

## 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	06/05/2019 16:35
Date Of Accident	21/04/2019 11:30
Exact Location Of Accident	REPUBLIC BOULEVARD SLIP ROAD TOWARDS ECP CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN5932K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	5M CAR RENTAL PTE LTD
Co Reg No	201700552G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94233228
Alternative Phone No	OFFICE-94233228

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PREMIO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	19-MK000181-R00
Cover Note Number	

### Driver

Name of Driver	CHUA SHI CHOON (CAI SHICHUN)
NRIC No	S8333896B
Date Of Birth	22/10/1983
Occupation	OUTDOOR
Date Of Driving Pass	28/11/2008
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94233228
Fax Number	
Contact Number	OTHERS-94233228
Email Address	NOEMAIL

Address	BLK 808A CHOA CHU KANG AVENUE 1 #08-564
Postcode	681808
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , <b>POSTCODE:</b> 088762 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2369999 - <b>FAX NO:</b> 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20190422/7018

#### 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	SMF3523C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG CHOI FOONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

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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:

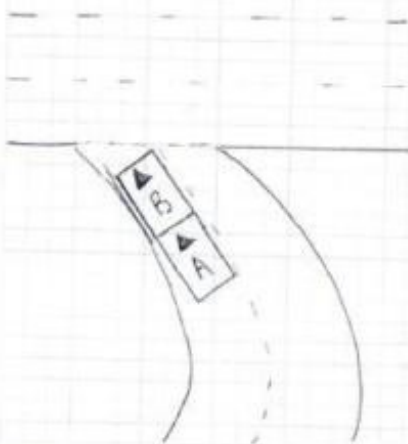
*Roy Lee*

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

*06/05/2019*  
Reporting Centre Personnel's Signature  
Name: *Asli*  
NRIC/FIN No.: *123456789*

# Accident Sketch Plan

## SKETCH PLAN



REPUBLIC BLVD SLIP ROAD TOWARDS  
ECP CHANGI

VEHICLE 'A' SJN 5932 K

VEHICLE 'B' SMF 3523 C

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE AND TIME, I VEHICLE 'A' (SJN 5932 K) WAS  
TRAVELLING RIGHTFUL LANE. SUDDENLY VEHICLE 'B' (SMF 3523 C)  
JAM BREAK AND I COULDN'T STOP IN TIME HENCE COLLIDED  
INTO VEHICLE 'B'.

I WOULD LIKE TO STAT THAT THE IMPACT VERY LIGHT  
AND THE DAMAGE IS VERY MINOR.

POLICE REPORT A/20190422/7018

## 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.:

06/05/2019  
[Signature]  
[Signature]



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



A/20190422/7018

1 of 1

## POLICE REPORT (NP299)

Police Station Of Origin  
Central Division HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

Report No. A/20190422/7018

Date/Time Report Made 22/04/2019 18:20	Vide Report No.	Station Diary No.
Name Of Informant CHUA SHI CHOON	Address APT BLK 808A CHOA CHU KANG AVENUE 1 #08-564 SINGAPORE 681808	
ID Type / ID No. NRIC NO / S8333896B	Contact No. Home/Office: Mobile: 94233228	
Nationality SINGAPORE CITIZEN	Email Address roystoncsc@gmail.com	
Occupation Business development executive	Sex Male	Age 35
Institution/School Name	Date of Birth 22/10/1983	Race Chinese
Date/Time Of Incident 21/04/2019 11:30 - 21/04/2019 12:00	Location Of Incident Expressway	

### Brief details.

Was driving my car Sjn5932K along ecp near Suntec exiting towards the direction of ecp (changi ), knocked slightly to the bumper of Smf3523C as the driver jam brake instead of moving. The lady driver (Ms Ng Choi Foong S7673843B) got off the car, and tell me this car belong to the brother in law(who lease the car from car rental company), as it is a small scratch, I suggest private settlement and we left. The brother in law give me a call in the evening around 5pm and agree to private settlement. Waiting to settle the payment on 22/04 due to assessment by car workshop

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/04/2019 18:20
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



Accident Photo







Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



# Identification Card

