

## 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	10/04/2019 11:22
Date Of Accident	09/04/2019 19:20
Exact Location Of Accident	ALONG LOR 2 TOA PAYOH TO PIE ( TUAS)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK3156B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEW RENA
NRIC No	S8003849F
Email Address	CHEWYONGMING@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96413505
Alternative Phone No	OFFICE-96413505

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B200-1.6 ABS (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100344510-05
Cover Note Number	

### Driver

Name of Driver	CHEW YONG MING
NRIC No	S8435783I
Date Of Birth	24/11/1984
Occupation	INDOOR
Date Of Driving Pass	23/06/2006
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96246179
Fax Number	
Contact Number	
Email Address	CHEWYONGMING@YAHOO.COM

Address	BLK 816A KEAT HONG LINK #17-55
Postcode	681816
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	2
Passenger 1	NAME: : HO ZI MING 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 TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 DUKE ROAD , <b>POSTCODE:</b> 268914 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4629999 - <b>FAX NO:</b> 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT NO: T/20190409/2182. STATEMENT RECORDED BY LEONG KEAT - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC1557Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	

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

## Sketch Plan

### SKETCH PLAN


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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.:

### Sketch Plan #2

### SKETCH PLAN

**SKETCH PLAN**

Vehicle  
 A - SKK 315  
 B - PC1557

Legend

Vehicle  
 Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no = 7/20170409/2182.

## DECLARATION

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

Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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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



T/20190409/2182

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

1 of 3

Report No. T/20190409/2182

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/04/2019 20:56	Vide Report No.:	Station Diary No.: 150
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### Informant's Particulars

Name of Informant: CHEW YONGMING			Address: APT BLK 816A KEAT HONG LINK #17-55 SINGAPORE 681816	
ID Type / ID No.: NRIC NO / S8435783I			Contact No.: Home/Office: Mobile: 96246179	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 34	Date of Birth: 24/11/1984	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class: 2B, 2A, 3 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/04/2019 19:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 THOMSON ROAD PAN ISLAND EXPRESSWAY Merging lane (Slip Road) Entering PIE from Thomson Road				
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 - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC1557Z	Bus/Coach/Minibus					0
SKK3156B	Car				Slightly Damaged	1

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190409/2182

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Report No. T/20190409/2182

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

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:

E /

Sgt 3 TEO TECK CHUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/04/2019 20:56

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

Classification Of Case:

Authentication Stamp  
NP168

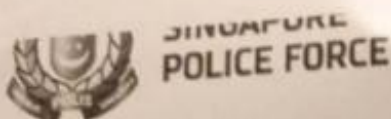


SINGAPORE  
POLICE FORCE

SN 170

SIGNATURE

# POLICE REPORT



Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999



T/20190409/2182

2 of 3

Report No. T/20190409/2182

## CONTINUATION OF REPORT

Driver		ID No.	
Name	CHEW YONGMING		S8435783I
Related Vehicle	SKK3156B (Car)	Contact No.	96246179
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,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 the above mentioned date, time and location an accident occurred.

I was driving on the slip road from Thomson Road entering PIE on the merging lane. The traffic was heavy as such the vehicles are moving in slow speed.

While I had exited the merging lane and vehicles were still staggered and I was merging from the left, a Bus collided into my vehicle from my right rear area.

The bus collided into my vehicle from my right and damaged the rear right side area and continued on till colliding onto my right side mirror before it come to a stop.

My wife got down to take a picture of the accident and I signalled the driver to drive to the road shoulder ahead to settle the matter.

However, after I had drove to the road shoulder, the bus just drove off without stopping.

I am lodging this report for insurance purposes.

I wish to state that <sup>I am not certain if</sup> the driver did not get down the bus after the accident had occurred and I have no idea how many passengers are on board the bus as I could not get down the vehicle.

*Signature*



DRIVER IC/DL Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8435783I



Name

CHEW YONGMING  
(ZHOU YONGMING)

Race

CHINESE

Date of birth

24-11-1984

Sex

M

S8435783I

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8435783I

Name: CHEW YONGMING  
(ZHOU YONGMING)

Birth Date: 24 Nov 1984

Issue Date: 12 Dec 2009

001812088A

5649962



NRIC No. S8435783I



Date of issue

19-09-2016

APT BLK 816A KEAT HONG LINK #17-55  
SINGAPORE 681816

NRIC No: S8435783I

Date: 26/09/2016

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

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 cc	03 Sep 2003
Class 2A	Motorcycles between 201 cc and 400 cc	11 Jan 2005
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	23 Jun 2006

NP 428A

Licence No: S8435783I

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo

