

## 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 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	04/04/2018 12:50
Date Of Accident	04/04/2018 11:10
Exact Location Of Accident	KIM KEAT LINK SLIP ROAD TOWARDS LOR 6 TOA PAYOH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR156X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	STANCHEONG
Co Reg No	53358417E
Email Address	CYPSTON@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97390973
Alternative Phone No	OFFICE-97390973

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	NO
Policy Number	5093991439
Cover Note Number	

### Driver

Name of Driver	CHEONG YAT PANG
NRIC No	S1347133I
Date Of Birth	03/08/1959
Occupation	OUTDOOR
Date Of Driving Pass	10/10/1977
Driving Experience	40 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97390973
Fax Number	
Contact Number	OTHERS-97390973
Email Address	CYPSTON@YAHOO.COM.SG

Address	BLK 202 BOON LAY DRIVE #19-31
Postcode	640202
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	2
Passenger 1	NAME: : PASSENGER (LYNN) GENDER: : MALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> NO. 15 COMMONWEALTH AVENUE , <b>POSTCODE:</b> 149725 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b> 64715299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180404/2104

### 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	SLS7164Y
Vehicle Make/Model/Colour	HONDA ACCORD
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KUAN BOON YONG
NRIC/Passport Number	S7533082J
Contact Number	90230579
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

**DETAILS OF INJURED PERSON 1**

Name PASSENGER (LYNN)

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJR156X

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name CHEONG YAT PANG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJR156X

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.



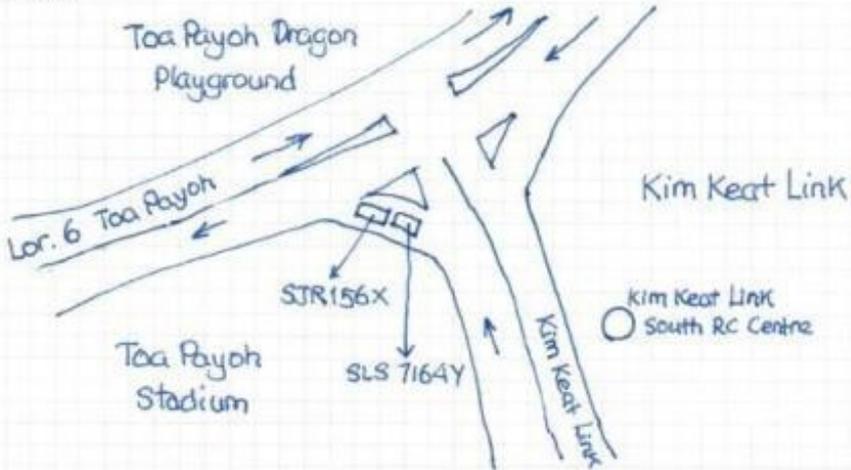
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 4/4/2018

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PS REFER TO POLICE REPORT*  
*7/20/2018/2104*

DECLARATION

I/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: 4/4/2018 - 1251 hrs

*[Signature]*  
Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:

*Rolli wong*

Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180404/2104

1 of 3

Report No. T/20180404/2104

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/04/2018 15:30	Vide Report No.:	Station Diary No.: 49
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Informant's Particulars			
Name of Informant: CHEONG YAT PANG		Address: APT BLK 202 BOON LAY DRIVE #19-31 SINGAPORE 640202	
ID Type / ID No.: NRIC NO / S1347133I		Contact No.:	Mobile: 97390973
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 58	Date of Birth: 03/08/1959	Type of Informant: Driver
Race: Chinese		Language:	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: 04/04/2018 11:10	Type of Location: Slip Road
Location:  KIM KEAT LINK LORONG 6 TOA PAYOH Slip Road along Kim Keat Link towards Lorong 6 Toa Payoh				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJR156X	Car				Slightly Damaged	1
SLS7164Y	Car				Slightly Damaged	0

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

Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20180404/2104

2 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20180404/2104

CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHEONG YAT PANG	ID No.	S1347133I
Related Vehicle	SJR156X (Car)	Contact No.	97390973
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/04/2018	Date Discharge	04/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	Kuan Boon Yong	ID No.	S7533082J
Related Vehicle	SLS7164Y (Car)	Contact No.	90230579
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 04.04.2018 at about 1111hrs, I was driving my vehicle, SJR156X along Kim Keat link with one passenger namely Lynn, Hp: 86667688. I make a left turn towards Toa Payoh Lorong 6. I then slowed down to check the traffic when I felt an impact coming from my Rear. I checked and realize that one black car with registration number SLS7164Y, hit onto my rear. We took some photos of the accident and drove our car by the side of the road before exchanging particulars. No one was seriously injured at that point of time and does not require ambulance. My passenger however informed that she have pain on her neck and abrasion on her thigh and will be seeking medical attention at clinic. Due to the accident, my car sustained damaged on the rear bumper and panel.

Sketch Plan #5



SINGAPORE  
POLICE FORCE



T/20180404/2104

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20180404/2104

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 NUR HANNAH BINTE JAFFAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

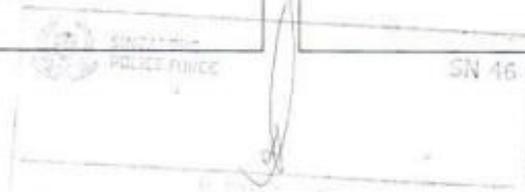
04/04/2018 15:30

Officer In Charge Of Case:

TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

Authentication Stamp  
NP168



Annex E

NOTICE OF REPORTING

This is to confirm that Name: Cheong Yat Pang, NRIC No: S1347133I, Contact number: 97390973 had reported to the Police a non-injury traffic accident which occurred at on 04.04.2018 at about 1111hrs involving the following vehicles:

SJR156X and SLS7164Y.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT T100462 Nur Hannah

Date: 04/04/2018 Time: 1337hrs

S/D Ref: 29

Police Post/Unit : Queenstown NPC

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police

  
Queenstown  
Neighbourhood Police Centre  
No 3 Queenway #01-03  
Singapore 149673

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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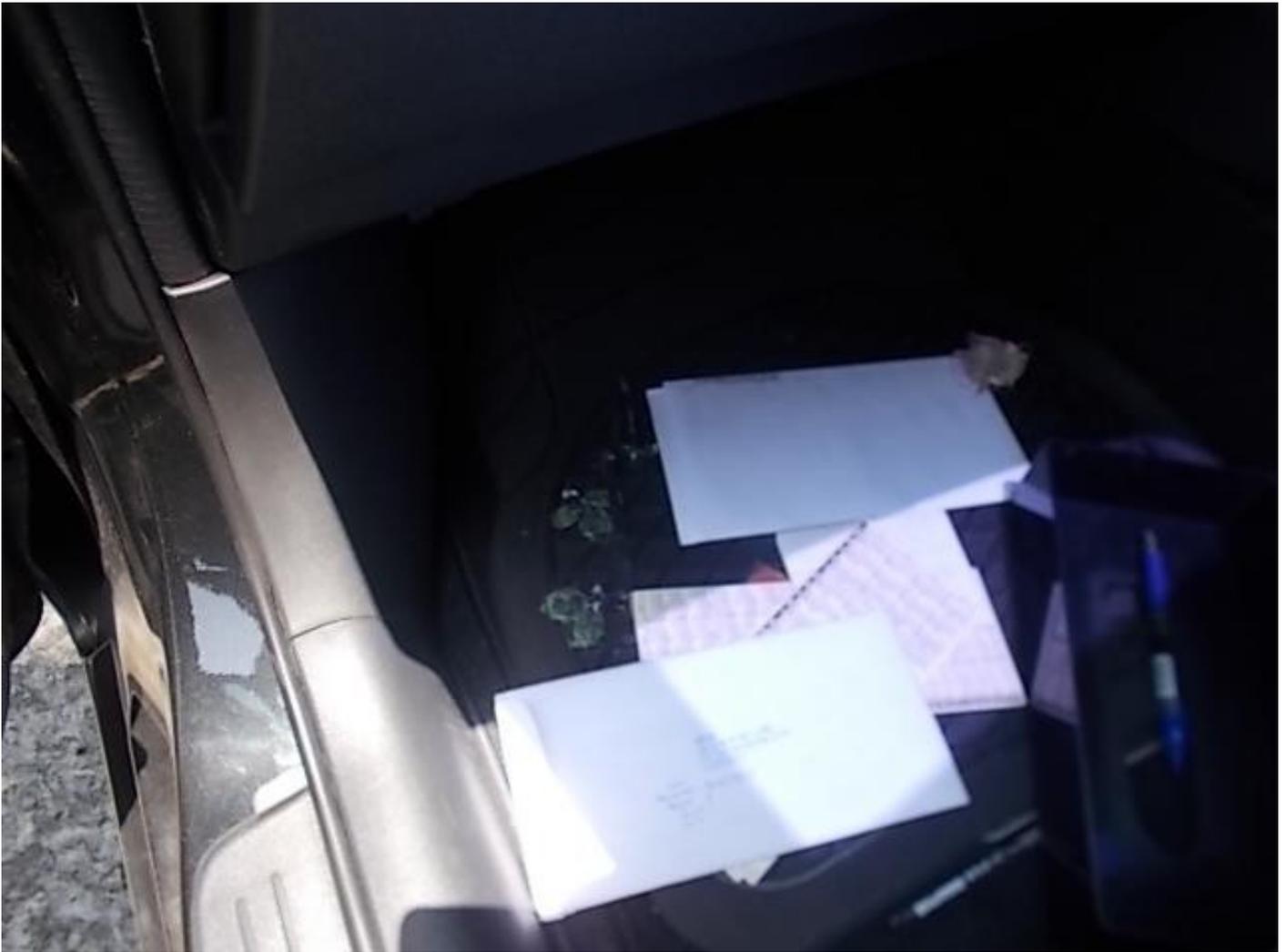
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