

## 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	18/06/2018 08:52
Date Of Accident	17/06/2018 18:45
Exact Location Of Accident	CINE LEISURE BASEMENT CARPARK EXIT GANTRY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR8117S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHU MING CHEUNG
NRIC No	S2617465A
Email Address	ERICJYT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97836672
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B170

Exact Purpose for which vehicle was being used at time of accident

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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092381439
Cover Note Number	

### Driver

Name of Driver	CHU MING CHEUNG
NRIC No	S2617465A
Date Of Birth	22/11/1967
Occupation	INDOOR
Date Of Driving Pass	13/05/1995
Driving Experience	23 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97836672
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	ERICJYT@GMAIL.COM

Address	935 BUKIT TIMAH ROAD #04-31
Postcode	589645
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	
Was any body injured in the Accident?	NO
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)	4
Passenger 1	NAME: : YUEN, TSUN GENDER: : FEMALE
Passenger 2	NAME: : CHU, YAN TONG GENDER: : FEMALE
Passenger 3	NAME: : CHU, YAN QING GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 1 TOH YI DRIVE , <b>POSTCODE:</b> 590001 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4689999 - <b>FAX NO:</b> 64623782
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO THE SKETCH PLAN

#### 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	SKK8226A
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98179431
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCE3553P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	82009117
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**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:

18/6/18

8:50 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

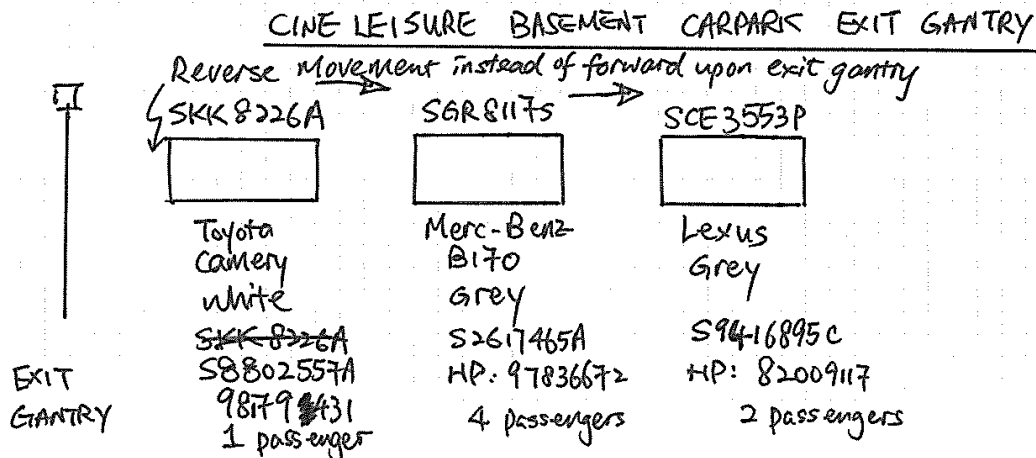


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE:	SGR 8117S	ACCIDENT DATE & TIME:	17/6/18; 6:40 PM
CONTACT NUMBER:	97836672	E-MAIL ADDRESS:	ericjyt@gmail.com
LOCATION:	CINE LEISURE BASEMENT CARPARK EXIT GANTRY		
Please refer to Police Report D/20180617/2067			
Additional point:			
① The front car SKK 8226A reversed down the slope at the gantry and collided onto the front of my car.			
② Due to strong impact from the front car, my car was rolled back and collided the car behind me. The car behind me suffer minor scratches			
③ Two security officers from the mall were on the spot.			
④ Mall Night supervisor, Chris informed me that they can release the video footage of the accident upon police request to mall management.			
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION			
Please state:			
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only			

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

 Date & Time: 18/6/18  
8:50am

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



D/20180617/2067

1 of 3

**POLICE REPORT (NP299)**

Report No. D/20180617/2067

Police Station Of Origin  
Bukit Timah NPP  
1 Toh Yi Drive #01-139 SINGAPORE 591501  
Tel No: 1800-4689999

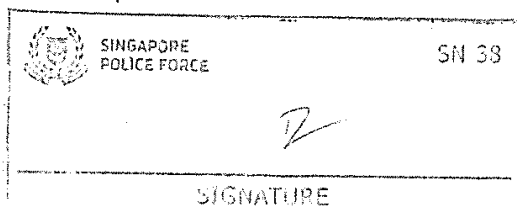
Date/Time Report Made 17/06/2018 21:43	Vide Report No.	Station Diary No. 28
Name Of Informant CHU MING CHEUNG	Address 935 BUKIT TIMAH ROAD #04-31 SINGAPORE 589645	
ID Type / ID No. NRIC NO / S2617465A	Contact No. Home/Office	Mobile 97836672
Nationality SINGAPORE CITIZEN	Email Address	
Occupation MANAGER	Sex Male	Age 50
	Date of Birth 22/11/1967	Race Chinese
Institution/School Name	Language	
Date/Time Of Incident 17/06/2018 18:45	Location Of Incident 8 GRANGE ROAD CATHAY CINELEISURE ORCHARD SINGAPORE 239695 Carpark Gantry	

**Brief details.**

On the above mentioned date, time and location, I was waiting behind, SKK8226A, waiting for the gantry to open so that we were able to proceed.

The driver in-front of me was facing some issue and the gantry arm was not opening for him, hence 2 security officers from Cineleisure assisted to open the gantry arm.

Signature Of Officer Recording The Report: D / Sgt 3 KANG HUI MING, DON	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/06/2018 21:43
Officer In-Charge Of Case: Traffic Police GIA Contact No.:	Classification Of Case:

**Authentication Stamp**



**SINGAPORE  
POLICE FORCE**



D/20180617/2067

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20180617/2067

Once it was lifted, I expect the car in front of me to proceed however, the Car, SKK8226A, reversed onto my car and the rear of his vehicle collided onto the front of mine. Due to the impact my vehicle had roll backward and collided into the car behind me, SCE3553P. The rear of my vehicle collided into the front of SCE3553P. We then exchanged particulars and took pictures before leaving. Later, I spoke to the night shift security supervisor, Chris, who informed me that to view the CCTV for insurance claim purposes, I would need a police report to do so.

Car in front :  
S8802557A  
Lin Yan Wei  
SKK8226A  
White Toyota  
HP: 98179431

My Car :  
S2617465A  
Chu Ming Cheung  
SGR8117A  
Merc Benz Grey

Car behind :  
S9416895C  
Chong Le Ryan

Signature Of Officer Recording The Report:

D / Sgt 3 KANG HUI MING, DON

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
Traffic Police  
GIA  
Contact No.:

Signature Of Informant:

Date/Time:  
17/06/2018 21:43

Classification Of Case:

Authentication Stamp

	<p>SINGAPORE POLICE FORCE</p>	<p>SN 38</p>
<p>SIGNATURE</p>		



**SINGAPORE  
POLICE FORCE**



D/20180617/2067

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20180617/2067

SCE3553P

Grey Lexus

HP: 82009117

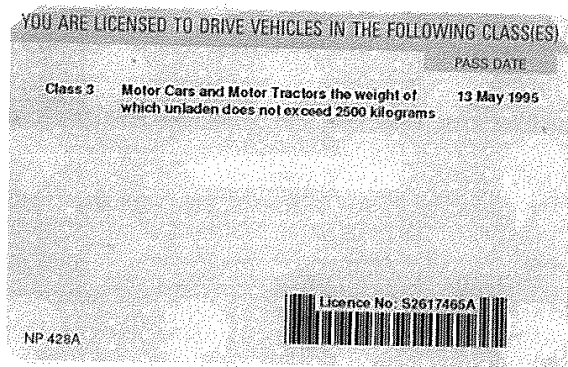
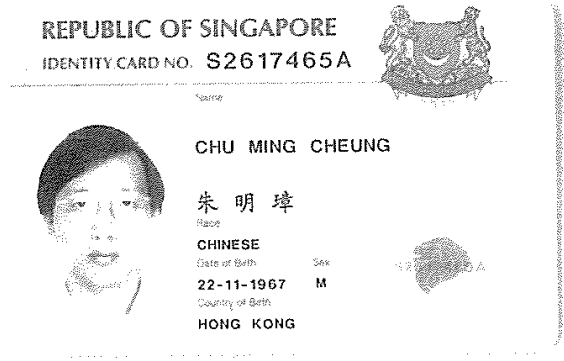
I wish to state that I am lodging this report for insurance claim and for viewing of the CCTV for this incident

Signature Of Officer Recording The Report: D / Sgt 3 KANG HUI MING, DON <i>[Signature]</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 17/06/2018 21:43
Officer In-Charge Of Case: Traffic Police GIA Contact No.:	Classification Of Case:

Authentication Stamp

<p>SINGAPORE POLICE FORCE</p> <p><i>[Signature]</i></p> <p>SIGNATURE</p>	SN 38
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## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5092381439

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SGR81175  
 Chassis Number : WDD245232J449911
2. Name of Policyholder : CHU MING CHEUNG
3. Effective Date of Insurance : 11 Jul 2017
4. Expiry Date of Insurance : 16 Apr 2019
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#  
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHU MING CHEUNG
NAMED DRIVER (1)	: YUEN TSUN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : H & H INSURANCE AGENCY PTE. LTD. (00000572651)  
 Date of Issue : 12 Jul 2017 11:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo







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**Accident Photo**





**Accident Photo**





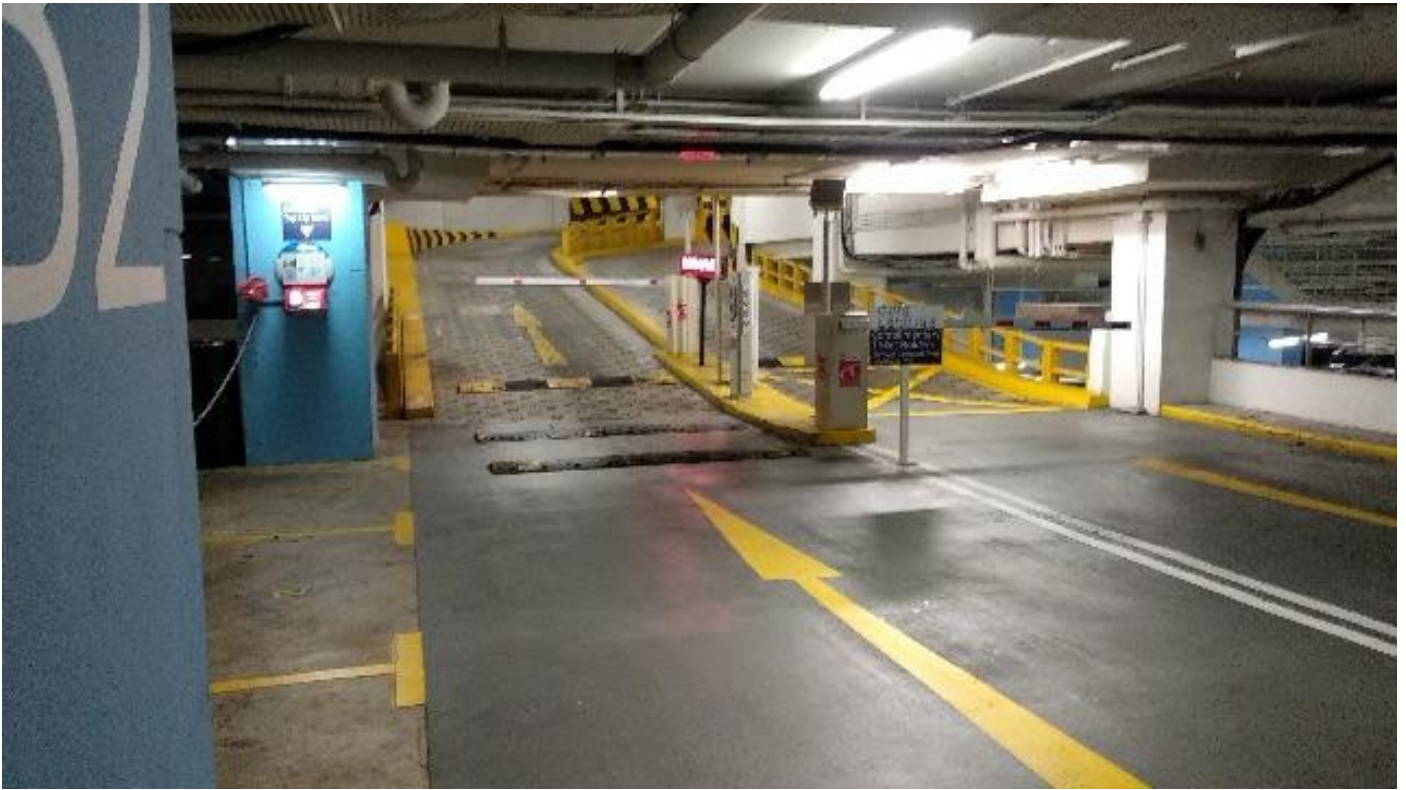
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Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : \_\_\_\_\_ Vehicle Registration No: SGR8117S  
Name (as shown in NRIC) : Chu Ming Cheung NRIC/FIN/Passport No : S2617465A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 935 Bukit Timah Road #04-31 Singapore (589645)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97836672  
Email Address : ericjyt@gmail.com  
Date of Accident : 17/6/18 Time of Accident : 18:45  
Place of Accident : Cine Leisure Basement Carpark Exit Gantry  
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attach Police Report.

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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