



## 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	12/04/2018 09:11
Date Of Accident	10/04/2018 17:45
Exact Location Of Accident	YIO CHU KANG/TPE/SLE HIGHWAY TWRDS BKE WOODLANDS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU8990L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHONG CHIN FOO
NRIC No	S1384193D
Email Address	KATECSW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94386623
Alternative Phone No	OTHERS-84988895

### Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/17/VP05/016211-001
Cover Note Number	

### Driver

Name of Driver	CHONG SU WEI
NRIC No	S9637147J
Date Of Birth	17/10/1996
Occupation	INDOOR
Date Of Driving Pass	22/12/2015
Driving Experience	2 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94386623
Fax Number	
Contact Number	OTHERS-84988895
Email Address	KATECSW@GMAIL.COM



Address	BLK 613 BUKIT PANJANG RING ROAD #20-856
Postcode	670613
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
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: : KHAIRI HAFIQ GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180411/7000

#### 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	SBA2829J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJQ798Z  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJQ7247B  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name CHONG SU WEI  
Approximate Age  
Injuries Sustain LEG PAIN  
Injured person in which vehicle? SLU8990L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

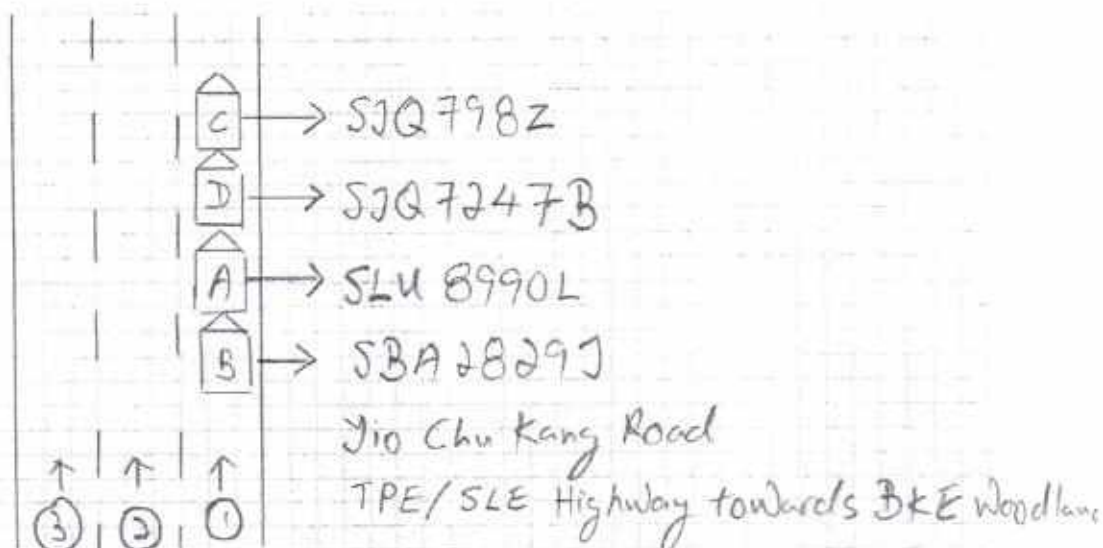
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Report NO: T/20180411/7000

## 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:





**SINGAPORE  
POLICE FORCE**



T/20180411/7000

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20180411/7000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/04/2018 00:29		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHONG SU WEI			Address: APT BLK 613 BUKIT PANJANG RING ROAD #20-856 SINGAPORE 670613		
ID Type / ID No.: NRIC NO / S9637147J			Contact No.: Home/Office: Mobile: 84988895		
Nationality: SINGAPORE CITIZEN			Email: KATECSW@GMAIL.COM		
Sex: Female	Age: 21	Date of Birth: 17/10/1996	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B,3A Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/04/2018 17:45	Type of Location: Straight Road
Location:  YIO CHU KANG ROAD  TPE/SLE HIGHWAY TOWARDS BKE WOODLANDS				
Weather:		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU8990L	Car	SUBARU	Impreza 1.5	Grey	Seriously Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU8990L	LONPAC INSURANCE BHD.	Z17VVP05016211	22/11/2017	20/12/2018



**SINGAPORE  
POLICE FORCE**



T/20180411/7000

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20180411/7000

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHONG SU WEI	ID No.	S9637147J
Related Vehicle	SLU8990L (Car)	Contact No.	84988895
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	10/04/2018	Date Discharge	10/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

I was travelling on the expressway of TPE/SLE towards BKE woodlands on the first lane of the expressway, and when i saw that there was a heavy traffic infront i manage slow down to a stationery stop behind the red car that was infront and when i stopped, a few seconds later i felt a huge impact from the car that was behind that caused my vehicle to move forward and hit the red car that was infront of me which caused the accident, it ended up hitting both the front and back of my car.





**SINGAPORE  
POLICE FORCE**



T/20180411/7000

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20180411/7000

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
YAN MINGSHENG DANIEL  
Contact No.: 65476252

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
11/04/2018 00:29

Classification Of Case:

## SINGAPORE ACCIDENT STATEMENT

Accident Date: 10/04/2018 Time: 17:45 (hh:mm) 24 hr format	
Location Jio Chu Kang Road TPE/SLE Highway towards BKE Woodlands	
Vehicle Number SLU 8990 L	
Insured Name Chong Chin Foo	
NRIC / FIN 51304143D	Contact Number 9438 6623
Make Subaru	Model Impreza
Are you claiming under your own insurance policy for repair to your vehicle?	
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting	
Insurance Company Lompac	
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only	
Policy Number Z/17/VP05/016211-001	
Name of Driver Chong Su Wei	( ) Same as Insured
NRIC / FIN S9637147J	
Date of Birth 17/10/1996	Contact Number 8498 8895
Driving Pass Date 22/12/2015	
Occupation ( <input checked="" type="checkbox"/> ) Indoor ( ) Outdoor	
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female	
Email Address katersw@gmail.com	( ) NO EMAIL
Address of Driver Blk 613 Bukit Panjang Ring Road #20-856 S(670614)	
Was driver an employee of the Insured's Company? ( ) Yes ( <input checked="" type="checkbox"/> ) No	
If No, Relationship of the Driver with the Insured	
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( <input checked="" type="checkbox"/> ) Children ( ) Sibling	
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No	
If Yes, Vehicle Registration Number of Driver's Own Vehicle	
Insurance Company of Driver's Own Vehicle	
Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others	
Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others	
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No	
Was anybody injured in the accident? ( <input checked="" type="checkbox"/> ) Yes ( ) No	
If yes, injured detail Chong Su Wei Leg Pain	
Was there any video captured by Car Camera? ( ) Yes ( ) No	
Was the Accident reported to the Police? ( <input checked="" type="checkbox"/> ) Yes ( ) No If yes attach police report	
DETAILS OF 3 <sup>rd</sup> party	Name / Nric Contact
Veh B SBA 2829J	
Veh C SJQ 798Z	
Veh D SJQ 7247B	
Veh E	
Veh F	

P1 = Khairi Haziq (M)

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9637147J



Name

CHONG SU WEI

莊素薇

Race

CHINESE

Date of birth

17-10-1996

Sex

F

Country of birth

SINGAPORE

S9637147J

SLU8990L

driver

4687667



NRIC No. S9637147J



Date of issue

15-03-2011

APT BLK 613 BUKIT PANJANG RING ROAD #20-858  
SINGAPORE 670613

S9637147J

08/01/2014



**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number **S9637147J**  
 Name  
**CHONG SU WEI**  
 Birth Date: **17 Oct 1996**  
 Validity Date: **22 Dec 2015**

002505753D

SG 50

SLU 8990 L  
driver

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

		EFFECTIVE DATE
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	17 Apr 2016
Class 2A	VEHICLE CARS AND MOTOR TRACTORS WITHOUT CLUTCH PEDAL & THE WEIGHT OF WHICH UNLOADED DOES NOT EXCEED 2000 KILOGRAMS	22 Dec 2015

NP 42BA

S / No. 9000261442

Licence No: S9637147J

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1384193D



Name

CHONG CHIN FOO



Race

CHINESE

Date of Birth

20-03-1959

Sex

M

Country of Birth

MALAYSIA



A0085579



NRIC No. S1384193D



Blood Group

B+

Date of issue

06-12-2001

APT BLK 613 BUKIT PANJANG RING ROAD #20-856  
SINGAPORE 670613

S1384193D

12/01/2014

Owner

SLU8990L

**LONPAC INSURANCE BHD (S98FC5635C)**

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

MX1

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION ACT (CAP 189) REPUBLIC OF SINGAPORE,  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE),  
ROAD TRANSPORT ACT 1987 (MALAYSIA),  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z/17/VP05/016211-001

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

SUBARU IMPREZA 1.5  
- SLU 899DL

2. Name of Policy Holder

CHONG CHIN FOO

3. Effective date of the Commencement of Insurance  
for the purpose of the Act.

18/12/2017

4. Date of Expiry of the Insurance

20/12/2018

5. Persons or Classes of Persons entitled to drive.

(A) THE POLICYHOLDER (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S  
ORDER OR WITH HIS/HER PERMISSION.Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to  
drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by  
reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S  
BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD, RACING, PACE-MAKING,  
RELIABILITY TRIAL, SPEED-TESTING OR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES)  
IN CONNECTION WITH ANY TRADE OR BUSINESS OR USED FOR ANY PURPOSE IN CONNECTION  
WITH THE MOTOR TRADE.

Excess

: S\$ 0.00 (SECTION 1) INSURED / NAMED DRIVERS  
S\$ 1000.00 (SECTION 1) UNNAMED DRIVERS  
S\$ 3000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR  
INEXPERIENCED DRIVERS  
S\$ 100.00 WINDSCREEN EXCESS

Condition

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

\* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor  
Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under  
heading.

I/We hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road  
Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of  
Singapore.

CHIEF EXECUTIVE  
(Singapore Branch)User ID : ambika / n/wong  
Date Issued : 21-12-2017