

## 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	26/08/2019 15:34
Date Of Accident	23/08/2019 23:55
Exact Location Of Accident	BLK 146 SERANGOON NORTH AVE 1 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV9532M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MENG CHENG TRANSPORT & SERVICES
Co Reg No	53378329A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE 1.6L AUTO ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5099368818-01
Cover Note Number	

### Driver

Name of Driver	LEOW POH LEE (LIAO BAOLI)
NRIC No	S7828696B
Date Of Birth	09/10/1978
Occupation	OUTDOOR
Date Of Driving Pass	03/11/2006
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86959450
Fax Number	
Contact Number	OFFICE-86959450
Email Address	NOEMAIL

Address	BLK 51 TEBAN GARDENS ROAD #04-560
Postcode	600051
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> NO. 92 BOON LAY WAY , <b>POSTCODE:</b> 609962 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8999999 - <b>FAX NO:</b> 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190824/2143.

#### 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	SJW9699K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEONG KOK HOM

NRIC/Passport Number	S7029900C
Contact Number	98299600
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	LEOW POH LEE (LIAO BAOLI)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJV9532M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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. 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.



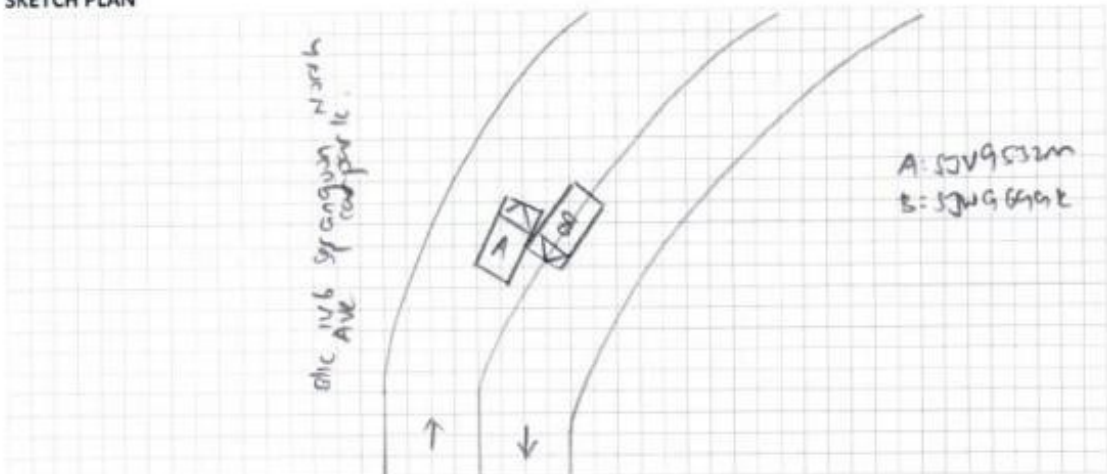
Policyholder's Signature  
Date & Time:

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 - Thangasuliyas.

## DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]*

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190824/2143

1 of 4

Police Station Of Origin:  
Jong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No. 1800-8999999

Report No. T/20190824/2143

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2019 18:12	Video Report No.:	Station Diary No.: 136
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### Informant's Particulars

Name of Informant: LEOW POH LEE	Address: APT BLK 51 TEBAN GARDENS ROAD #04-560 SINGAPORE 600051		
ID Type / ID No.: NRIC NO / S7828696B	Contact No.:	Mobile: 86959450	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 40	Date of Birth: 09/10/1978	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: GRAB DRIVER	Driving Licence Information: Class: 3		Date of Expiry:

### General Information of the Accident

General Information of the Accident:			
Type of Accident:	Non-Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 23/08/2019 23:55
Type of Location: Car Park			
Location: Along Road 1 SERANGOON NORTH AVENUE 1			
At vicinity of Blk 146 Serangoon North Avenue 1 carpark.			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control:	Traffic Volume: No Traffic	
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
SJV9532M	Car	CHEVROLET	Cruze	Red	Slightly Damaged	2
SJW9699K	Car	TOYOTA		Black	Seriously Damaged	0

### Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190824/2143

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Police Station Of Origin:  
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Tel No. 1800-8999999

Report No. T/20190824/2143

## CONTINUATION OF REPORT

Driver Name		LEOW POH LEE		ID No.	S7828696B
Related Vehicle		SJV9532M (Car)		Contact No.	86959450
Hospital/Clinic		NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment		NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL		Degree of Injury	NIL
Driver					
Name		CHEONG KOK HOM		ID No.	S7029900C
Related Vehicle		SJW9699K (Car)		Contact No.	98299600
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 23/08/2019 at about 2355hrs, after I picked up 2 passengers at Blk 146 Serangoon North Ave 1, I was about to drive out of the carpark of Blk 146 Serangoon North Ave 1 to send the passengers to Geylang Lor 27A. I was driving a Red Chevrolet Cruze bearing registration number SJV 9532M. I was making a right turn towards the exit of the carpark and that was when I saw a vehicle bearing registration number SJW9699K wanted to make a left turn to turn into the carpark. As I noticed that he was making a wider turn I stopped halfway wanting to give him space to do correction. Subsequently I saw that the vehicle also stopped for awhile, and I thought that he wanted to do some correction, however instead he just drive towards me and made the left turn. As he was driving, the right side of his vehicle knocked onto my stationary vehicle and hit the right rear bumper of my vehicle. Subsequently my passenger alighted from the vehicle and wanted to chase after him. I also alighted and tried to chase after him. However, my passenger suddenly said that to use my vehicle and follow him would be faster. While driving into the carpark, I tried to locate the vehicle and managed to find the vehicle parking in a car park lot at Blk 146 Serangoon North Ave 1. I noticed that the driver of SJW 9699K was still in the car and I informed him that he knocked into my vehicle but he said that he did not realized. However eventually we still exchanged particulars and took picture of the damage. The driver do not know his vehicle got damaged till he alighted from his vehicle. My passenger smelt that there was alcohol smell from the driver of SJW9699K. My passenger Ryan Choo, 96211099 asked the driver whether he drank and he admitted to my passenger that he did drink a cup of alcohol.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190824/2143

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Report No. T/20190824/2143

CONTINUATION OF REPORT



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190824/2143

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Police Station Of Origin:  
Jurong East N.P.C.  
92 Boon Lay Way SINGAPORE 609962  
Tel No. 1800-8999999

Report No. T/20190824/2143

## 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:

D /

Sgt 2 KENNETH NG JIAN GUO

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / DDGVT /

SI VILTON HIA WEE SIANG

Contact No. 65476228

Authentication Stamp

WP108

Signature Of Informant:

Date/Time:

24/08/2019 18:12

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo

