

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	04/01/2020 15:11
Date Of Accident	03/01/2020 14:50
Exact Location Of Accident	PAYA LEBAR RD TWDS GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC2727D
Insured/Policyholder	
Name Of Registered Owner	WONG YUN XUAN SHERLYN
NRIC No	SXXXX522Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87882728
Alternative Phone No	OFFICE-87882728

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180 AVANTGARDE (R17 LED)
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V08075/VPE/R00
Cover Note Number	

Driver

Name of Driver	CHENG CHUNG YIN CHRIS
NRIC No	SXXXX641F
Date Of Birth	27/07/1989
Occupation	INDOOR
Date Of Driving Pass	19/04/2013
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87882727
Fax Number	
Contact Number	OFFICE-87882727
Email Address	NOEMAIL

Address	BLK 268D COMPASSVALE LINK #17-09
Postcode	544268
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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	4
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200104/7007.

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	SLK3595E
Vehicle Make/Model/Colour	SYLPHY
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) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLL9832B

Vehicle Make/Model/Colour TOYOTA

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) 2

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number YN6229Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

DETAILS OF INJURED PERSON 1

Name CHENG CHUNG YIN CHRIS

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMC2727D

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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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.

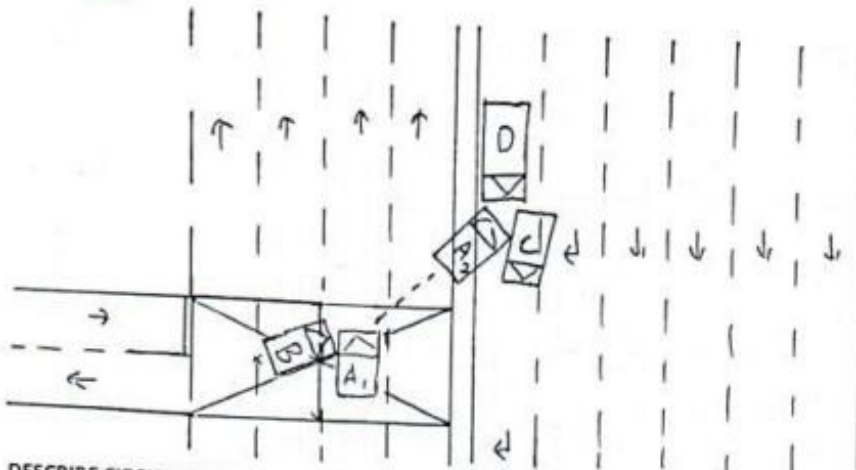
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 3/1/2020


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

Accident Sketch Plan

SKETCH PLAN



A - SMC2727D
B - SLK3545E
C - SLL9832B
D - YN6229Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to Police Report -

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.:

Scanned with CamScanner

Police Report



**SINGAPORE
POLICE FORCE**



T/20200104/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200104/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2020 11:24	Vide Report No.: G/20200103/0108	Station Diary No.:
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Informant's Particulars

Name of Informant: CHENG CHUNG YIN CHRIS			Address: APT BLK 268D COMPASSVALE LINK #17-09 SINGAPORE 544268		
ID Type / ID No.: NRIC NO / S8970641F			Contact No.: Home/Office: Mobile: 87882727		
Nationality: SINGAPORE CITIZEN			Email: Chris.chengcy@gmail.com		
Sex: Male	Age: 30	Date of Birth: 27/07/1989	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 2B,3,3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/01/2020 14:50	Type of Location: Straight Road
Location: PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
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
SLK3595E	Car					0
SLL9832B	Car					0
SMC2727D	Car					0
YN6229Z	Lorry					0

Police Report



**SINGAPORE
POLICE FORCE**



T/20200104/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200104/7007

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHENG CHUNG YIN CHRIS	ID No.	S8970641F
Related Vehicle	SMC2727D (Car)	Contact No.	87882727
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,3A Date of Expiry: NIL
Date Treatment	03/01/2020	Date Discharge	03/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On stated date and time, I was travelling in my vehicle bearing (SMC2727D) on Lane 2 of paya lebar road towards Geylang. Suddenly a vehicle bearing (SLK3595E) came out from the minor road onto paya lebar road and collided onto the left portion of my vehicle. This cause my vehicle to swerve right and crash through the centre divider, colliding onto 2 other vehicle bearing (SLL9832B) and (YN6229Z). I then alight from my vehicle and wait for the traffic police to arrive. We exchange particulars and will proceed with insurance claims. I went to a a&e at night due to aches and receive 5 days mc.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20200104/7007

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Report No. T/20200104/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp
NP168

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

Date/Time:
04/01/2020 11:24

Classification Of Case:

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport /Company Cert No.: S8734522Z
 Owner ID Type: Singapore NRIC
 Owner Name: WONG YUN XUAN SHERLYN
 Registered Address: 268D COMPASSVALE LINK #17-09 SINGAPORE 544268
 Mailing Address: -
 Birth Date: 27 Oct 1987

Vehicle Particulars

Vehicle No.: SMC2727D
 Previous Vehicle No.: SMG7900R
 Effective Date of Ownership: 06 Jun 2019
 Original Regn Date: 06 Nov 2015
 Registration Date: 06 Nov 2015
 Year of Manufacture: 2015
 Vehicle Type: Passenger Motor Car
 Vehicle Scheme: -
 Vehicle Attachment 1: No Attachment
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Make: MERCEDES BENZ
 Vehicle Model: C180 AVANTGARDE (R17 LED)
 Primary Colour: Grey
 Secondary Colour: -
 Passenger Capacity: 4
 Chassis No.: WDD2050402R099270
 Engine No.: 27491030439939
 Engine Capacity /Power Rating: 1595 cc / -
 Maximum Power Output: 115.0 kW (154 bhp)
 Propellant: Petrol

LTA Letter

Max Unladen Weight:	1425 kg
Maximum Laden Weight:	1990 kg
Open Market Value:	\$35,294.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	05 Nov 2025
Minimum PARF Benefit:	\$18,206.00
No. of Transfers:	2
IU Label No.:	1126067718
COE No.:	2015120103000069C
COE Expiry Date:	05 Nov 2025
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Registration Category:	B - Car above 1600cc or 97kW (130bhp)
Quota Premium (QP) / Prevailing Quota Premium:	\$57,501.00 / -
Actual QP Paid:	\$57,501.00
QP (Regn Cat):	\$57,501.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$57,501.00
Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$15,294.00 (140%)
Actual ARF Paid:	\$36,412.00
Vehicle Lifespan Expiry Date:	No Lifespan
CO2 Emission:	127.00 (g/km)
CEV/VES Rebate Utilised Amount:	\$5,000.00
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	To renew the COE, the Prevailing Quota Premium payable is that of Category B.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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