

## 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	13/12/2018 17:25
Date Of Accident	12/12/2018 22:20
Exact Location Of Accident	JUNC OF THOMSON RD & WHITLEY RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG5580E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUNG CHIEW KEET DAVID
NRIC No	S8116224G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98421353
Alternative Phone No	OFFICE-98421353

### Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY 2.4 EXV-S CVT SR
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00541010
Cover Note Number	-

### Driver

Name of Driver	CHUNG CHIEW KEET DAVID
NRIC No	S8116224G
Date Of Birth	30/05/1981
Occupation	INDOOR
Date Of Driving Pass	23/12/2002
Driving Experience	15 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98421353
Fax Number	
Contact Number	OFFICE-98421353
Email Address	NOEMAIL

Address	BLK 7 BOON KENG ROAD #26-136
Postcode	330007
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	COLLISION - CHANGE/CROSS LANE
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: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 54 PIPIT ROAD #01-82/84 , <b>POSTCODE:</b> 370054 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7449999 - <b>FAX NO:</b> 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	SLZ8J(NOT ACCURATE)
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	CHUNG CHIEW KEET DAVID
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SLG5580E
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:

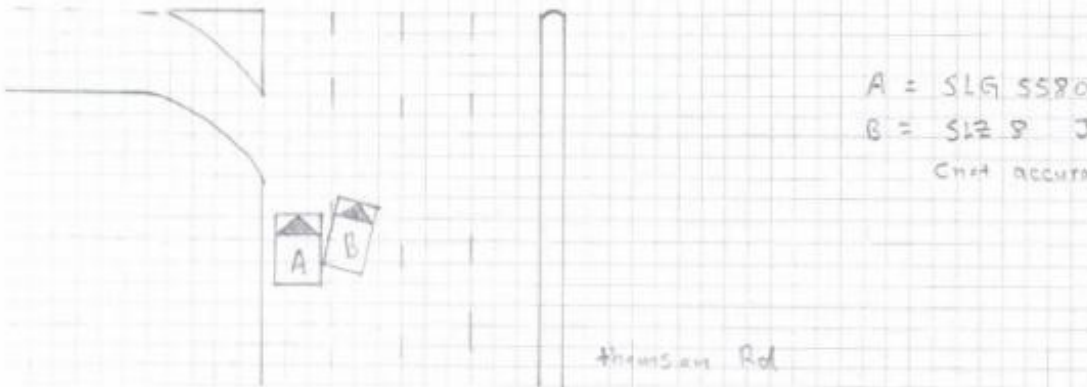


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN

Whitley Rd



A = SLG 5580E  
B = SLG 8 J  
(not accurate)

THAMES Rd

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

### 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.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
MacPherson NPP  
54 Pict Road #01-42/84 SINGAPORE  
370054  
Tel No: 1800-7449998



7201812132113

1 of 3

Report No: 7201812132113

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/12/2018 17:12

Video Report No: 24

Station Diary No: 24

<b>Informant's Particulars</b>	
Name of Informant: CHUNG CHEW KUEI DAVID	Address: APT BLK 7 BOON KENG ROAD #26-135 SINGAPORE 330007
ID Type / ID No: NRIC MD / 86116224G	Contact No.: Home/Office: Mobile: 96421353
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male	Type of Informant: Driver
Age: 37	Date of Birth: 30/05/1981
Race: Chinese	Language: English
Occupation: BANKER	Institution / School Name:
Driving Licence Information: Class: 2B, 2A, 3 Date of Expiry:	

## General Information of the Accident

Type of Accident: Hit and Run	Injury: No	Drink Drive: No	Date/Time of Accident: 12/12/2018 22:20	Type of Location: Straight Road
Location: Along Road 1 THOMSON ROAD				
Exact location was at Thomson Road before exiting Whitley Road				
Weather: Clear	Road Surface: Dry	Road Speed Limit: Heavy		
Traffic Flow: One Way	Traffic Control: Pedestrian Crossing	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Side				
Anyone conveyed by ambulance: No				

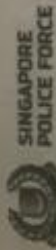
## Details of Vehicle Involved

Vehicle No: SLG5580E	Type: Car	Make: HONDA	Model: ODYSSEY 2.4 EXV-S	Color: White	Condition: Slightly Damaged	No of Passenger: 1
				CVT SR		

## Details of Vehicle Insurance

Vehicle No: SLG5580E	Insurance Company: DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD	Insurance No: MT00541010	Effective: 04/10/2018	Expiry Date: 03/10/2019
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# POLICE REPORT



**SINGAPORE  
POLICE FORCE**  
Police Station Of Origin:  
Machmenon Npp  
84 Pold Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7448999

7/201812132113

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Report No: 1201812132113

## CONTINUATION OF REPORT

Category of Pedestrian Involved:		Use of Pedestrian Crossing: NA	
Any Pedestrian Involved: No			
No. of Pedestrians Injured: Nil			
Driver			
Name	CHUNG CHIEW KEET DAVID	ID No.	S8116224G
Related Vehicle	SLG5580E (Car)	Contact No	98421353
Hospital/Clinic	NATIONAL HEALTHCARE GEYLANG POLYCLINICS	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 3 Date of Expiry: Nil
Date Treatment	13/12/2018	Date Discharge	13/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On 12/12/2018 at about 10:22pm, I was driving my vehicle SLG5580E Honda/white along Thomson road at the extreme left lane. I on my left signal indicator as I need make a left turn to Whiteley Road, as I was in the queue out of sudden I felt my vehicle jerking forwards. As such my colleague who is my passenger told me that someone had knocked onto vehicle which was at right side near to my bumper. After I was alerted by my colleague and I saw a black colour car stop for awhile as the traffic was red. I on my hazard light and walked out from my vehicle to check on the damages and I look back and realized that the traffic light turns green and the said car move off. As such other cars started honking and I moved from the place. I was in a shooked upon the incident took place and I currently suffered some injury on my back of my neck and dizziness.

I went to Geylang Polyclinic and was given Medical Leave from 13/12/2018 to 15/12/2018. I wish to state that I could only remember the other party registration plate number SLZ8 as the could not recall the last three digits and last alphabet was J.

I wish to state my car was installed with in car camera.



POLICE REPORT



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
MacPherson Npp  
54 Pict Road #01-82/84 SINGAPORE  
370554  
Tel No: 1800-7449669



T:201812132113

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Report No. T201812132113

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 3 MUHAMMAD DJAMADIL BIN SIDIK

Signature Of Informant

Signature Of Interpreter:  
Not applicable

Date/Time  
13/12/2018 17:12

Officer In Charge Of Case

TP / HRT / ISMAN BIN MOHAMAD SAID  
Br Supt Sgt ISMAN BIN MOHAMAD SAID  
Contact No. 65476145

Authentication Stamp

NP148

Classification Of Case



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



**Accident Photo**





**Accident Photo**





**Accident Photo**



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo





Accident Photo



