

## 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 | SMJ4571X             |
| <b>Insured/Policyholder</b> |                      |
| 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<br>#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 | -<br>-<br>-                        |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                        |

#### 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<br>GENDER: : FEMALE      |
| Passenger 2   | NAME: : BERNARD CHENG<br>GENDER: : MALE |
| Passenger 3   | NAME: : AARON CHENG<br>GENDER: : MALE   |
| Passenger 4   | NAME: : ARNOLD CHENG<br>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                    | <b>ROAD:</b> 35 AIRPORT BOULEVARD , <b>POSTCODE:</b> 819645 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 65460000 - <b>FAX NO:</b>  |
| 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?                    | SMJ4571X       |
| 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?                    | SMJ4571X      |
| 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?                    | SMJ4571X      |
| 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?                    | SMJ4571X      |
| 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?                    | SMJ4571X      |
| Were seat belts worn?                               | YES           |
| Was this injured conveyed to hospital by ambulance? | NO            |
| Address   |               |
| Postcode  |               |

## Accident Sketch Plan

### SKETCH PLAN

#### 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.
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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:

  
\_\_\_\_\_  
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

Sketch Plan area with grid lines and handwritten notes:

- On the left, a vertical line with two boxes labeled 'A' and 'B' stacked vertically.
- To the right of the boxes, the text "Causeway" and "Tmds JB" is written.
- On the right side of the grid, two circled labels are present: (A) SMK 4371X and (B) SMK 3971K.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe Circumstances of the Accident area with horizontal lines. A large diagonal line is drawn across the section, and the text "Refer to Police Report No: P/20190520/7003" is written at the top.

## 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**



P/20190520/7003

1 of 3

## 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<br>20/05/2019 22:40                    | Vide Report No.  | Station Diary No. |
| Name Of Informant<br>CHENG YEW YONG                          | Address<br>APT BLK 284 YISHUN AVE 6 #05-114 SINGAPORE 760284                                 |                   |
| ID Type / ID No.<br>NRIC NO / S1826787Z                      | Contact No.<br>Home/Office: Mobile:<br>97717171  |                   |
| Nationality<br>SINGAPORE CITIZEN                             | Email Address<br>nelsoncheng99@hotmail.com   |                   |
| Occupation<br>phv driver                                     | Sex<br>Male  | Age<br>51         |
| Institution/School Name                                      | Date of Birth<br>31/10/1967  | Race<br>Chinese   |
| Date/Time Of Incident<br>20/05/2019 18:45 - 20/05/2019 19:00 | Language<br>English  |                   |
|  | Location Of Incident<br>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:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>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

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.

|                          |                          |              |           |
|--------------------------|--------------------------|--------------|-----------|
| <b>Subjects Involved</b> |                          |              |           |
| <b>Suspect</b>           |                          |              |           |
| Person Name              | lee zhengpeng            |              |           |
| ID Type                  | NRIC NO                  | ID No        | S8224290B |
| Gender                   | Male                     | Age          | 37        |
| Race                     | Chinese                  | Language     | Chinese   |
| <b>Victim</b>            |                          |              |           |
| 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:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

20/05/2019 22:40

Classification Of Case:



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) |
|-------------|----------------------------|

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>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

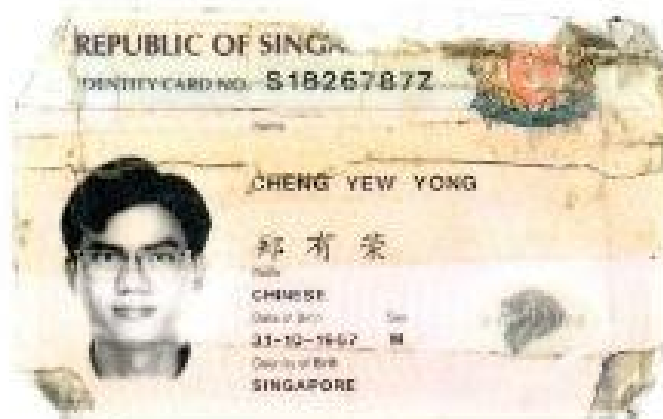




Accident Photo

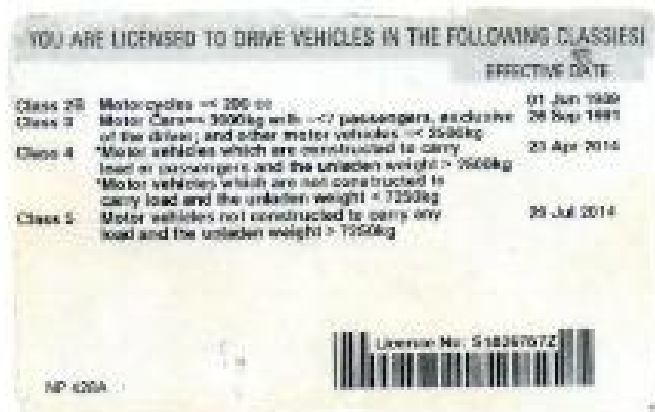
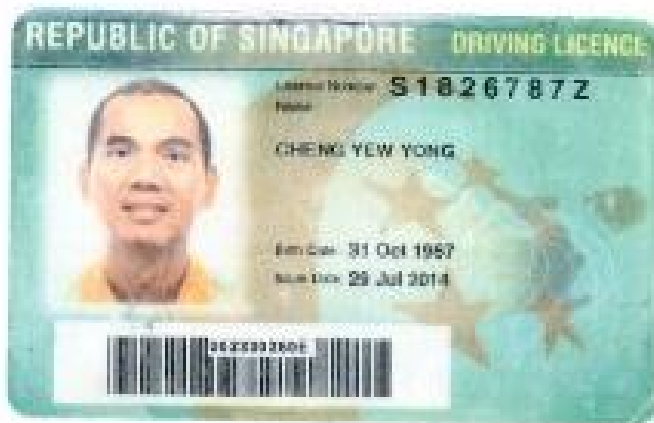


# Identification Card





## Driving License



## Driving License

