

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 | 30/10/2021 13:37 (SGT) |
| Date of Accident | 29/10/2021 17:45 (SGT) |
| Exact Location of Accident | Bukit Batok Rd, Singapore |
| Additional Location Information | TWDS CHOA CHU KANG ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SLP8679M |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|--------------------------|
| Is company? | No |
| Name Of Registered Owner | CHENG WEE KIANG |
| NRIC No | S8020945B |
| Email Address | weekiang.cheng@gmail.com |
| Mobile Phone No | (Phone) +65-97707606 |
| Alternative Phone No | +65-97707606 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Wish |
| 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 | 1798 |

INSURANCE COMPANY

| | |
|---------------------------------|-----------------------|
| Name of Insurance Company | AXA Insurance Pte Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | GA472169 |
| Cover Note Number | - |

DRIVER

| | |
|----------------------|-----------------|
| Name of Driver | CHENG WEE KIANG |
| NRIC No | S8020945B |

| | |
|--|---------------------------------------|
| Date Of Birth | 19/07/1980 |
| Occupation | Indoor |
| Date Of Driving Pass | 10/12/1999 |
| Driving experience | 21 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97707606 |
| Alt. Phone Number | +65-97707606 |
| Email Address | weekiang.cheng@gmail.com |
| Address | BLK 363 CHOA CHU KANG AVENUE 3 #17-26 |
| Address complement | - |
| Postcode | 689885 |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 4 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle 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 | CLARA CHENG JIA YI |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Jurong Division Headquarters |
| Police Station Phone No | (Phone) +65-18007910000 |
| Alt. Police Station Phone No | (Fax) +65-68965647 |
| Police Station Address | No. 2 Jurong West Avenue 5 Singapore 649482 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO.J/20211029/7062.

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 | SLL717K |
| Vehicle Manufacturer | - |

| | |
|---|----------------------|
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | JASMINE |
| Contact Number | (Phone) +65-91296501 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|-------------|
| Vehicle Registration Number | SMW4040H |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 3

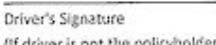
| | |
|---|-------------|
| Vehicle Registration Number | UNKNOWN |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |


SKETCH PLAN**IMPORTANT NOTICE**

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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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.


Policyholder's Signature
Date & Time: 30 OCT 2021
0940HRS


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


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

..HARME SKETCHPLANFORM_V2

Bt Bantok Road

veh. (A), SLP 8679 M

veh. ⑤: SLL717K

veh @: smw 40401

veh (D): unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report no J/20211029/7062.

DECLARATION

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

Policyholder's Signature _____

Date & Time: 20 OCT 2021
0940HRS

GIARMC SketchFileForm V3

Driver's Signature

(If driver is not the policyholder)

Date & Times:

☐ Claim own policy

☐ Claim third party

☐ Claim OD / TP at other workshop
☐ Escrowed number

☐ For record purposes
CASH

Policy No. GA 472169

Insurer AXA (C) Veh. No. SLP8679M

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:















**SINGAPORE
POLICE FORCE**



J/20211029/7062

1 of 2

POLICE REPORT (NP299)

Report No. J/20211029/7062

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

| | | |
|--|--|-------------------|
| Date/Time Report Made 29/10/2021 23:17 | Vide Report No. | Station Diary No. |
| Name Of Informant CHENG WEE KIANG | Address 363 CHOA CHU KANG AVENUE 3 #17-26 SINGAPORE 689885 | |
| ID Type / ID No. NRIC NO / S8020945B | Contact No. Home/Office: Mobile: 97707606 | |
| Nationality SINGAPORE CITIZEN | Email Address weekiang.cheng@gmail.com | |
| Occupation Chemical engineering technician (general) | Sex Male | Age 41 |
| Institution/School Name | Date of Birth 19/07/1980 | Race Chinese |
| Date/Time Of Incident 29/10/2021 17:45 - 29/10/2021 17:45 | Location Of Incident BUKIT BATOK ROAD | |

Brief details.

On 29 October 2021, around 5.45pm, I was driving my vehicle bearing plate number SLP8679M along Bukit Batok Road towards Choa Chu Kang Road.

When I came to a stop at the traffic light, the vehicle behind me banged onto the rear of my vehicle. I got out the car and took photos of the chain collision.

Thereafter, I only exchanged contact number with the driver. Her name is Jasmine and mobile is 91296501. Her car plate number is SLL717K.

Due to this traffic incident, there were scratches on the car and my car rear is dented.

| | |
|--|--|
| 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: 29/10/2021 23:17 |
| Officer In-Charge Of Case: | Classification Of Case: |



**SINGAPORE
POLICE FORCE**



J/20211029/7062

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20211029/7062

I have an in car camera footage of the incident.

| | | | |
|-----------------------------|---|------------------------|--|
| Subjects Involved | | | |
| Suspect | | | |
| Person Name | Jasmine | | |
| Gender | Female | | |
| Victim | | | |
| Person Name | CHENG WEE KIANG | | |
| ID Type | NRIC NO | ID No | S8020945B |
| Gender | Male | Age | 41 |
| Race | Chinese | Language | English |
| Occupation | Chemical engineering technician (general) | Address | 363 CHOA CHU KANG AVENUE 3 #17-26 SINGAPORE 689885 |
| Mobile No | 97707606 | Is Informant A Victim? | Yes |
| Person Name | | | |
| CHENG WEE KIANG (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: 29/10/2021 23:17 |
| Officer In-Charge Of Case: | Classification Of Case: |