

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	02/07/2019 09:43
Date Of Accident	02/07/2019 05:35
Exact Location Of Accident	ALONG PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ5762U
Insured/Policyholder	
Name Of Registered Owner	CHIA MUN LOONG
NRIC No	S7411340J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91162380
Alternative Phone No	OFFICE-91162380

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID 1.8G CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108046934
Cover Note Number	

Driver

Name of Driver	CHIA MUN LOONG
NRIC No	S7411340J
Date Of Birth	14/04/1974
Occupation	OUTDOOR
Date Of Driving Pass	21/10/2000
Driving Experience	18 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91162380
Fax Number	
Contact Number	OFFICE-91162380
E-Mail Address	NOEMAIL

Address	BLK 128 BEDOK RESERVOIR ROAD #03-1301
Postcode	470128
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 - CHANGE/CROSS LANE
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190702/2017.

Attachment(s)

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

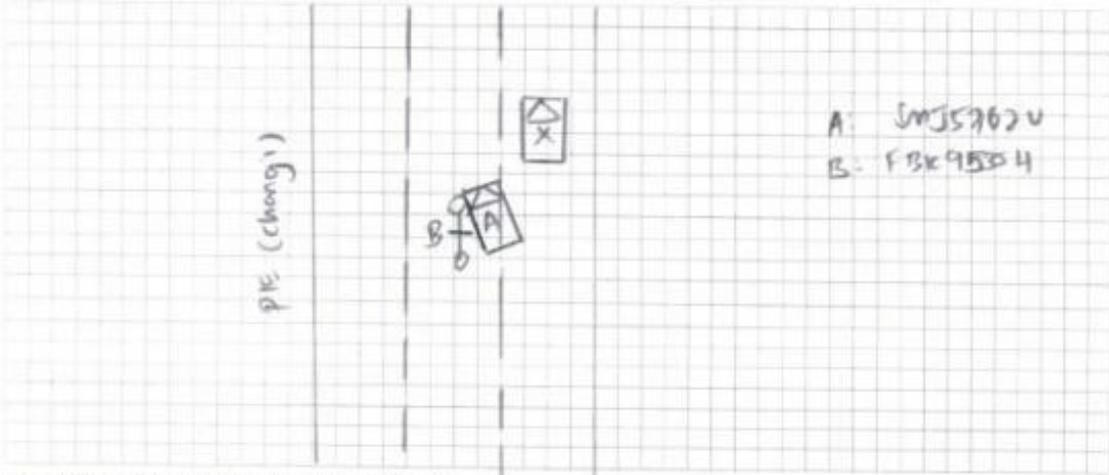
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK9535H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	LEUNG JIA JUN

NRIC/Passport Number S8728884F
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - The 19/02/2012.

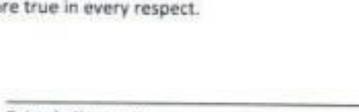
(The rest of the form is crossed out with a diagonal line.)

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/20190702/2017

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No. 1800-8486999

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Report No. T/20190702/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/07/2019 08:33	Vide Report No.: G/20190702/0049	Station Diary No.: 28
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Informant's Particulars			
Name of Informant: CHIA MUN LOONG		Address: APT BLK 128 BEDOK RESERVOIR ROAD #03-1301 SINGAPORE 470128	
ID Type / ID No.: NRIC NO / S7411340J		Contact No.:	Mobile: 91162380
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 14/04/1974	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GOJEK DRIVER		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/07/2019 05:35	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE towards Changi Airport (0.2km) Lamp Post Number: 04				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK9535H	Motorcycle				Slightly Damaged	0
SMJ5762U	Car	TOYOTA	C-HR HYBRID 1.8G CVT	White	Seriously Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Police Report



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POLICE FORCE**



T/20190702/2017

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20190702/2017

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ5762U	NTUC Income Insurance Co-Operative Limited	5108046934	12/03/2019	11/03/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHIA MUN LOONG	ID No.	S7411340J
Related Vehicle	SMJ5762U (Car)	Contact No.	91162380
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/07/2019 at about 0535hrs, I was travelling in my car along lane 1 on PIE towards Changi Airport with 2 passengers.

Suddenly, the car in front of me jammed brake. As I felt that I could not stop my car in time. I applied my brake and swerved to my left and stopped on lane 2. As everything was too sudden, I have no time to check my side mirror for any oncoming vehicle. Subsequently, I felt an impact and saw a person flew about 20 meters to the front of my vehicle. I alighted from my car and found out that a motorcycle collided in to the left side of my car. I then went to check on the rider and called for ambulance. Traffic police and ambulance was at scene.

I wish to inform that my passengers and I did not sustain any injury.

Police Report



SINGAPORE
POLICE FORCE



T/20190702/2017

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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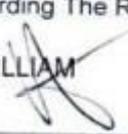
Report No. T/20190702/2017

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 / Sgt 2 LAM WEI LIANG WILLIAM 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/07/2019 08:33
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178	Classification Of Case:

Authentication Stamp
NP168 

Accident Photo



Accident Photo



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