

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	29/05/2019 14:47
Date Of Accident	02/05/2019 11:00
Exact Location Of Accident	ALONG NICOLL HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK120Z
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Insured/Policyholder

Name Of Registered Owner	CHOO KHOON MENG DAVID
NRIC No	S0015660D
Email Address	DAVIDCHOO@PROMISELAND.COM.SG
Mobile Phone No	(LOCAL) +65-96217347
Alternative Phone No	OFFICE-96217347

Vehicle Particulars

Manufacturer	JAGUAR
Model	XF-3.0 V6 LUXURY (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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VP05022729
Cover Note Number	

Driver

Name of Driver	CHOO KHOON MENG DAVID
NRIC No	S0015660D
Date Of Birth	14/01/1949
Occupation	INDOOR
Date Of Driving Pass	11/10/1968
Driving Experience	50 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96217347
Fax Number	
Contact Number	OFFICE-96217347
EEmail Address	DAVIDCHOO@PROMISELAND.COM.SG

Address	10 JALAN MASTULI
Postcode	537744
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	NO COLLISION
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2899999 - FAX NO: 62815961
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT NO. T/20190523/2067

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	SHB4473L
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)

Sketch Plan Pg. 1

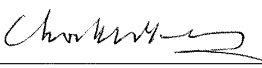
SKETCH PLAN

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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: 29/5/19
2pm

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



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

As per police report no. T/20190523/2067 .

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

G:\HHC\GleichPlanForm V3

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


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



**SINGAPORE
POLICE FORCE**



T/20190523/2067

1 of 3

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Report No. T/20190523/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/05/2019 13:11	Vide Report No.:	Station Diary No.: 8
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Informant's Particulars

Name of Informant: CHOO KHOON MENG DAVID			Address: 10 JALAN MASTULI SINGAPORE 537744	
ID Type / ID No.: NRIC NO / S0015660D			Contact No.: Home/Office: Mobile: 96217347	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 70	Date of Birth: 14/01/1949	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/05/2019 11:00	Type of Location:
Location: Along Road 1 NICOLL HIGHWAY				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKK120Z	Car	JAGUAR	XF 3.0 V6 LUXURY AT ABS D/AB HID 2WD 4DR	Blue	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKK120Z	LONPAC INSURANCE BHD.	Z19VP05022729	15/04/2019	14/04/2020



**SINGAPORE
POLICE FORCE**



T/20190523/2067

2 of 3

Report No. T/20190523/2067

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHOO KHOON MENG DAVID	ID No.	S0015660D
Related Vehicle	SKK120Z (Car)	Contact No.	96217347
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 the 17/05/2019, My wife passed me a letter from Traffic Police dated on the 15/05/2019 (Reference Number: TP/IP/30475/2019). The letter stated my vehicle registration plate number - SKK120Z and that I was involved in an accident along Nicoll Highway on the 02/05/2019 at about 1100hrs. The letter stated that I am to make a police report at any nearest police station.

On the 02/05/2019, I recalled working half day. I would usually drive along Nicoll Highway to go home. However, I do not recall being involved in any accident. No one had approached me to inform me that I was involved in any accident as well. I wish to state that normally when I am working half day, I would leave work at about 1200hrs.

I have an in-vehicle CCTV. However, I have not activated my in-vehicle CCTV as of yet.



**SINGAPORE
POLICE FORCE**



T/20190523/2067

3 of 3

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Report No. T/20190523/2067

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: F / Sgt 2 MOHAMAD ZULHIZWAN AQMA BIN MOHD ZULKEFLEE
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151
Authentication Stamp NP168

Signature Of Informant:
Date/Time: 23/05/2019 13:11
Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0015660D



Name
CHOO KHOON MENG DAVID

Race
CHINESE

Date of Birth
14-01-1949

Sex
M

Country of Birth
SINGAPORE





2913532

NRIC No. S0015660D

Blood Group
O+

Date of Issue
06-11-1996


Address
10 JALAN MASTULI
SINGAPORE 537744



REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S0015660D**

Name: **CHOO KHOON MENG DAVID**



Birth Date: **14 Jan 1949**

Issue Date: **29 Oct 2003**

 000960187C

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

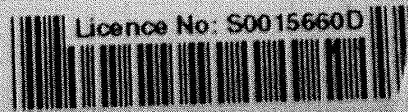
Class 3

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

PASS DATE

11 Oct 1968

NP 428A



Licence No: S0015660D

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



