

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	13/03/2019 15:50
Date Of Accident	07/03/2019 17:20
Exact Location Of Accident	JUNCTION OF FUSIONOPOLIS WAY AYER RAJAH AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB2670T
Insured/Policyholder	
Name Of Registered Owner	CASSEROLE CATERING SERVICES PTE. LTD.
Co Reg No	201530426E
Email Address	W.EICHENG@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-63236445
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN-3.0 5MT (A)
Exact Purpose for which vehicle was being used at time of accident	
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3075711801
Cover Note Number	
Driver	
Name of Driver	CHONG WEI CHENG ,JACKY
NRIC No	S9246265Z
Date Of Birth	18/12/1992
Occupation	OUTDOOR
Date Of Driving Pass	03/10/2018
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87528772
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	17, CHIN BEE CRESCENT, SINGAPORE 619898
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	YES
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 BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20190308/2179

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF CHIEF VEHICLE PROPERTY 1

Vehicle Registration Number	SKX3157E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIEW YUN CHONG AGNES
NRIC/Passport Number	S1169119F
Contact Number	91188866
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHONG WEI CHENG ,JACKY
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBB2670T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

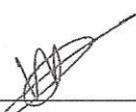
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application 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.

Casserole Catering Services Pte. Ltd.
 17 Chin Bee Crescent
 Singapore 619898
 Tel: (65) 6323 6445 Fax: (65) 6223 5222

 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.:

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL



中國太平保險(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co Reg No 200208381E

MZ300/C
R SN
AN0421A
Cov. Type: C

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No	DMCVSN3075711801	Engine No :ZD30184396K ChaNo:JN1MG4E25Z0781642
1. Index Mark and Registration Number of Vehicle	GBB2670T	AUTOSAFE
2. Name of Policy Holder	CASSEROLE CATERING SERVICES PTE. LTD.	
3. Effective date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment	15 October 2018	Excess Sect I S\$350.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of insurance	14 October 2019	
5. Persons or Classes of Persons entitled to drive*	Any person who is driving on the Policyholder's order or with their permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
6. Limitations as to use*	(1) Use in connection with the Policyholder's business. (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. (3) Use for social, domestic or pleasure purposes. The Policy does not cover. (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.	

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: VITESSE SOLUTIONS
Authorised Officer

.....
Authorised Signatory

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9246265Z**
 Name: **CHONG WEI CHENG, JACKY**

Birth Date: **18 Dec 1992**
 Issue Date: **03 Oct 2018**

002852250G




REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S9246265Z**

Name: **CHONG WEI CHENG, JACKY**

张伟城

Race: **CHINESE**
 Date of birth: **18-12-1992**
 Country of birth: **SINGAPORE**

Sex: **M**




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

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	03 Oct 2018

87528772

NP 428A

Licence No: S9246265Z



4151493



4151493

IRIC No: **S9246265Z**

8752 8772

Date of issue: **27-12-2007**

Address: **APT BLK 24 MARSILING DRIVE #11-183 SINGAPORE 730024**





**SINGAPORE
POLICE FORCE**



T/20190308/2179

1 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20190308/2179

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2019 20:18	Vide Report No.:	Station Diary No.: 118
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Informant's Particulars			
Name of Informant: CHONG WEI CHENG, JACKY		Address: APT BLK 26 MARSILING DRIVE #06-229 SINGAPORE 730026	
ID Type / ID No.: NRIC NO / S9246265Z		Contact No.: Home/Office: Mobile: 87528772	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 18/12/1992	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: DRIVER		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: 07/03/2019 17:20	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 FUSIONOPOLIS WAY AYER RAJAH AVENUE cross junction of Fusionpolis Way and Ayer Rajah Ave				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB2670T	Van				Slightly Damaged	0
SKX3157E	Car					1

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



**SINGAPORE
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Police Station Of Origin:
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21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999



T/20190308/2179

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Report No. T/20190308/2179

CONTINUATION OF REPORT

Driver			
Name	CHONG WEI CHENG, JACKY	ID No.	S9246265Z
Related Vehicle	GBB2670T (Van)	Contact No.	87528772
Hospital/Clinic	NORTHEAST (BUKIT BATOK) 24 HR FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/03/2019	Date Discharge	08/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LIEW YUN CHONG AGNES	ID No.	S1169119F
Related Vehicle	SKX3157E (Car)	Contact No.	91188866
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/03/2019 at 1721hrs, I was driving alone in my Nissan van, GBB2670T, and I stopped behind a BMW car, SKX3157E, at the traffic light junction of Fusionpolis Way and Ayer Rajah Ave, on the rightmost lane as I intend to turn right to Ayer Rajah Ave. As the traffic light turned green, the cars ahead began to drive off but the BMW car in front of me started to reverse. I horned to warn the driver but the car continued to reverse and hit onto the front of my van. I horned at the driver but the car continued to drive to the left filter lane and drove off. I followed the car and managed to catch up with it at a loading/unloading bay nearby. I enquired with the driver and she claimed that she did not know about the collision. We exchanged particulars and we drove off. The damages to my van are some scratches to front left bumper and crack to the front left light. Nobody was injured at that point of time. There was no damage to the said BMW car. There is an in-car camera in my van which captured the whole accident. I later felt some discomfort and visited the clinic where I was given a three days MC.



**SINGAPORE
POLICE FORCE**



T/20190308/2179

3 of 3

Report No. T/20190308/2179

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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 3 NUR' FAZZAHASHIKIN BINTE SUBTU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/03/2019 20:18
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp 	