

## 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	17/05/2019 15:23
Date Of Accident	16/05/2019 16:30
Exact Location Of Accident	JUNC ADMIRALTY RD & MARSILING LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	S1515A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MDM KOH POH CHOO
NRIC No	S6918786B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82331133
Alternative Phone No	OFFICE-82331133

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1740141801
Cover Note Number	

### Driver

Name of Driver	AARON CHENG JIN RONG
NRIC No	S9916512Z
Date Of Birth	25/05/1999
Occupation	INDOOR
Date Of Driving Pass	31/05/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96263778
Fax Number	
Contact Number	OFFICE-96263778
Email Address	NOEMAIL

Address	BLK 712 PASIR RIS STREET 72 #03-51
Postcode	510712
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	
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: : KOH POH CHOO GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 20 CHAI CHEE DRIVE , <b>POSTCODE:</b> 469045 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2448999 - <b>FAX NO:</b> 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT- T/20190517/2089.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE TOO LARGE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JNM9938
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PANG TEE FONG
NRIC/Passport Number	349053187

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1  
NAME: :  
GENDER: :

## Accident Sketch Plan

### 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.



Policyholder's Signature  
Date & Time:

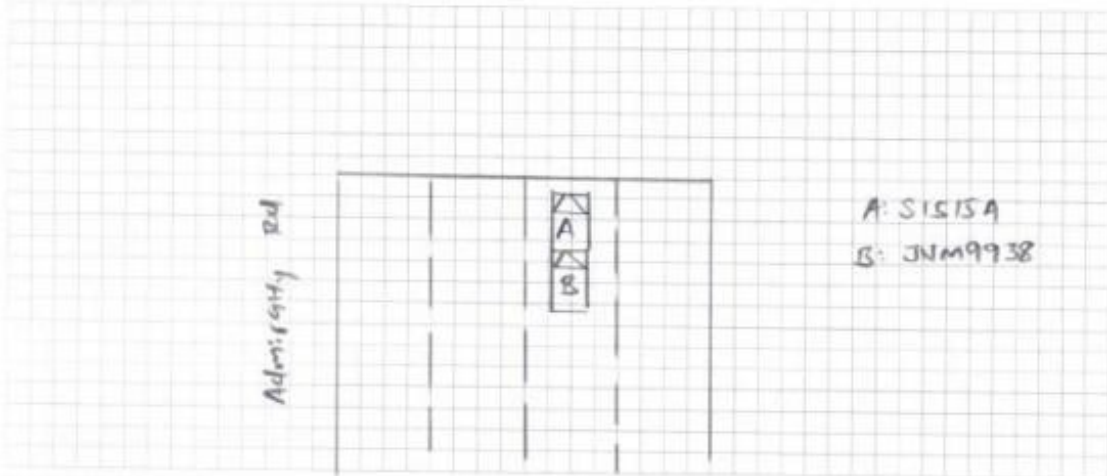


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20190517/2089.

### 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.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190517/2089

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

1 of 4

Report No. T/20190517/2089

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2019 14:43		Vide Report No.:		Station Diary No.: 28
<b>Informant's Particulars</b>				
Name of Informant: AARON CHENG JIN RONG		Address: APT BLK 712 PASIR RIS STREET 72 #03-51 SINGAPORE 510712		
ID Type / ID No.: NRIC NO / S9916512Z		Contact No.: Home/Office: Mobile: 96263778		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 19	Date of Birth: 25/05/1999	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: UNEMPLOYED		Driving Licence Information: Class: 3A Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 16/05/2019 16:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 ADMIRALTY ROAD MARSILING LANE Along Rd 1 towards Woodlands at junction of Rd 2.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
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
JNM9938	Pick-Up				Slightly Damaged	1
S1515A	Car	NISSAN	Qashqai	Grey	Seriously Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
S1515A	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN17401418 01	05/06/2018	04/06/2019

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190517/2089

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

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Report No. T/20190517/2089

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Pang Tee Fong	ID No.	F0236031N
Related Vehicle	JNM9938 (Pick-Up)	Contact No.	96626530
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
Driver			
Name	AARON CHENG JIN RONG	ID No.	S9916512Z
Related Vehicle	S1515A (Car)	Contact No.	96263778
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	Koh Poh Choo	ID No.	S6918786B
Related Vehicle	S1515A (Car)	Contact No.	82331133
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 16/05/2019 at around 1630hrs, I was driving my car along Admiralty Road heading towards Woodlands at the centre lane. As I was approaching the traffic light junction of Marsiling Lane, the traffic light was showing 'Amber' and turning to 'Red'. My son applied the brakes and stopped at the junction.

Suddenly, I felt an impact to the rear of my car. I came out and realized that a Malaysian registered vehicle had knocked onto the rear of my car. I and my passenger (Mother) alighted and exchange particulars with the foreign vehicle driver. After exchanging, both of us drove off. No one is injured.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190517/2089

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

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Report No. T/20190517/2089

### CONTINUATION OF REPORT

My car sustained damaged to the rear of the car but the car was still able to be driven. No police or ambulance came to scene. No other party was involved.



Police Report



SINGAPORE  
POLICE FORCE



T/20190517/2089

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

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Report No. T/20190517/2089

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:

G /

Sr Staff Sgt AHMAD RIDZWAN BIN MD YAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/05/2019 14:43

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:



SINGAPORE  
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE

# Police Report



T/20190517/2092

1 of 3

Report No. T/20190517/2092

## Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No 0

Report Number T/20190517/2092

Vide Report Number T/20190517/2089

Date/Time of Report Made 17/05/2019 14:51

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant Aaron Cheng Jin Rong

ID Type / ID No. NRIC NO / S9916512Z

Home/Office 0

Mobile 96263778

Email

Type of Accident Non-Injury / Foreign Vehicle

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 16/05/2019 16:30

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JNM9938	Pick-Up				Slightly Damaged	1
S1515A	Car				Seriously Damaged	1

**Police Report**



T/20190517/2092

2 of 3

Report No. T/20190517/2092

**Continuation of CSF For NP168**

**Brief Facts.**

I have lodged a Traffic Accident report T/20190517/2089.

I would like to add on that my car have an in-car camera and there is a recording capturing the accident.

Police Report



T/20190517/2092

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Report No. T/20190517/2092

**Continuation of CSF For NP168**

**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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / AEIT / YEO GEAK ENG CECILIA
Classification of Case	1) NON-INJURY / FOREIGN VEHICLE



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



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