

## 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	08/02/2019 19:34
Date Of Accident	05/02/2019 08:20
Exact Location Of Accident	ALONG CASHEW ROAD ENTRANCE TO CASHEW PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF1100C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHONG CHUN SEN
NRIC No	S1824445D
Email Address	JADE280310@ICLOUD.COM
Mobile Phone No	(LOCAL) +65-91098067
Alternative Phone No	OTHERS-91098067

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS-2.5 ES300H CVT (A)
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT108083
Cover Note Number	

### Driver

Name of Driver	CHONG CHUN SEN
NRIC No	S1824445D
Date Of Birth	03/06/1967
Occupation	INDOOR
Date Of Driving Pass	08/10/1984
Driving Experience	34 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91098067
Fax Number	
Contact Number	OTHERS-91098067
Email Address	JADE280310@ICLOUD.COM

Address	BLK 103 TECK WHYE LANE #05-448
Postcode	680103
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	5
Passenger 1	NAME: : JACQUELENE WONG GENDER: : FEMALE
Passenger 2	NAME: : ANDRE CHONG GENDER: : MALE
Passenger 3	NAME: : DEBRA CHONG GENDER: : FEMALE
Passenger 4	NAME: : KARTINI 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 PANJANG
Police Station Address	<b>ROAD:</b> 1 SEGAR ROAD , <b>POSTCODE:</b> 677738 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8929999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO 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	FBM6156C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	NASIR
NRIC/Passport Number	
Contact Number	96579988
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## Accident Sketch Plan

### SKETCH PLAN

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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:

8/2/19 3:20pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

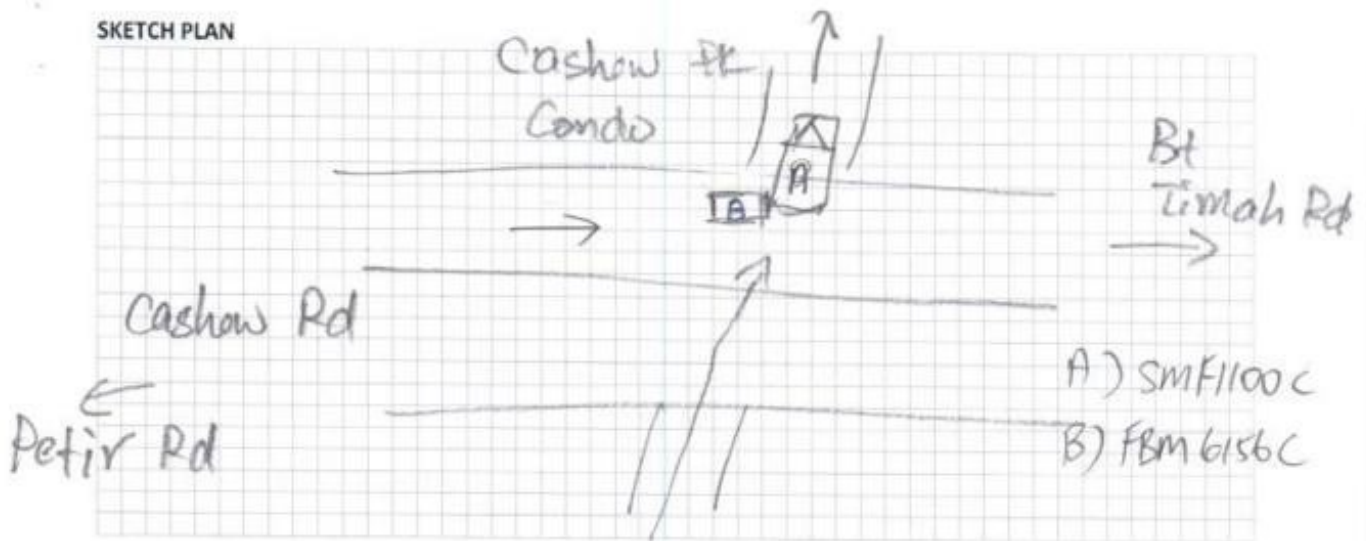
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER to Police Report*  
*7/20/90205/2040*

## DECLARATION

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

*ay*  
 Policyholder's Signature  
 Date & Time:  
 8/2/19 3:30 pm

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

*ay 08/02/2019*  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190205/2040

1 of 4

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20190205/2040

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2019 15:47	Vide Report No.:	Station Diary No.: 42
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<b>Informant's Particulars</b>			
Name of Informant: CHONG CHUN SEN		Address: APT BLK 103 TECK WHYE LANE #05-448 SINGAPORE 680103	
ID Type / ID No.: NRIC NO / S1824445D		Contact No.:	Mobile: 91098067
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 03/06/1967	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: ENGINEER		Driving Licence Information: Class: 3 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/02/2019 08:20	Type of Location: T-Junction
Location: Along Road 1 CASHEW ROAD				
Entrance to Cashew Park				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM6156C	Motorcycle	HONDA	CRF250M	Red	Slightly Damaged	0
SMF1100C	Car	TOYOTA	LEXUS ES300H LUXURY CVT	Black	Slightly Damaged	4

## Details of Vehicle Insurance

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



**SINGAPORE  
POLICE FORCE**



T/20190205/2040

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20190205/2040

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF1100C	TOKIO MARINE INSURANCE SINGAPORE LTD.	MT108083	02/10/2018	01/10/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NASIR	ID No.	NIL
Related Vehicle	FBM6156C (Motorcycle)	Contact No.	96579988
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	05/02/2019	Date Discharge	05/02/2019
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Driver			
Name	CHONG CHUN SEN	ID No.	S1824445D
Related Vehicle	SMF1100C (Car)	Contact No.	91098067
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 05/02/2019 at 0820h, I was travelling in my vehicle (SMF1100C) along Cashew Rd towards Petir Road. I was making a right turn into Cashew Park when a motorcycle (FBM6156C) from the opposite direction was going straight and collided into the left rear portion of my vehicle. The rider (Nasir, HP: 96579988) then fell off his motorcycle. I stopped my vehicle to make a check and discovered my rear lights, bumper and boot to be damaged. I'm not certain on the cost of repairs. The rider was conscious and we managed to exchange particulars. Me and my family members were not injured. Traffic Police and ambulance were not called to scene. He mentioned he did not require ambulance and managed to ride off on his motorcycle. Later on, he told me he sought outpatient medical treatment at Ng Teng Fong General Hospital (NTFGH) and was given 4 days of medical leave.

I do not have an in-car camera installed in my vehicle and I'm uncertain if the motorcyclist had one installed.

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190205/2040

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Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
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Report No. T/20190205/2040

CONTINUATION OF REPORT



POLICE REPORT



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999



T/20190205/2040

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Report No. T/20190205/2040

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:  
J /  
Sgt 2 MUHAMMAD DANIAL ISKANDAR BIN  
MOHAMED SALIM

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN  
ABDULLAH  
Contact No: 65476204

Authentication Stamp

NP168

Signature :

Singapore Police Force

Signature Of Informant:

Date/Time:  
05/02/2019 15:47

Classification Of Case:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1824445D



Name  
CHONG CHUN SEN  
张俊星  
Race  
CHINESE  
Date of birth  
03-06-1967  
Country of birth  
SINGAPORE

Sex  
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S1824445D  
Name  
CHONG CHUN SEN  
Birth Date: 03 Jun 1967  
Issue Date: 29 Nov 2003



4320425



NRIC No: S1824445D



Date of issue  
24-11-2008

Address  
APT BLK 103 TECK WHYE LANE  
#03-448  
SINGAPORE 680103


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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

ISS DATE  
06 Oct 1984

NP 425A

License No: S1824445D



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo

