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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 27/09/2021 11:16 (SGT) Date of Accident 25/09/2021 09:50 (SGT) Exact Location of Accident Toa Payoh E, Singapore Additional Location Information Blk 261A Toa Payoh East multi storey car park slot no. 10 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1991

Vehicle Registration Number SNA6718C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Cheong Fook Kiong NRIC No. S1553207F Email Address davidfoxbat@yahoo.com Mobile Phone No (Phone) +65-98770935 Alternative Phone No (Home) +65-98770935

VEHICLE PARTICULARS

Manufacturer Mercedes Model E250 Variant 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 - Claiming third party Vehicle Category Private car Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5123560962 Cover Note Number

DRIVER

Name of Driver Cheong Fook Kiong NRIC No. S1553207F

Date Of Birth 14/06/1962 Occupation Outdoor Date Of Driving Pass 27/12/1979 Driving experience 41 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-98770935 Alt. Phone Number (Home) +65-98770935 Email Address davidfoxbat@yahoo.com Address Blk 676B Punggol Drive #17-712 Address complement Postcode 822676 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT refer attached police report. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMJ7414L

Subaru

Forester

Private car

Accident report \$\$02219R	0002

Vehicle Manufacturer

Vehicle Model

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver NRIC No	Xing Han S7461049H
Contact Number	(Phone) +65-90188216
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address	Cheong Fook Kiong Male (Phone) +65-98770935
Address Complement Post Code	-
Approximate Age Years Old Injuries Sustained	-
Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SNA6718C - No

0	V
1 was inside	12. 261A Too Payon East Mutti story curpark at the time of accident the
neather was cle	ias and road was dry. I was entering 28 Deck 28 and decided to fark
o I position my	rself 30 degree My evenide A, SNA 6718C, was stationary as I was
hecking for hu	man clearance on both side of Suddenly, I heard and felt a leavy
mpact on my	right rear vehicle B, SMJ7414L dashed downslope from Decls SA
nd made a r	1964 turn into my rear side Fonder He is supposed 30
There is a Whi	ite line at downslope but the vehicle B did not stop:
AFTER THE	IMPACT, I PUT ON THE BRAKE AND LEFT MY HAZARO LIGHS TO
REMAND ON. T	TE HAZAROS LICIHTS WAS ON BEFORE THE ACCIDENT. THE OTHER PARTY
PEVERSE HIS	CAR BEFORE COMING OUT TO NIGHT ME HE AND HIS TEENACE
SON CAME a	AT UNSCATTERED.
ive also att	celed a police report.

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

25/9/24 Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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 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)

Lunderstand, 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' law yers/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' law yers/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 law yers/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

Witnessed by Reporting Centre Personnel

Sketch Plan



















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210925/7013

CONTINUATION OF REPORT

Sketch Plan	Sket	tch	Pla	in
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Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Infor The identity of the been authenticate required.
Signature Of Interpreter: Not applicable	Date/Time: 25/09/2021 14:23
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of

Signature Of Informant: The identity of the person making this report habeen authenticated by Singpass. No signature in equired.	S S
Date/Time: 25/09/2021 14:23	
Classification Of Case:	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20210925/7013

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 21 14:23	lade:	Vide Report No.:	Station Diary No.	
Informa	nt's Partic	ılars			
Name of Informant: CHEONG FOOK KIONG			Address: 676B PUNGGOL DRIVE #17-712 SINGAPORE 822676		
ID Type / ID No.: NRIC NO / S1553207F		07F	Contact No.: Home/Office: Mobile: 98770935		
National SINGAP	ity: ORE CITIZ	EN	Email: DAVIDFOXBAT@YAHOO.COM		
Sex: Male	Age: 59	Date of Birth: 14/06/1962	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Commercial airline pilot		pilot	Driving Licence Information: Class:	Date of Expiry:	

the same of the sa	mation of the Accid	Drink	Date/Time of	Type of Location
Type of Accident:	Injury Others	Drive:	Accident: 25/09/2021 09:50	Car Park
Location:				
ТОА РАУОН	EAST			
TOA PAYON	EASI			
10 4h		Road Surface	18	Road Speed Limit:
		Road Surface: Dry	F	Road Speed Limit
Clear				Traffic Volume:
Weather: Clear Traffic Flow: One Way		Dry		

Vehicle No.	Type	Make	Model	Color	Canditio	No of
SMJ7414L	Car	SUBARU	Forester	Silver		1
SNA6718C	Car	MERCEDES BENZ	E250 COUPE (R18)	Black		0

Details of Vehicle Insurance			
Details of Ferries	Lucyroppe No	Effective	Expiry Date
Vehicle No. Insurance Company	Insurance No	CHOCKE	



T/20210925/7013

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

2 of 3 Report No. T/20210925/7013

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
S NA6718C	NTUC Income Insurance Co-Operative	5123560962	08/09/2021	07/09/2022

Any Pedestrian	nvolved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
) iver				ededitidir Ords	Sirig. IVA
Name	XING HAN			ID No.	S7461049H
Related Vehicle	SMJ7414L (Car)			Contact No.	90188216
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Part and	Date	NIL	L
No of Days granted Medical Leave NIL			Degree of	The state of the s	
Dr ver		estimate a serie	3,00	THE	
Name	CHEONG FOOK KI	ONG		ID No.	S1553207F
Fig ated Vehicle	SNA6718C (Car)			Contact No.	98770935
⊢ospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL Date		Date	NIL	
No of Days granted Medical Leave NIL			Degree of Slight		

Brief Details.

I was entering Deck 2B at Blk 261A multi storey carpark to park my car at Toa Payoh East. So I position my car SNA6718C at 30 degrees . I was stationary as I was checking for human clearance on both side where other vehicles are parked. Suddenly I heard and felt a heavy impact on my right rear by vehicle SMJ 7414L who had dashed down the slope from deck 3 A and made a right turn into my right rear wheel and renders. There is a white stop line at the down slope but the vehicle had not stop.