/2017 20:05	Type of Location: Straight Road
Location: Along Road 1 MOUNTBATTEN ROAD  MOUNTBATTEN ROAD TOWARDS OLD AIRPORT ROAD				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL5519G	Car					0
SLN2386H	Car					0

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171130/2129

2 of 3

Report No. T/20171130/2129

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

## CONTINUATION OF REPORT

Driver			
Name	CHENG CHOON MENG	ID No.	S8408792J
Related Vehicle	SJL5519G (Car)	Contact No.	85959595
Hospital/Clinic	OEI FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/11/2017	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

### Brief Details.

On 29/11/2017 at about 2005hrs, I was driving my vehicle along Mountbatten Road towards Old Airport road near to Arthur Road on the first lane.

As I was driving along the mentioned road and approaching a traffic light junction, I observe a car driving on my left slowing down his vehicle and I slowed down as well to be sure that the car is not overtaking mine. Out of a sudden, the car turned into my lane causing it to hit the front left side of my car. The impact caused me to suffer pains all over the body. My car suffered damages to the front left portion. I proceeded to the clinic, OEI Family Clinic and I was given 5 days medical leave.

My vehicle is not fitted with the video recorder however the other party's vehicle is.

Police Report



SINGAPORE  
POLICE FORCE



T/20171130/2129

3 of 3

Report No. T/20171130/2129

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

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 F / Sgt 2 WARIS AHMAD BIN SALBIR AHMAD
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404
Authentication Stamp NP168

Signature Of Informant: 
Date/Time: 30/11/2017 18:04
Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo

