

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	21/05/2019 17:52
Date Of Accident	20/05/2019 19:00
Exact Location Of Accident	JOHOR BAHRU IMMGRATION TOWARDS SINGAPORE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ4371X
Insured/Policyholder	
Name Of Registered Owner	CHENG YEW YONG
NRIC No	S1826787Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97717171
Alternative Phone No	OTHERS-97717171

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-1.6 (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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	60203946

Driver

Name of Driver	CHENG YEW YONG
NRIC No	S1826787Z
Date Of Birth	31/10/1967
Occupation	INDOOR
Date Of Driving Pass	26/09/1991
Driving Experience	27 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97717171
Fax Number	
Contact Number	OTHERS-97717171
EEmail Address	NOEMAIL

Address	BLK 248 YISHUN AVENUE 6 #05-114
Postcode	760284
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	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)	5
Passenger 1	NAME: : YULINA GENDER: : FEMALE
Passenger 2	NAME: : BERNARD CHENG GENDER: : MALE
Passenger 3	NAME: : AARON CHENG GENDER: : MALE
Passenger 4	NAME: : ARNOLD CHENG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	AIRPORT POLICE DIVISION
Police Station Address	ROAD: 35 AIRPORT BOULEVARD , POSTCODE: 819645 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65460000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT P/20190520/7003

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	SMK3971R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE ZHENG PENG
NRIC/Passport Number	S8224290B
Contact Number	87763982
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHENG YEW YONG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMJ4371X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	YU LINA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMJ4371X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	BERNARD CHENG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMJ4371X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	ARNOLD CHENG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMJ4371X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	

Postcode

DETAILS OF INJURED PERSON 5

Name	AARON CHENG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMJ4371X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident 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.: 

Accident Sketch Plan

SKETCH PLAN

<div style="border: 1px solid black; padding: 2px; display: inline-block;">A</div>	Causeway Tmds JB	(A) SMJ 4371X
<div style="border: 1px solid black; padding: 2px; display: inline-block;">B</div>		(B) SMK 3971K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref to Police Rep No: P/20190520/7003

[A large diagonal line is drawn across the remaining lines of this section.]

DECLARATION

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

Policyholder's Signature

Date & Time: 21/5/19

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**



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POLICE REPORT (NP299)

Police Station Of Origin
Airport Police
35 Airport Boulevard SINGAPORE 819645
Tel No:1800-5460000

Report No. P/20190520/7003

Date/Time Report Made 20/05/2019 22:40	Vide Report No.	Station Diary No.
Name Of Informant CHENG YEW YONG	Address APT BLK 284 YISHUN AVE 6 #05-114 SINGAPORE 760284	
ID Type / ID No. NRIC NO / S1826787Z	Contact No. Home/Office: Mobile: 97717171	
Nationality SINGAPORE CITIZEN	Email Address nelsoncheng99@hotmail.com	
Occupation phv driver	Sex Male	Age 51
Institution/School Name	Date of Birth 31/10/1967	Race Chinese
Date/Time Of Incident 20/05/2019 18:45 - 20/05/2019 19:00	Language English	
	Location Of Incident At the queue 200m towards Johore customs area, heading to Singapore.	

Brief details.

On the 20 May 2019 about 6.45pm, I was driving heading from Johore Bahru to Singapore the Malaysia near the customs area about 200m away.

Suddenly I felt a bang on the rear of my vehicle and my vehicle jerk forward. I told my wife to go the back to exchange particulars, and take photographs from the car behind

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: 20/05/2019 22:40
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. P/20190520/7003

She go back of the car and confirmed the car behind (Mercedes Benz smk3971r) driven by Lee Zhengpeng s8224290B had bang to the back of my car SMJ4371x.

There were damages at the bumper of my car and when I reached home, I felt sore neck and shoulder. I felt tarumatished by the accident.

Subjects Involved			
Suspect			
Person Name	lee zhengpeng		
ID Type	NRIC NO	ID No	S8224290B
Gender	Male	Age	37
Race	Chinese	Language	Chinese
Victim			
Person Name	CHENG YEW YONG		
ID Type	NRIC NO	ID No	S1826787Z
Gender	Male	Age	51
Race	Chinese	Language	English
Occupation	phv driver	Address Type	
Address	APT BLK 284 YISHUN AVE 6		Mobile No
	#05-114 SINGAPORE 760284		97717171
Is Informant A Victim?	Yes		

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	20/05/2019 22:40
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

POLICE REPORT



SINGAPORE
POLICE FORCE



P/20190520/7003

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. P/20190520/7003

Person Name	CHENG YEW YONG (Informant)
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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: 20/05/2019 22:40
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



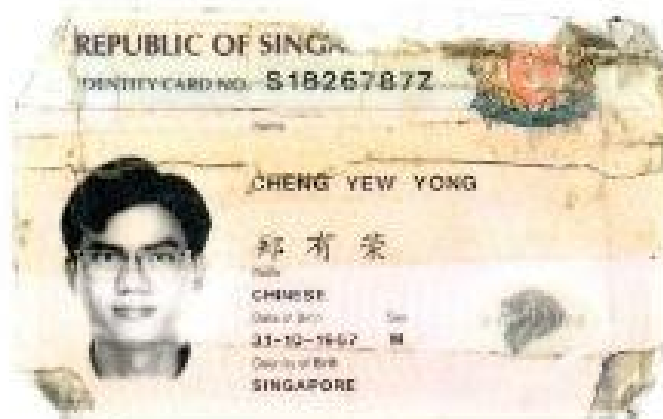
Accident Photo



Accident Photo



Identification Card



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1826787Z

Name: CHENG YEW YONG

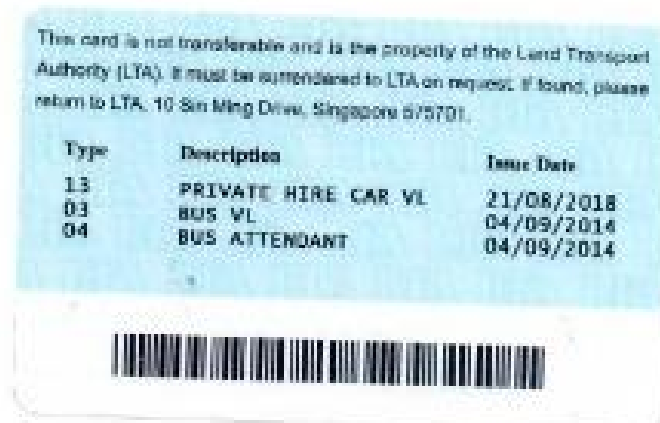
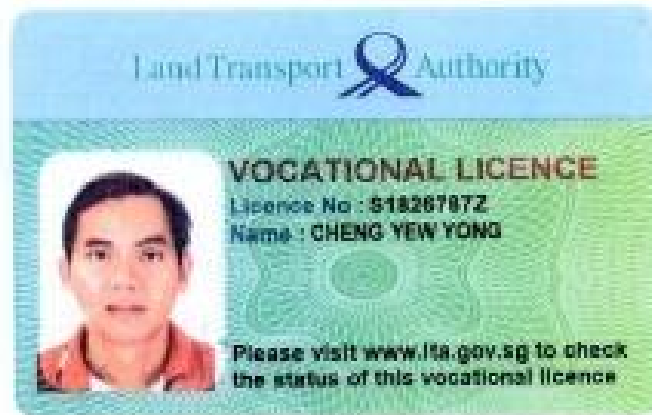
Expiry Date: 31 Oct 1987

Valid Until: 29 Jul 2014

06 20002606

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Driving License



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No. NA00017721

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA419065733 Vehicle Registration No: SMJ4371X
Name (as shown in NRIC) : CHAN Yew Yee NRIC/FIN/Passport No : S1826787Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 20/05/2019 Time of Accident : 19:00
Place of Accident : Before Barker Immigration Towards 8 Lane
Insurance Company : CHINA TOWERS

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INCREASED VEHICLE NUMBER TO SMJ 4371X

Policyholder / Driver's Signature
Date:

20/05/2019
Reporting Centre Personnel's Signature
Name: Pelle Winters
NRIC/FIN No.:
Date: