

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 Actual 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 27/12/2022 17:04 (SGT)
Reported by Both
Date of Accident 27/12/2022 07:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE (SLIP ROAD EXIT TO LORNIE ROAD)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNC8056E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LAU WEI CHENG
NRIC No S9506799I
Email Address WWEICHENGG@GMAIL.COM
Mobile Phone No (Phone) +65-92221996
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C180
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 1597

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5125892510

DRIVER

Name of Driver LAU WEI CHENG
NRIC No S9506799I
Date Of Birth 06/02/1995
Occupation Indoor

Date Of Driving Pass	07/10/2014
Driving experience	8 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92221996
Alt. Phone Number	-
Email Address	WWEICHENGG@GMAIL.COM
Address	BLK 790 CHOA CHU KANG NORTH 6 #16-238
Address complement	-
Postcode	680790
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED POLICE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX604E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Government
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LAU WEI CHENG
Gender	Male
Phone No	(Phone) +65-92221996
Address	BLK 790 CHOA CHU KANG NORTH 6 #16-238
Address Complement	-
Post Code	680790
Approximate Age Years Old	27
Injuries Sustained	-
Injured person in which vehicle?	SNC8056E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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)

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.

Chay
Policyholder's Signature / Date & Time
27/12/22

Sketch Plan

Chay
Driver's Signature (if driver is not the policyholder) / Date & Time
27/12/22

Soh Wah Jin
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

→	→	LORNIE
→	→	LORNIE
→	→	PIE
<p>DOA = 27-12-22 A = SNC8050E B = QX604E</p>		

Describe Circumstance of the Accident

Police Report

Declaration

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

[Signature]

Policyholder's Signature / Date & Time

29/12/22

[Signature]

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

29/12/22



Soh Wah Jin

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20221227/2035

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 4

Report No: T/20221227/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2022 11:03	Vide Report No.: E/20221227/0046	Station Diary No.: 63
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Informant's Particulars

Name of Informant: LAU WEI CHENG	Address: APT BLK 790 CHOA CHU KANG NORTH 6 #16-238 SINGAPORE 680790		
ID Type / ID No.: NRIC NO / S9506799I	Contact No.: Home/Office: Mobile: 92221996		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 27	Date of Birth: 06/02/1995	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: SAF Regular	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/12/2022 07:30	Type of Location: Expressway
Location: PAN-ISLAND EXPRESSWAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
QX604E	Car	FORD	EVEREST 3.0 TDCI AUTO 5DR 4WD_EXTN	Blue	Slightly Damaged	0
SNC8056E	Car	MERCEDES BENZ	C 180 KOMPRESS OR	Blue	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20221227/2035

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20221227/2035

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNC8056E	NTUC Income Insurance Co-Operative Limited	5125892510	19/02/2022	19/06/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Deau Kumar Gurung	ID No.	G6250771W
Related Vehicle	QX604E (Car)	Contact No.	98591640
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
Driver			
Name	LAU WEI CHENG	ID No.	S9506799I
Related Vehicle	SNC8056E (Car)	Contact No.	92221996
Hospital/Clinic	WEE HEALTHFIRST Medical Clinic	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/12/2022	Date Discharge	NIL
No. of Days granted Medical Leave	01	Degree of Injury	NIL

Brief Details.

On 27/12/2022 at about 0700hrs, I started driving my vehicle bearing registration plate number SNC8056E from my house at Blk 379 Clementi Ave 5 and I was going to Paya Lebar Air Base. While I was driving along Pan-Island Expressway (PIE) towards Lornie Highway near Exit 20B at about 0730hrs, I was along second lane from the left and a police car bearing registration plate number QX604E which was travelling on the third lane from the left suddenly turn left abruptly into my lane immediately after signaling and as a result the side of his car collided onto the side of my car.

Both of us then stopped our vehicles at the divider between Lornie Highway and PIE Exit 20B, we then inspected the damages of our vehicle, exchange particulars and take photos of the damages as well as calling for police assistance. No one was injured in the accident. My car suffered some damages on the right side of the rear passenger door and rear fender while his car suffered damages on the front left bumper. We then waited for the police to arrive and had informed the facts to the police.

After the accident, I felt a bit nauseous and went to Wee HealthFirst Medical Clinic to seek medical



**SINGAPORE
POLICE FORCE**



T/20221227/2035

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Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No: T/20221227/2035

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 CHUA WEN HUI
GORDON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/12/2022 11:03

Officer In Charge Of Case:

TP / GIT /

SGT 3 INTAN WULANDARI BUDDY SANTOSO

Contact No.: 65476415

Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20221227/2035

Police Station Of Origin:
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20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20221227/2035

CONTINUATION OF REPORT

assistance and was given one day of medical leave on 27/12/2022.