

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 Submission | 24/05/2021 17:22 (SGT) |
| Date of Accident | 21/05/2021 15:27 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | COMPASSVALE DRIVE FLYOVER LANE TO SENGKANG EAST ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SJN9982P |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-------------------------------|
| Is company? | No |
| Name Of Registered Owner | CHONG SIN KWEI (ZHANG XINGUI) |
| NRIC No | SXXXX455H |
| Email Address | chong_sk@ymail.com |
| Mobile Phone No | (Phone) +65-96606102 |
| Alternative Phone No | +65-96606102 |

VEHICLE PARTICULARS

| | |
|--|---------------------------------|
| Manufacturer | Toyota |
| Model | TOYOTA / COROLLA ALTIS 1.6 AUTO |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1600 |

INSURANCE COMPANY

| | |
|---------------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5107725249-02 |
| Cover Note Number | - |

DRIVER

| | |
|----------------------|-------------------------------|
| Name of Driver | CHONG SIN KWEI (ZHANG XINGUI) |
|----------------------|-------------------------------|

| | |
|--|----------------------------------|
| NRIC No | SXXXX455H |
| Date Of Birth | 25/11/1972 |
| Occupation | Outdoor |
| Date Of Driving Pass | 07/06/1993 |
| Driving experience | 27 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96606102 |
| Alt. Phone Number | +65-96606102 |
| Email Address | chong_sk@ymail.com |
| Address | BLK 203A #01-19 COMPASSVALE ROAD |
| Address complement | - |
| Postcode | 541203 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------------|--------------------------|
| Type of Accident | Collision - Head to Rear |
| Weather Conditions | Raining |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|------------------------|
| Name | JONATHAN CHONG CE YANG |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Ang Mo Kio Division Headquarters |
| Police Station Phone No | (Phone) +65-18002180000 |
| Alt. Police Station Phone No | (Fax) +65-64814246 |
| Police Station Address | 51 Ang Mo Kio Avenue 9 Singapore 569784 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.F/20210521/7066;

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 | SHA6537D |
|-----------------------------------|----------|

| | |
|---|--|
| Vehicle Manufacturer | Hyundai |
| Vehicle Model | HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|-------------------------------|
| Name of injured person | CHONG SIN KWEI (ZHANG XINGUI) |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SJN9982P |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|------------------------|
| Name of injured person | JONATHAN CHONG CE YANG |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SJN9982P |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN**IMPORTANT NOTICE**

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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.
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

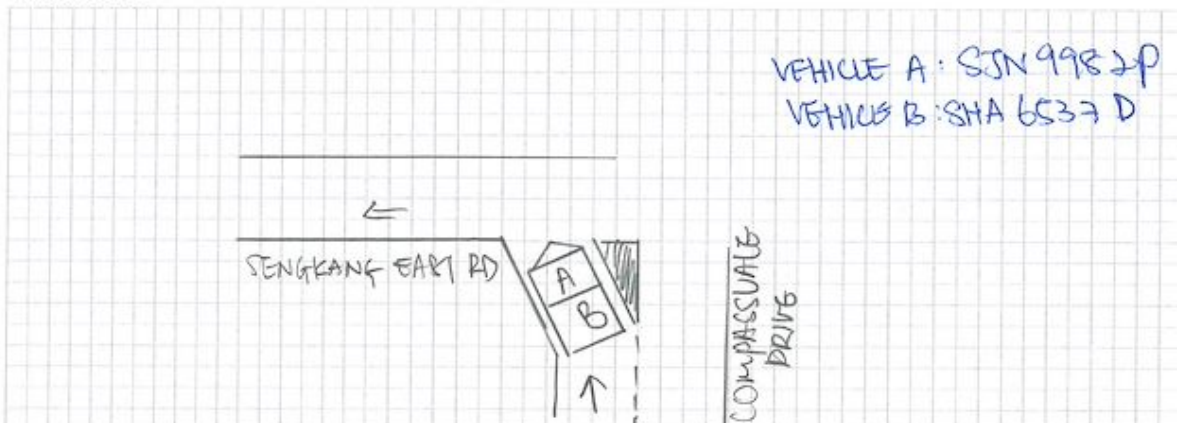
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@idac.com.sg

Witnessed by Reporting Centre
Personnel 24 MAY 2021

Sketch Plan





















**SINGAPORE
POLICE FORCE**



F/20210521/7066

1 of 2

POLICE REPORT (NP299)

Report No. F/20210521/7066

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

| | | |
|--|--|-------------------|
| Date/Time Report Made 21/05/2021 22:05 | Vide Report No. | Station Diary No. |
| Name Of Informant CHONG SIN KWEI | Address 203A COMPASSVALE ROAD #01-19 SINGAPORE 541203 | |
| ID Type / ID No. NRIC NO / S7244455H | Contact No. Home/Office: Mobile: 96606102 | |
| Nationality SINGAPORE CITIZEN | Email Address chong_sk@ymail.com | |
| Occupation Boiler fireman | Sex Male | Age 48 |
| Institution/School Name | Date of Birth 25/11/1972 | Race Chinese |
| Date/Time Of Incident 21/05/2021 15:25 - 21/05/2021 15:30 | Location Of Incident COMPASSVALE DRIVE | |

Brief details.

On 21/05/2021, around 15:27hrs, i was traveling on compassvale drive filter lane towards sengkang east road. As i approached the filter lane, i came to a stop. A few seconds later, i felt a huge impact from behind. After getting down, i realised that vehicle B 'SHA 6537D' had collided into the rear of my vehicle. Both me and my son got 3 days MC, from 21 May 2021 to 23 May 2021

| | |
|--|--|
| Subjects Involved | |
| Victim | |
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 21/05/2021 22:05 |
| Officer In-Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |



**SINGAPORE
POLICE FORCE**



F/20210521/7066

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210521/7066

| | | | |
|--------------------------|----------------------------|---------------------------|---|
| Person Name | CHONG SIN KWEI | | |
| ID Type | NRIC NO | ID No | S7244455H |
| Gender | Male | Age | 48 |
| Race | Chinese | Language | English |
| Occupation | Boiler fireman | Address | 203A COMPASSVALE ROAD #01-19 SINGAPORE 541203 |
| Mobile No | 96606102 | Is Informant A Victim? | Yes |
| Person Name | Jonathan chong ce yang | | |
| ID Type | NRIC NO | ID No | T0514574G |
| Gender | Male | Age | 15 |
| Race | Chinese | Language | English |
| Occupation | Student | Address | 203A Blk 203A compassvale rd #01-19 #01-19 SINGAPORE 541203 |
| Home/Office No | 68816802 | Mobile No | 91153162 |
| Relation To Informant | Son | | |
| Person Name | CHONG SIN KWEI (Informant) | | |

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 21/05/2021 22:05 |
| Officer In-Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |

**INTEMEDICAL KOVAN**

210 Hougang St21 #01-233 530210
Tel: (65) 6243 3036 Fax: (65) 6243 3103

INTEMEDICAL

MEDICAL CERTIFICATE

MC No: OD-KV0000105386

NAME: CHONG SIN KWEI (ZHANG XINGUI)

NRIC: S7244455H

This is to certify that the above patient name is Unfit for Duty for a period of 3 day

from 21-05-2021 to 23-05-2021 inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

DR CHANG HUI WEN CHRISTIE
BMed/MD (Australia), GDFM (Singapore)
MCR 61301J
INTEMEDICAL KOVAN
210 HOUGANG ST 21 #01-233
SINGAPORE 530210
TEL: (65) 6243 3036 FAX: (65) 6243 3103
EMAIL: contact.kovan@intemedical.com

Christie Chang
M61301J
BMed/ MD (Aus)
GDFM (Singapore)

Signature

21/05/2021

Date

**INTEMEDICAL KOVAN**

210 Hougang St21 #01-233 530210
Tel: (65) 6243 3036 Fax: (65) 6243 3103

INTEMEDICAL

MEDICAL CERTIFICATE

MC No: OD-KV0000105381

NAME: JONATHAN CHONG CE YANG

NRIC: T0514574G

This is to certify that the above patient name is Unfit for Duty for a period of 3 day

from 21-05-2021 to 23-05-2021 inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

DR CHANG HUI WEN CHRISTIE
BMed/MD (Australia), GDFM (Singapore)
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Christie Chang
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BMed/ MD (Aus)
GDFM (Singapore)

Signature

21/05/2021

Date

