

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 liability.
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	19/11/2018 10:54
Date Of Accident	16/11/2018 17:45
Exact Location Of Accident	ECP (CHANGI) BEFORE MARINE VISTA EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU4015D
Insured/Policyholder	
Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE LTD
Co Reg No	-
Email Address	NIGELTANG@VINCAR.COM.SG
Mobile Phone No	(LOCAL) +65-84884081
Alternative Phone No	OFFICE-98750437

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994528
Cover Note Number	

Driver

Name of Driver	HEW CHOONG CHIANG (QIU JUNQIANG)
NRIC No	S7970360E
Date Of Birth	22/05/1979
Occupation	OUTDOOR
Date Of Driving Pass	19/02/2002
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84884081
Fax Number	
Contact Number	OTHERS-98750437
E-Mail Address	NIGELTANG@VINCAR.COM.SG

Address	BLK 818B CHOA CHU KANG AVENUE 1 #07-122
Postcode	682818
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT G/20181118/7001

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU9107P
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DING YONGPING, GARY
NRIC/Passport Number	S8904226G
Contact Number	91471744

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

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMC3728U
Vehicle Make/Model/Colour TOYOTA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver CHONG KAM WENG, CLEMENT
NRIC/Passport Number S9033014D
Contact Number 91770988
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SFY3122J
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 HEW CHOONG CHIANG (QIU JUNQIANG)
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLU4015D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 19/11/18 1045h

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

ECP (CHANGI) BEFORE MARINE VISTA F417



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
19/11/18 / 7001

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: 19/11/18 1045h

Reporting Centre Personnel's Signature
Name: Rishi Kumar
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



G/20181118/7001

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20181118/7001

accident. My passenger took another car and left for the airport. The weather was dry and the traffic was moderate. Sometime after the accident I began to feel unwell, with neck ache, backache, dizziness and headache. I went to see the medical doctor at NUH for my injuries and was given 4 days MC.

Subjects Involved			
Suspect			
Person Name	Ding Yongping, Gary		
ID Type	NRIC NO	ID No	S8904226G
Gender	Male	Race	Chinese
Language	English	Relation To Informant	Driver of 3rd Car
Person Name	Chong Kam Weng, Clement		
ID Type	NRIC NO	ID No	S9033014D
Gender	Male	Race	Chinese
Language	English	Relation To Informant	Driver of 4th Car
Victim			
Person Name	HEW CHOONG CHIANG		
ID Type	NRIC NO	ID No	S7970360E
Gender	Male	Age	39
Race	Chinese	Language	English
Occupation	Chauffeur	Address Type	

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/11/2018 00:13
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



SINGAPORE
POLICE FORCE



G/20181118/7001

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20181118/7001

Address	APT BLK 818B CHOA CHU KANG AVENUE 1 #07-122 SINGAPORE 682818	Mobile No	97850437
Is Informant A Victim?	Yes		
Person Name	HEW CHOONG CHIANG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/11/2018 00:13
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7970360E



Name
HEW CHOONG CHIANG
(QIU JUNQIANG)
邱俊强



Race
CHINESE
Date of birth
22-05-1979 Sex
M
Country/Place of birth
MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7970360E**
Name:
HEW CHOONG CHIANG
(QIU JUNQIANG)

Birth Date: **22 May 1979**
Issue Date: **31 May 2010**

1001061004H



5699591

NRIC No. S7970360E



Date of issue
09-02-2017

Address
APT BLK B18B CHOA CHU KANG AVENUE 1
#07-122
SINGAPORE 682818

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles \leq 2500kg 19 Feb 2002

NP 428A



License No: S7970360E

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Addendum Sheet



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: S665500209 / GST Reg. No.: M400017731

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 : MMA41849317 Vehicle Registration No: SLU 4015D
 Name (as shown in NRIC) : HEO CHONG CHONG (Qu Jun Qiang) NRIC/FIN/Passport No : 57970360E
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No.: 98750437
 Email Address : _____
 Date of Accident : 16/11/2018 Time of Accident : 17:45
 Place of Accident : ECP (CHONG) BEFORE MARINE VISTA FRUIT
 Insurance Company: MG

(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:

- ① DRIVER NAME : HEO CHONG CHONG (Qu Jun Qiang)
- ② POLICY NUMBER : 999994528

 Policyholder / Driver's Signature
 Date:

Qu Jun Qiang
 Reporting Centre Personnel's Signature
 Name: Qu Jun Qiang
 NRIC/FIN No.: _____
 Date: