

## 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	01/09/2018 16:40
Date Of Accident	01/09/2018 13:25
Exact Location Of Accident	CTE TOWARDS AYE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLU3691H
Insured/Policyholder	
Name Of Registered Owner	LOW FOONG HENG
NRIC No	S1571648G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94886092
Alternative Phone No	OFFICE-94886092
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180-1.6 KOMPRESSOR (A)
Exact Purpose for which vehicle was being used at time of accident	PTE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-001180
Cover Note Number	EXP 20.2.19
Driver	
Name of Driver	PUNG JIA JUN
NRIC No	S8503151A
Date Of Birth	26/01/1985
Occupation	INDOOR
Date Of Driving Pass	26/10/2010
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91453301
Fax Number	
Contact Number	
Email Address	HAYDENPUNG@GMAIL.COM

Address	BLK 786 YISHUN RING ROAD, 04-3500
Postcode	760786
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	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	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	YISHUN NORTH NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER POLICE REPORT ATTACH

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN4997E
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	REAR
Vehicle Category	PRIVATE CAR
Name of Driver	82229573
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	TP DRIVER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJN4997E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: SLY 3691 H  
INSURER : SA Ins  
DATE & TIME: 01/9/18 @ 13:26 hrs


### 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.: 01/9/18

## Sketch Plan #2

### SKETCH PLAN

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident occurred on 01/9/18 @ 1326 hrs along C76 towards A/B. Statement refer Police Report

\* I dropped the tow truck to tow my vehicle to the authorised workshop. (Tow fee \$150)

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

### 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.: 01/9/18


RIARMC SketchPlanForm V3

☒ Claim Own Policy    ☐ Claim Third Party    ☐ Reporting Only  
☐ Claim OD/TP at other workshop

### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180901/2128

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 3  
Report No: T/20180901/2128

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/09/2018 16:35		Vide Report No.: F/20180901/0162	Station Diary No.: 100
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#### Informant's Particulars

Name of Informant: PUNG JIAJUN		Address: APT BLK 786 YISHUN RING ROAD #04-3500 SINGAPORE 760786	
ID Type / ID No.: NRIC NO / S8503151A		Contact No.: Home/Office: Mobile: 91453301	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 26/01/1985	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Interior designer		Driving Licence Information: Class: 3	Date of Expiry:

#### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/09/2018 13:25	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 1 CTE towards AYE near Ang Mo Kio exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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 Passeng
SJN4997E	Car				Slightly Damaged	1
SLU3691H	Car				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20180901/2128

2 of 3

Report No. T/20180901/2128

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

CONTINUATION OF REPORT

**Brief Details.**

On 01/09/2018 at about 1325hrs , I was travelling in my vehicle (White Mercedes Benz / SLU3619H) from CTE towards AYE.

There was a traffic jam near Ang Mo Kio exit , traffic in front suddenly slow down and came to a stop. I did not apply my brake in time and collided with the (Silver / SJN4997E) vehicle ahead of me.

I was not injured, I got down of my vehicle and provide assistance, I discovered there was a dent at the front bonnet and the rear of the other vehicle was slightly damaged. There was no visible injury on the driver of the vehicle as well as the passenger.

Traffic police and Ambulance were also at scene. I managed to exchanged particulars with driver, he was conveyed to hospital by ambulance.

I wish to state that I have a in car camera in my vehicle, the memory card was handed over to the traffic police.



Sketch Plan #5



SINGAPORE  
POLICE FORCE



T/20180901/2128

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

3 of 3

Report No. T/20180901/2128

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:

F / *zh*  
Sgt 1 GAN WEL LEONG ALASTAIR

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt LEE GUANG HUI  
Contact No.: 65476138

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
01/09/2018 16:35

Classification Of Case:





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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  26 Oct 2010

NP 428A



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8503151A



Name

PUNG JIAJUN

彭家俊

Race

CHINESE

Date of birth

26-01-1985

Country/Place of birth

SINGAPORE

Sex

M

S8503151A

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S8503151A

Name

PUNG JIAJUN

Birth Date: 26 Jan 1985

Issue Date: 19 Jul 2017



scene





scene



scene





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

