

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	28/12/2017 18:53
Date Of Accident	28/12/2017 03:00
Exact Location Of Accident	BUANGKOK DRIVE TOWARDS BUANGKOK GREEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCR8873P
Insured/Policyholder	
Name Of Registered Owner	EMING VEHICLES
Co Reg No	53366056D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91830887
Alternative Phone No	OFFICE-91830887

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.5 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1748561700
Cover Note Number	

Driver

Name of Driver	CHONG EE MING CHRISTOPHER
NRIC No	S8741068D
Date Of Birth	22/12/1987
Occupation	OUTDOOR
Date Of Driving Pass	23/10/2007
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91830887
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BK 319 SHUNFU ROAD #08-10 SINGAPORE
Postcode	570319
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT

Attachment(s)

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

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.

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan

	
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Sketch Plan #2

Describe Circumstances of the Accident

Refer to Police Report.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

Driving License

5566926



NRIC No. **S8741068D**




Date of issue
06-02-2016

Address
**APT BLK 319 SHUNFU ROAD
#08-10
SINGAPORE 570319**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	23 Oct 2007

Licence No: S8741068D



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8741068D**



Name
CHONG EE MING, CHRISTOPHER
張育銘

Race
CHINESE


Date of birth
22-12-1987

Sex
M

Country/Place of birth
SINGAPORE

S8741068D

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S8741068D**
Name:
CHONG EE MING, CHRISTOPHER

Birth Date: **22 Dec 1987**
Issue Date: **06 Feb 2016**

002535770F

Police Report



**SINGAPORE
POLICE FORCE**



1/20171228/0030

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 573757
Tel No: 1900-5529999

1 of 2

Report No: 1/20171228/0030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/12/2017 12:32	Wide Report No.: F/20171228/0048	Station Diary No.: 57
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Informant's Particulars			
Name of Informant: CHONG EE MING, CHRISTOPHER		Address: APT BLK 319 SHUNFU ROAD #05-10 SINGAPORE 570319	
ID Type/ID No.: NRIC NO / S0741068D		Contact No.: Home/Office: Mobile: 91830887	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 22/12/1987	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: UBER DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident: Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 28/12/2017 09:00	Type of Location: Straight Road	
Location: Along Road 1 BUANGKOK DRIVE				
Towards Buangkok Green				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings			Anyone conveyed by ambulance: No	

Details of Vehicle Involved					
Vehicle No. SCR8873P	Type Car	Make TOYOTA	Model CAMRY 2.5 AUTO	Color Silver	Condition No of Passenger Seriously 0 Damaged

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

Police Report



**SINGAPORE
POLICE FORCE**



F/2017/1228/2030

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529899

2 of 3
Report No: T/2017/1228/2030

CONTINUATION OF REPORT

Driver			
Name	CHONG EE MING, CHRISTOPHER		ID No. S8741088D
Related Vehicle	SCR8873P (Car)		Contact No. 91830887
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 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 28/12/2017 at about 3-4am, I was travelling along Buangkok Dr towards Buangkok Green in my vehicle, SCR8873P. I wish to state that I felt sleepy and had accidentally doze off. My vehicle then mounted the curb to the right side and hit against the metal guard of the center divider and hit against a tree and subsequently came to a stop.

I wish to state that ambulance was at scene to make a check on me however I was not conveyed as I am not injured at the moment. Traffic Police IO Meera was also at scene vide F/2017/1228/0048. My vehicle was subsequently towed away. The front portion of the vehicle was seriously damaged. I was advised by the Traffic Police officer to lodge a traffic accident report.

Police Report



SINGAPORE
POLICE FORCE



T/2017/228/2030

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529989

3 of 8

Report No: T/20171228/2030

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 85474865 stating the report number as reference.

Signature Of Officer Recording The Report:

E/

Sgt 2 NUR SAHIDAH BINTE IBRAHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/12/2017 12:32

Officer In Charge Of Case:

TP / AEIT /

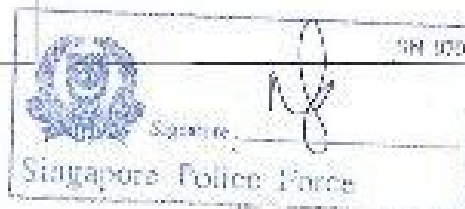
Sgt 2 YEO KIA HUAT

Contact No.: 85478325

Classification Of Case:

Authentication Stamp

N/15/18



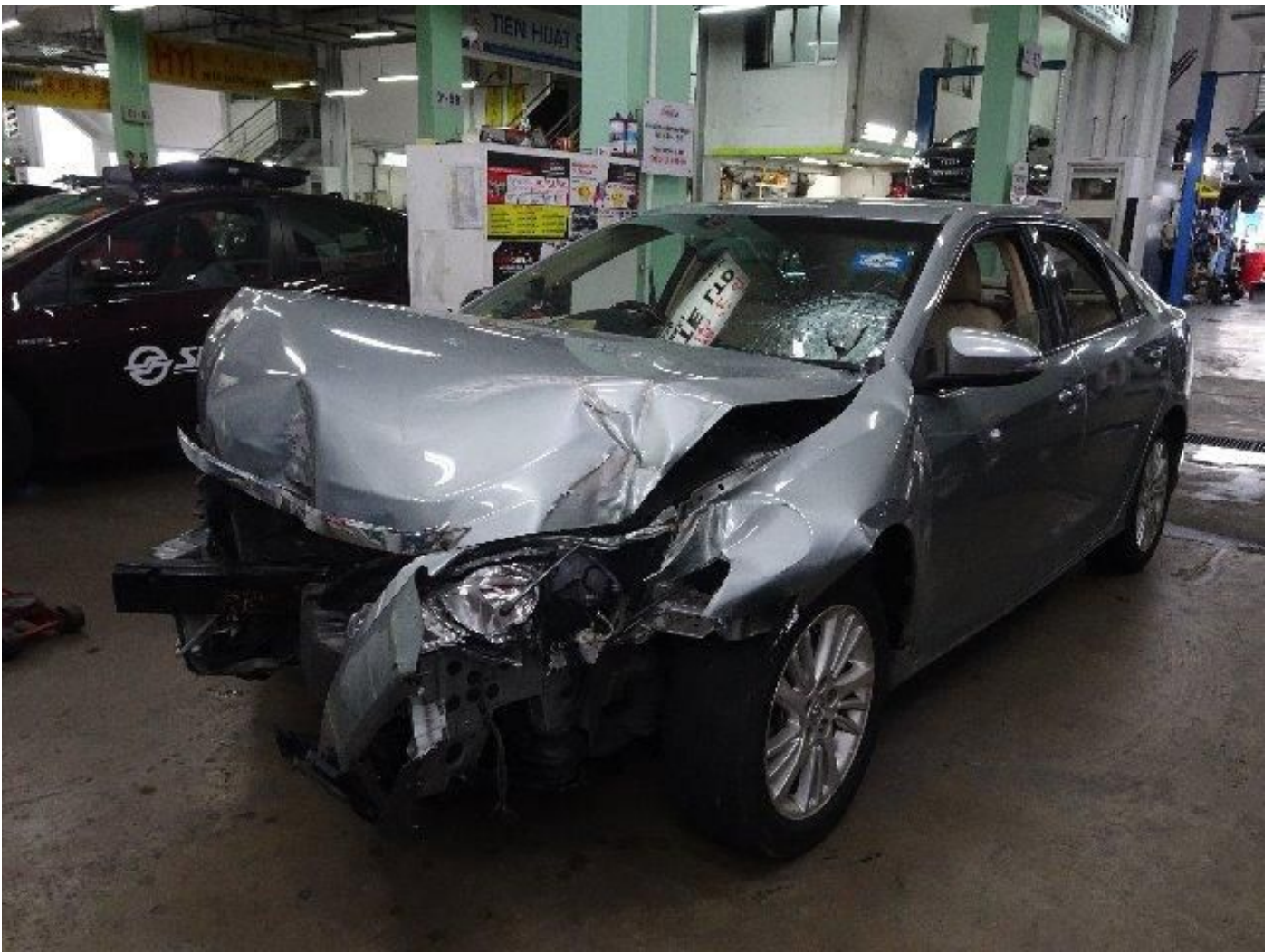
Accident Photo



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