

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	17/07/2018 16:08
Date Of Accident	17/07/2018 07:55
Exact Location Of Accident	MARINA BLVD INTERJUNCTION WITH SHEARES AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT8684B
Insured/Policyholder	
Name Of Registered Owner	MR ALEX CHENG WING HIM
NRIC No	S7971235C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90221979
Alternative Phone No	OFFICE-90221979

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID 1.5G AUTO
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	DMPCSN1766921700
Cover Note Number	-

Driver

Name of Driver	MR ALEX CHENG WING HIM
NRIC No	S7971235C
Date Of Birth	17/06/1979
Occupation	INDOOR
Date Of Driving Pass	30/07/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90221979
Fax Number	
Contact Number	OFFICE-90221979
Email Address	NOEMAIL

Address	57 PASIR RIS DRIVE 1 #03-08
Postcode	519531
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?	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: : CHAN WAI WAI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7818999 - FAX NO: 67838603
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK9633P
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 E7252S
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 MR ALEX CHENG WING HIM
Approximate Age
Injuries Sustain SHOULDER & BACK & RIGHT PINKY FINGER
Injured person in which vehicle? SLT8684B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CHAN WAI WAI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLT8684B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident 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.
- (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.:

Accident Sketch Plan

SKETCH PLAN

Refer to the attachment

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report T/20180717/2068

DECLARATION

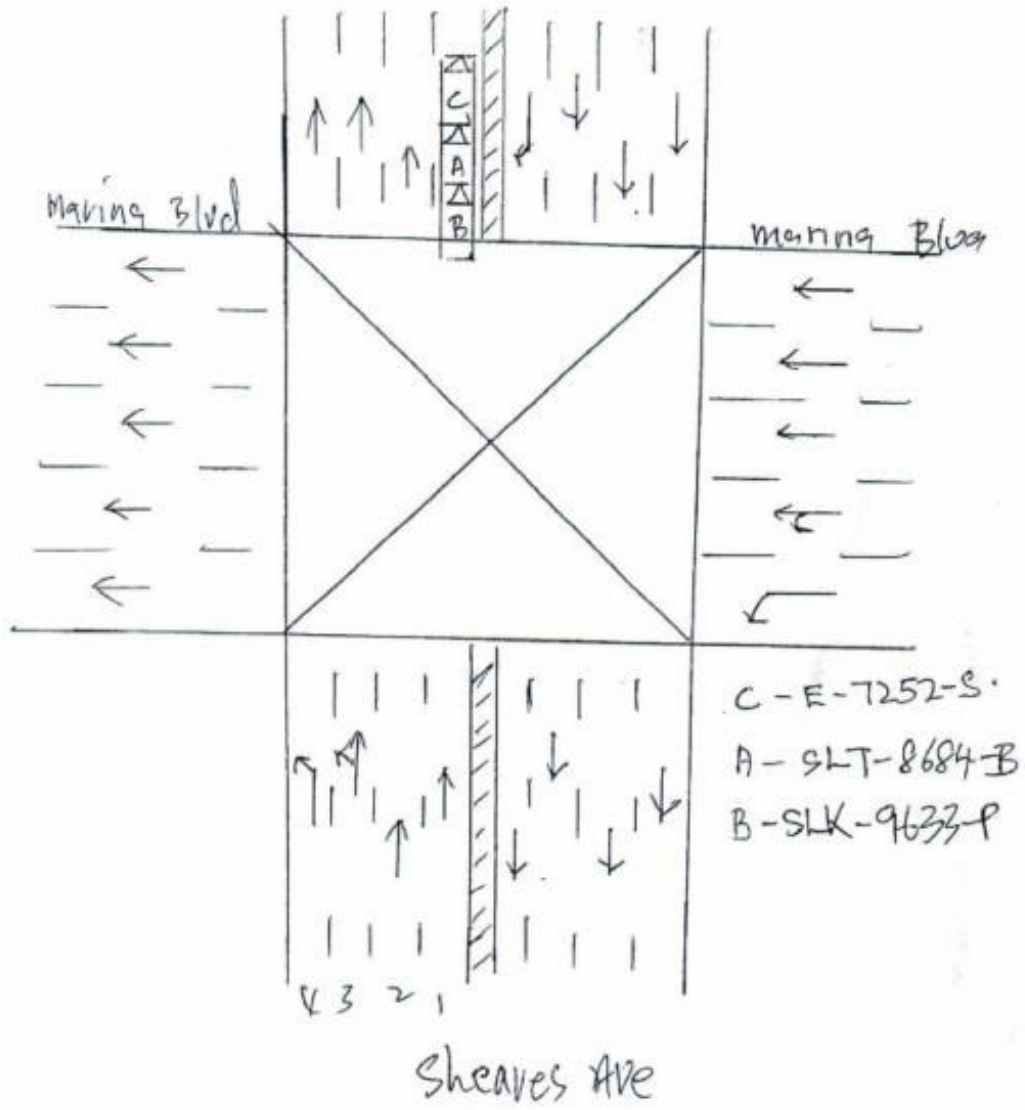
I/We declare the foregoing particulars are true in every respect.

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.:

Accident Sketch Plan



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180717/2068

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

1 of 3

Report No. T/20180717/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2018 13:02	Vide Report No.:	Station Diary No.: 11
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Informant's Particulars

Name of Informant: ALEX CHENG WING HIM			Address: 57 PASIR RIS DRIVE 1 #03-08 SINGAPORE 519531	
ID Type / ID No.: NRIC NO / S7971235C			Contact No.:	
			Home/Office:	Mobile: 90221979
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 39	Date of Birth: 17/06/1979	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: GENERAL MANAGER			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/07/2018 07:55	Type of Location: Straight Road
Location: Along Road 1 MARINA BOULEVARD interjunction with Sheares Avenue				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
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
E7252S	Car				Slightly Damaged	0
SLK9633P	Car				Slightly Damaged	0
SLT8684B	Car	TOYOTA	SIENTA HYBRID 1.5G AUTO	Silver	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180717/2068

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

2 of 3

Report No. T/20180717/2068

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLT8684B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN1766921700	15/11/2017	14/11/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ALEX CHENG WING HIM	ID No.	S7971235C
Related Vehicle	SLT8684B (Car)	Contact No.	90221979
Hospital/Clinic	OEI FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/07/2018	Date Discharge	17/07/2018
No. of Days granted Medical Leave	06	Degree of Injury	Slight
Passenger			
Name	CHAN WAI WAI	ID No.	S7970906I
Related Vehicle	SLT8684B (Car)	Contact No.	90222247
Hospital/Clinic	THE MEDICAL CENTRE CLINIC (HONG LEONG)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/07/2018	Date Discharge	17/07/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On the 17/07/2018, at about 7.55am, I was travelling along Sheares Avenue at the inter junction with Marina boulevard. Traffic was heavy thus the car in front of me, E7252S, made a stop and I followed suit by stopping behind her. Subsequently, there was a car behind me, SLK9633P who was travelling at a high speed who hit me at my rear bumper. The impact caused my car to move forward and hit the vehicle in front of me. My car sustained damages to the front and rear bumper as well as my left side front passenger door as well as both rear passenger doors damaged. I have 6 days of Mc due to shoulder and back injuries as well as right hand pinky finger swollen as well.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180717/2068

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 3

Report No. T/20180717/2068

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:
G /
Sgt 2 MUHAMMAD FIRDAUS BIN YUSOFF

Signature Of Informant:

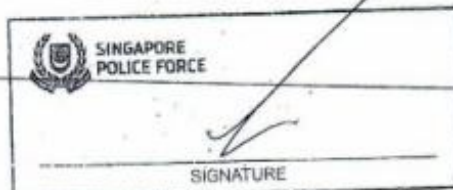
Signature Of Interpreter:
Not applicable

Date/Time:
17/07/2018 13:02

Officer In Charge Of Case:
TP / AEIT /
SSI KASMAWATI BTE SAMIAN
Contact No.: 65476179.

Classification Of Case:

Authentication Stamp
NP168



DRIVING DOC



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

