

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 First Submission 09/10/2024 13:55 (SGT)
Reported by Actual Driver
Date of Accident 07/10/2024 15:53 (SGT)
Exact Location of Accident 311 Jln. Ahmad Ibrahim, Singapore 619595
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNH6969H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG SHI JIE
NRIC No SXXXX969F
Email Address Ng_sj92@hotmail.com
Mobile Phone No (Phone) +65-82289558
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C 180 KOMPRESSOR
Variant C 180 KOMPRESSOR
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1597
Vehicle Fuel Petrol
First Registration Date -
Chassis no WDD2040452A679746
Effective Date/Time of Ownership -

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00095282402

DRIVER

Name of Driver	MINDY CHIA LI MIN
NRIC No	SXXXX996B
Date Of Birth	04/09/1992
Occupation	Indoor
Driving Pass Date	27/06/2014
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	10 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-82289558
Alt. Phone Number	-
Email Address	Ng_sj92@hotmail.com
Address	164A YUNG KUANG ROAD #15-52
Address complement	-
Postcode	611164
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Fire, explosion or lightning
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	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	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/20241008/7052

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	FIRE
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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

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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 center 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/sit outside of Singapore, for one or more of the above Purposes.

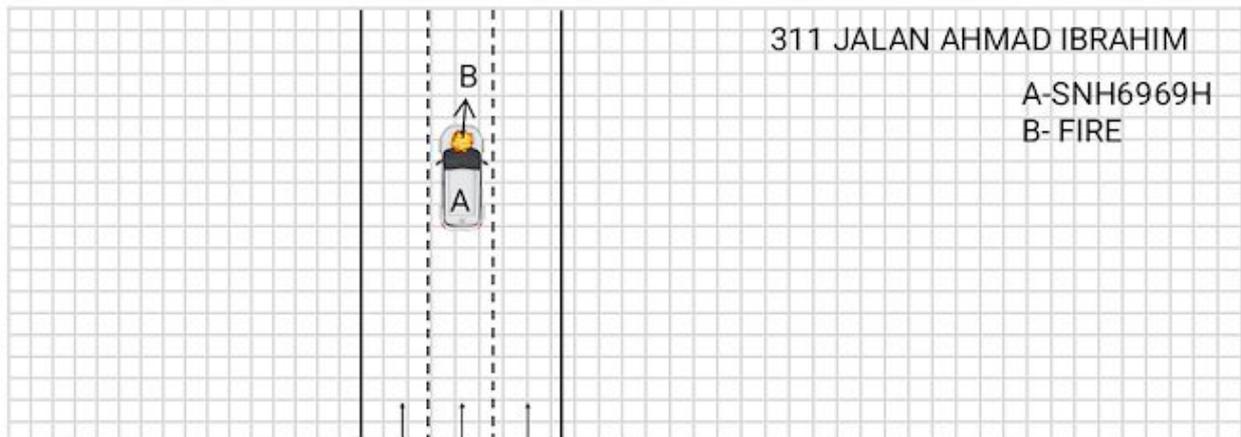
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

**9 OCT 2024
1210HRS**



Describe Circumstances of the Accident

AS PER POLICE REPORT NO: J/20241008/7052

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

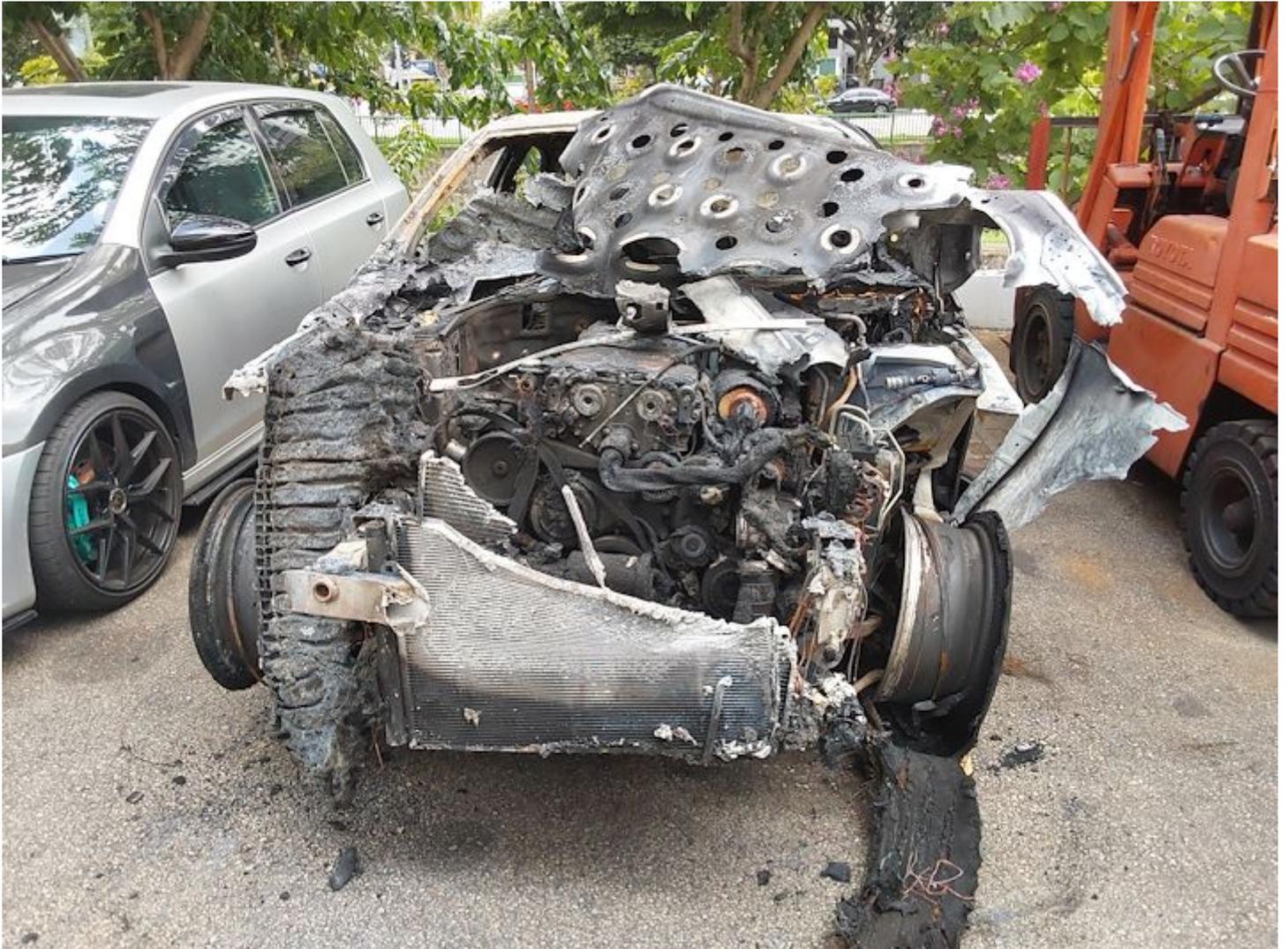


Driver's Signature (If driver is not the policyholder) / Date & Time
9 OCT 2024
1210HRS


ARAVUMJAN

Witnessed by Reporting Centre Personnel





































**SINGAPORE
POLICE FORCE**



J/20241008/7052

1 of 2

POLICE REPORT (NP299)

Report No. J/20241008/7052

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

Date/Time Report Made 08/10/2024 15:56	Vide Report No.	Station Diary No.	
Name Of Informant NG SHI JIE	Address 164A YUNG KUANG ROAD #15-52 SINGAPORE 611164		
ID Type / ID No. NRIC NO / S9222969F	Contact No. Home/Office:	Mobile: 82289558	
Nationality SINGAPORE CITIZEN	Email Address NG_SJ92@HOTMAIL.COM		
Occupation Company director	Sex Male	Age 32	Date of Birth 03/07/1992
Institution/School Name	Race Chinese		
	Language English		
Date/Time Of Incident 07/10/2024 15:53 - 07/10/2024 17:53	Location Of Incident 311 JALAN AHMAD IBRAHIM CITIBANK SHELL JALAN AHMAD IBRAHIM SINGAPORE 619595		

Brief details:

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: 08/10/2024 15:56
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	

This report is lodged at Jurong NPP Kiosk



**SINGAPORE
POLICE FORCE**



J/20241008/7052

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20241008/7052

On 07 Oct , when my wife was exiting the highway. her car stalled at the traffic light and subsequently a lot of smoke engulf my car. so she alighted the car and small flames are already at the bottom rear of the vehicle. Then, she called 999 and SPF contacted SCDF. Within minutes, the whole vehicle was on fire.

There are no victims or witnesses, she was alone.

Report No. J/20241007/0100
Vehicle No.: SNH6969H
Hp No. : 8228 9558 / 9831 3393
Wife Details: Mindy Chia Li Min
Wife NRIC : S9231996B

I am lodging this report for my record purposes, and to submit to insurance company.

Subjects Involved			
Victim			
Person Name	NG SHI JIE		
ID Type	NRIC NO	ID No	S9222969F
Gender	Male	Age	32
Nationality	SINGAPORE CITIZEN	Race	Chinese
Language	English	Occupation	Company director
Address	164A YUNG KUANG ROAD #15-52 SINGAPORE 611164	Mobile No	82289558
Email Address	NG_SJ92@HOTMAIL.COM	Is Informant A Victim?	Yes
Person Name	NG SHI JIE (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: 08/10/2024 15:56
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	

This report is lodged at Jurong NPP Kiosk