#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	16/05/2018 15:15
Date Of Accident	15/05/2018 20:05
Exact Location Of Accident	TRAFFIC JUNCTION MARINE PARADE RD / TELOK KURAU RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKE7885K
Insured/Policyholder	
Name Of Registered Owner	CHONG SIOW KWANG LEONARD
NRIC No	S7128338J
Email Address	LEONARD@THECHONGS.ORG
Mobile Phone No	(LOCAL) +65-90043274
Alternative Phone No	OTHERS-90043274
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS C CVT-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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1663621701
Cover Note Number	
Driver	
Name of Driver	NG MAY LING, CELESTINA

 NRIC No
 \$7432109G

 Date Of Birth
 27/09/1974

 Occupation
 INDOOR

 Date Of Driving Pass
 06/05/1995

Driving Experience 23 YEARS AND 0 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97472786

Fax Number
Contact Number

EMail Address CELEST@THECHONGS.ORG

211 BEDOK SOUTH AVE 1 #02-02 Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE** 

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?

Was any other material or property damaged? YES NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1

YES

#### **Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Police Station Name BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 20 CHAI CHEE DRIVE, POSTCODE: 469045, COUNTRY: Police Station Address

**SINGAPORE** 

Police Station Contact TEL NO: 1800-2448999 - FAX NO: 62446558

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### **Circumstances of Accident**

#### AS PER ATTACHED SKETCH PLAN AND POLICE REPORT

#### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: SD CARD TAKEN BY POLICE

Was there any audio recorded? NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number **SLK7070B** 

Vehicle Make/Model/Colour **AUDI A6 WHITE COLOUR** 

**Details Of Properties** 

Vehicle Category PRIVATE CAR SEAH HOON LAY Name of Driver

NRIC/Passport Number S7330550J 88587070 **Contact Number** 

Address BLK 707 BEDOK NORTH RD #03-3406

470707 Postcode

Insurance Company Name

FRONT & REAR Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER:

2

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

SHC3969A Vehicle Registration Number

Vehicle Make/Model/Colour COMFORT TAXI BLUE COLOUR

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

FRONT & REAR Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SKA1079G

Vehicle Make/Model/Colour **VOLKSWAGEN WHITE COLOUR** 

**Details Of Properties** S9249626J Vehicle Category PRIVATE CAR

Name of Driver KENNETH MAH CHERN FEND

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

FRONT Nature Of Damage

No. Of Passenger (Including Driver) 1

# **DETAILS OF INJURED PERSON 1**

SEAH HOON LAY Name

45 Approximate Age

Injuries Sustain

Injured person in which vehicle? SKE7885K

Were seat belts worn?

Was this injured conveyed to hospital by

YES ambulance?

**BLK 707 BEDOK NORTH ROAD** Address

#03-3406

470707 Postcode

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:

16 May 18

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Driver's Signature (If driver is not the policyholder) Date & Time: \(\lambda M \, dia '\rangle \)

12:15 pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

0055B

GIARMC SketchPlanForm\_V3

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7	پست م	DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
- Volkswagon SKA 10796	关	As per police Report 10 T/2018 0516/2000
2	23	dated 16/05/2018: 60:00 hrs.
名	69 /	(akc) 10103   2018 : 00:00 NI
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		\$ 55 GPD
		DECLARATION In the factor of t
		I/We declare the foregoing particulars are true in every respect.
		Esul
		Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time: 15 Mos 18 (If driver is not the policyholder) Name: 7 (3 + + + + + + + + + + + + + + + + + +
		Date & Time: 12 Man 10 NRIC/FIN No.:
		GIARMC SketchPlanFolled 13 PM 13: 15 M

# **POLICE REPORT PAGE 1 Pg. 1**





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999 1 of 3 Report No. T/20180516/2000

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/05/2018 00:00			Vide Report No.: G/20180515/0206	Station Diary No.:		
Informant'	s Particul	ars				
Name of Informant: NG MAY LING, CELESTINA			Address: 211 BEDOK SOUTH AVENUE 1 #02-02 SINGAPORE 469336			
ID Type / ID No.: NRIC NO / S7432109G			Contact No.: Home/Office: Mobile: 97472786			
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Age: Date of Birth: Female 43 27/09/1974			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: HOMEMAKER			Driving Licence Information: Class: 3 Date of Expiry:			

General Information  Type of  Accident:	ion of the Accident Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/05/2018 20:09	Type of Location: Straight Road	
Location: Junction of Road MARINE PARAD TELOK KURAU F	E ROAD .		10/00/2010 20.0		
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - W	orking	Traffic Volume: Moderate	
Type of Collision: Between Moving	Vehicles - Head To R	ear		Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SHC3969A	Car	TOYOTA		Blue		0	
SKA1079G	Car	VOLKSWAGO N		White		0	
SKE7885K	Car	TOYOTA	Priusc	White	Slightly Damaged	0	
SLK7070B	Car	AUDI .		White		1	

#### POLICE REPORT PAGE 2 Pg. 1



Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999 T/20180516/2000

Report No. T/20180516

#### **CONTINUATION OF REPORT**

# **Brief Details.**

I was driving along third lane at the junction of Marine Parade Road and Telok Kurau Road (Marine Parade Road towards Bedok), I stopped at the traffic light. A couple of seconds later, light changed and I heard a loud bang when I was about to move off. Suddenly my vehicle moved forward. I came out and realized that the rear vehicle had knocked onto my vehicle.

It was a 4 car collision. Police and ambulance came and one of the driver was conveyed to CGH. I wish to state that my vehicle rear bumper has some mild scratches and it lost alignment. I have an in-car front and back camera and was handed over to the Police.

I wish to state that I was the front car.

The other drivers particulars as follows: 2nd car driver contact no: 88587070. Last car driver: Kenneth Mah Chern Feng S9249626J.

# POLICE REPORT PAGE 3 Pg. 1



# SINGAPORE POLICE FORCE



ce Station Of Origin: dok South N.P.C O Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

3 of 3 Report No. T/20180516/2000

**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:	Signature Of Informant:
Staff Sgt CHIN YONG PEI, DESMOND	
Signature Of Interpreter:	Date/Time:
Not applicable	16/05/2018 00:00
r	
Officer In Charge Of Case:	Classification Of Case:
TP / GIT /	POLICE FORCE
Staff Sgt SYED ZAYID MUHAMMAD BIN SYED	
ABDUL WAHID ALHINDUAN	
Contact No.: 65476394	
Authentication Stamp	SIGNATURE
NP168	

#### **INSURANCE SCHEDULE Pg. 1**



# 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6222 1033 Website: www.sg.cntaiping.com Co. Reg. No. 200208384E

0	RIGINAL				THE SCHEDULE					
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A	gency AN	0589A	Class of Policy	MOTOR PRIVA	TE CAR		Polic	y Number	DMPCSN1	663621701
A	ccount AN(	0589A	Issued on					cing Policy no.		
С	lient 318	38149	Acceptance Date					_	Drie Com	003021800
P	eriod of In	nsurance	e from 02/10/2017	to 01/10/20	18 , both date	s inclusi	ve			
I	nsured's Na	me		CHONG STOW	KWANG LEONARD					
	Ac	idress.		211 BEDOK S						
				#02-02						•
				SINGAPORE 4						
				SINGAFORE 4	09336					•
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			Less 5% Loyalty I			<b>s</b> \$:	123.90-			
			Less 35% Autosafe			S\$1	823.94-			
			No Claim Discount			ss:	765.08-	4 - 4 - 4		
			Promotion Discour			S\$2	200.00-			
			Total Annual Pres	ium		S\$!	565.08	Premium Due		S\$565.0
							100	Premium GST		\$\$39.56
								Total Due		\$\$604.64
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R	isk No. 001		MOTOR PRIVATE CAR	Long to the	40 to 10 10 20	1			1	
			ORIGINAL REGN DAT	E: 02.04.20	12		5 Z. 5	11.9	5	
	<ol> <li>Registr</li> </ol>	ation	SKE7885K		Make/Model	TOYO	ra Prius	S C CVT		
	Type of	Cover	Comprehensive		No. of seats			Body Type	натен	RACK
	Engine	No	1NZ6175670		Capacity cc's			Yr of Manuf/Re		
	Chassis	No	JTDKD3B3701504786						g. 2012/	2012
	1000							Certificate Re	f MV1E	
	Sum Ins	uredN	Market value at th	e time of l	oss			COLUMNICACE NE	4. PARIE	
			Ex Sect. I			S\$500.00				
			Other than Named							,
			Age <= 25							
			lge >= 26							
~			te of accident							*
			EN							A
						•				

The following clauses and endorsements apply to this policy Subject to Endts. 2, 25, 57, 72, N & W(unltd).

AUTOSAFE SCHEME (W)

Named Drivers THE INSURED

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

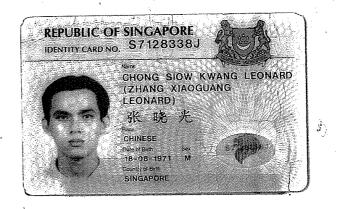
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Subject otherwise to the terms, conditions and exceptions of this policy.

#### ENDORSEMENT I - INEXPERIENCED UNNAMED DRIVERS EXCESS

It is hereby understood and agreed that an excess of S\$3,500 shall apply for accident loss or damage for any unnamed Authorised Driver who possess a valid Singapore driving licence for less than 1 year

Continued on page 2



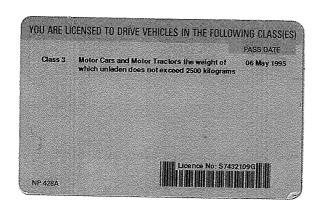
owner







Driver







# **INSURED CAR CHASSIS NUMBER**



# **INSURED CHAISSIS NUMBER**













# SCENE PHOTO



# **SCENEH PHOTO**

