

## 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	29/07/2019 13:45
Date Of Accident	28/07/2019 15:15
Exact Location Of Accident	T JUNC OF JLN TENGGU AZIZAH & JLN SULTAN ISKANDAR
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ178Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHONG CHYE CHING
NRIC No	S1766108F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91463904
Alternative Phone No	OFFICE-91463094

### Vehicle Particulars

Manufacturer	BMW
Model	523I
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MPC0001573
Cover Note Number	

### Driver

Name of Driver	LOO YOU CAI , DANIEL
NRIC No	S8911471C
Date Of Birth	06/04/1989
Occupation	INDOOR
Date Of Driving Pass	08/05/2008
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81886402
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	25 SEMBAWANG CRESCENT #04-09
Postcode	757055
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 - 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?	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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMPAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 4 SEMPAWANG CRESCENT , <b>POSTCODE:</b> 757633 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5549999 - <b>FAX NO:</b> 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER POLICE REPORT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR8005Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

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

## 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:

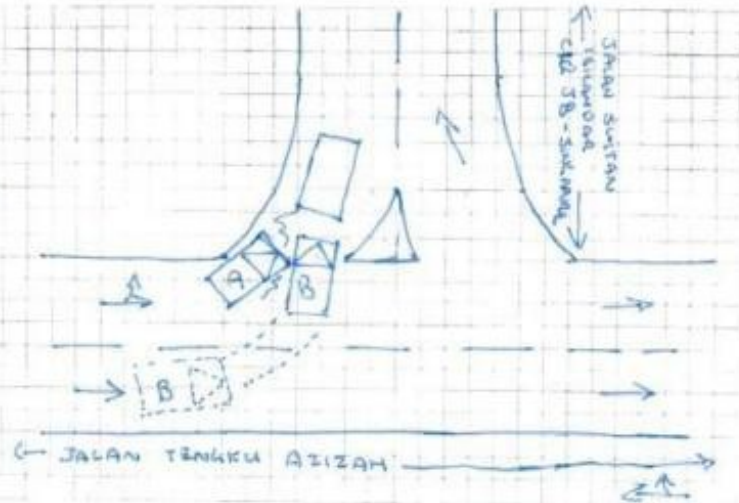
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

Vehicle A - SGQ 1782

Vehicle B - SLR 8005Y



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report.	Report Number: L/20190728/2055
I would like to add on is. The road I'm travelling on is the (left turn/go straight lane).	OIC:
While, vehicle (SLR 8005Y) cutted into my lane and making a left turn on a (Going straight only lane).	SUNIZA JUWARIYA BINTA SULAIMAN
Upon collision, my vehicle was in stationary position, due to there was a vehicle in front of me.	63647559 : CONTACT.
Vehicle A - SGQ 1782	
Vehicle B - SLR 8005Y.	

## 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**



L/20190728/2055

1 of 2

Report No. L/20190728/2055

**POLICE REPORT (NP299)**

Police Station Of Origin  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE 757633  
Tel No. 1800-5549999

Date/Time Report Made 28/07/2019 16:59	Vide Report No.	Station Diary No. 62
Name Of Informant LOO YOU CAI, DANIEL	Address 25 SEMBAWANG CRESCENT #04-09 SINGAPORE 757055	
ID Type / ID No. NRIC NO / S8911471C	Contact No. Home/Office	Mobile 81886402
Nationality SINGAPORE CITIZEN	Email Address	
Occupation ACCOUNTS MANAGER	Sex Male	Age 30
Institution/School Name	Date of Birth 06/04/1989	Race Chinese
Date/Time Of Incident 28/07/2019 15:15	Language	
	Location Of Incident Jalan Sultan Iskandar going to Johor Bahru CIQ MALAYSIA	

**Brief details.**

On 28/7/2019 at about 1515hrs, I was driving along Jalan Sultan Iskandar on the way back to Johor Bahru CIQ in my vehicle, SGQ178Z. When I was driving along the said road, there was a car, SLR8005Y, that wanted to cut in front of me. I then realized and slowed down. The vehicle then cut in abruptly. This caused his left rear passenger door and his left rear wheel mudguard to hit onto my bumper.

Signature Of Officer Recording The Report. L / Sgt 2 NG YU KIT	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 28/07/2019 16:59
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp SUNIZA JUWAIRIA BINTE SULAIMAN Contact No. 63647559	Classification Of Case:

**Authentication Stamp**





# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



L/20190728/2055

2 of 2

POLICE REPORT (NP295)

CONTINUATION OF REPORT

Report No. L/20190728/2055

This caused my bumper to dislodge and snap off. In the process, my front right bumper was bent out of shape. He then alighted from his vehicle and told me to report to the insurance. I tried to get his details but he would not give me. He then got back into his car and drove off. Once I returned to Singapore, I informed my insurance and they told me to lodge a police report about the matter.

I wish to state that no one was injured during the incident. I was traveling with my wife and daughter at that point in time. There was another passenger in the other vehicle when the incident happened as well. My vehicle's in-car camera captured the whole incident.

I am lodging this report for insurance purposes.

Signature Of Officer Recording The Report

L / Sgt 2 NG YU KIT

Signature Of Interpreter  
Not applicable

Officer In-Charge Of Case  
L / Woodlands Police Divisional Investigation Branch /  
Insp SUNIZA JUWAIKIA BINTE SULAIMAN  
Contact No. 63647559

Authentication Stamp

Signature Of Informant

Date/Time  
28/07/2019 16:59

Classification Of Case



Signature

Singapore Police Force

Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

