Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 22/02/2019 17:17

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 witholding 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
Insured/Policyholder	
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	**ROAD**: 1 SEGAR ROAD , **POSTCODE:** 677738 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-8929999 - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN (TRANFER OF VEHICLE NUMBER ATTACH)

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

SKETCH PLAN

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. 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

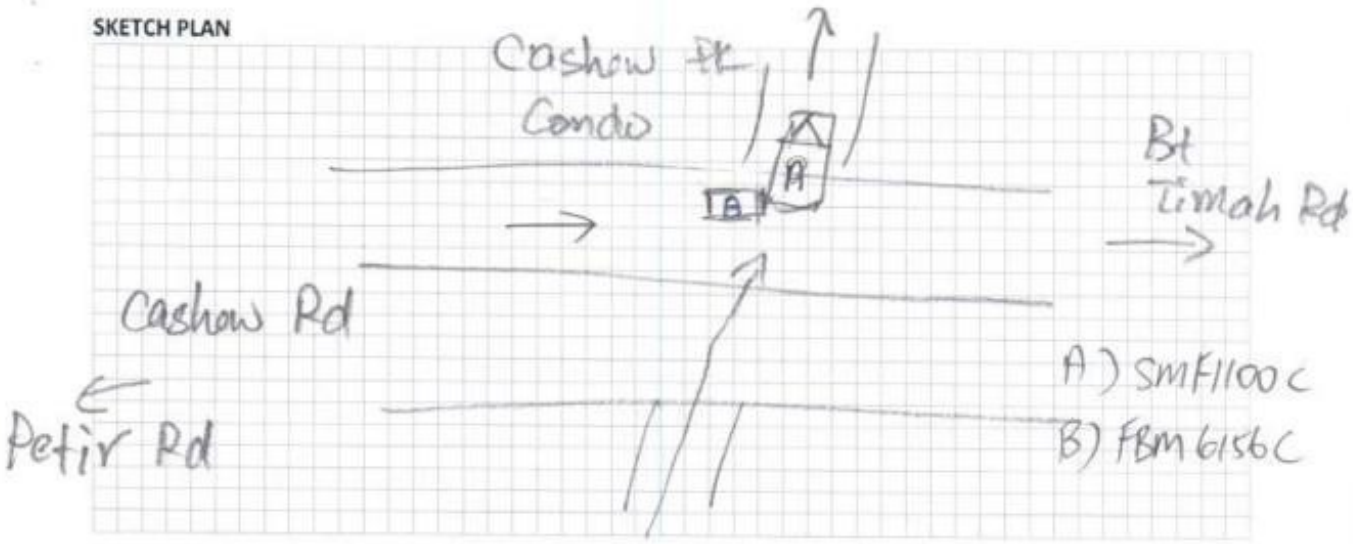
   (ii) for complying with requirements under any regulations, laws or court orders.

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.:

GIARMC SketchPlanForm_V1

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER to Police Report
1/2019020t/2000

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 8/2/19 3:30 pm	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

08/02/2019

GIAMMC SketchPlanForm_V1

SINGAPORE POLICE FORCE

T/20190205/2040

Report No. T/20190205/2040

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
05/02/2019 15:47		42

Informant's Particulars

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.: Home/Office:	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

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

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.

SINGAPORE POLICE FORCE

T/20190205/2040

Report No. T/20190205/2040

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

CONTINUATION OF 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

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 Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/02/2019 15:47
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

Authentication Stamp
NP168

SN 117

Signature :

Singapore Police Force

ID


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1824445D
Name
CHONG CHUN SEN
张 俊 圣
Race
CHINESE
Date of birth
03-06-1967
Sex
M
Country of birth
SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE
S1824445D
CHONG CHUN SEN
03 Jun 1967
29 Nov 2003
0010342211F


4320495
NRIC No. S1824445D
Date of issue
24-11-2006
Address
APT BLK 103 TECK WHYE LANE
#05-448
SINGAPORE 680103


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
CLASS
DATE
Class 3
Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms
06 Oct 1984
Licence No: S1824445D

www.lta.gov.sg

04 Oct 2018

Our ref 0410180203N057022354

CHONG CHUN SEN
APT BLK 103 TECK WHYE LANE
#05-448
SINGAPORE 680103

Dear Sir/Madam

NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION NO. SMC7590Y WITH VEHICLE REGISTRATION NO. SMF1100C

You may be pleased to know that your application of 04 Oct 2018 for replacement of registration number is approved.

2. The details of the vehicle after the transaction are as follows:

Vehicle Registration No.	: SMF1100C (Previously SMC7590Y)
Vehicle Make	: TOYOTA
Vehicle Model	: LEXUS ES300H LUXURY CVT
Chassis No.	: JTHBW1GG402085010
Engine No./ Motor No.	: 2AR1195546 / 2JM1195546

3. Please change the number plates on your existing vehicle (ie. Chassis No. : JTHBW1GG402085010, Engine No./ Motor No. : 2AR1195546 / 2JM1195546) to display the new/ replacement registration number, SMF1100C by 07 Oct 2018. It is an offence to keep or use a vehicle without displaying the correct vehicle registration number assigned. The penalty for first offence is a fine not more than $1,000 or imprisonment of not more than 3 months. For second or subsequent offence, the fine is not more than $2,000 or imprisonment of not more than 6 months.

4. Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any questions. You can either quote the Business Transaction Reference No. 20181004122536820191 or the vehicle registration number when making your enquiry.

Yours sincerely

NG LAY CHOO (MS)
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS
VEHICLE SERVICES GROUP
LAND TRANSPORT AUTHORITY

[This is a computer-generated notice that requires no signature.]

Page 1

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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Accident Photo

Accident Photo

Accident Photo

Accident Photo

Addendum Sheet

GENERAL INSURANCE ASSOCIATION RECORDS MANAGEMENT CENTRE

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: S65SS0020G / 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 : MA119012860 Vehicle Registration No: SMF 1100C

Name (as shown in NRIC) : Cheong Chun Sam NRIC/FIN/Passport No : S1824[illegible]D

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : ____ Singapore( )

Contact (Tel) : ____ Mobile No.: 91098067

Email Address : ____

Date of Accident : 05/02/2019 Time of Accident : 0800 Hrs

Place of Accident : Along Cashew Road Entrance To Cashew Park

Insurance Company: Tokio Marine Insurance

(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:

To insert LTA transfer letter

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rosli [illegible]
NRIC/FIN No.:
Date: 20/02/2019