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 ability.
- 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 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.

aforesaid.	nereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	15/11/2017 13:03
Date Of Accident	14/11/2017 08:30
Exact Location Of Accident	ALONG ALEXANDRA RD TOWARDS AYE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGF4A
Insured/Policyholder	
Name Of Registered Owner	ADRICH NG KIM SENG
NRIC No	S1189565D
Email Address	ADRICHNG4@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90051000

Alternative Phone No
Vehicle Particulars

Manufacturer **HONDA**

Model STREAM-1.8 X (A)

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

OFFICE-90051000

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company EQ INSURANCE COMPANY LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number DMPPHQ17-001522

Cover Note Number

Driver

Name of Driver RICHMOND NG SHI WEI

NRIC No S9440785J Date Of Birth 30/10/1994 **INDOOR** Occupation Date Of Driving Pass 15/05/2014

3 YEARS AND 5 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-91015701

Fax Number

Contact Number OFFICE-91015701

ADRICHNG4@YAHOO.COM.SG **EMail Address**

Address 122 TANJONG RHU ROAD #03-03

Postcode S436915

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **CHAIN COLLISION**

Weather Conditions RAINING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO Was any body injured in the Accident? YES Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

2

NO

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Police Station Name MARINE PARADE NEIGHBOURHOOD POLICE POST

ROAD: BLK 74 MARINE DRIVE #01-35, POSTCODE: 440074, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-4409999 - FAX NO: 64474182 Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT ATTACHED.

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

GBF7596X Vehicle Registration Number

Vehicle Make/Model/Colour NA **Details Of Properties** NA

Name of Driver TAN HAN BING

NRIC/Passport Number

Contact Number NA NA Address NA

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name NA Phone Number NA
Email Address NA

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SBR205H

Vehicle Make/Model/Colour NA
Details Of Properties NA

Name of Driver HAR KIPAN KAUR MINHAS

NRIC/Passport Number S1796142Z

Contact Number NA

Address NA NA

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name NA
Phone Number NA
Email Address NA

DETAILS OF INJURED PERSON 1

Name RICHMOND NG SHI WEI

Approximate Age

Injuries Sustain

Injured person in which vehicle? SGF4A
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? NO

Address 122TANJONG RHU ROAD #03-03

Postcode S436915

DETAILS OF INJURED PERSON 2

Name SAMANTHA SZEREEN NG

Approximate Age Injuries Sustain

Injured person in which vehicle? SGF4A
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? NO

Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 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)

l 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' 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, involces, 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 vahicle(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.

Policyholae's Signature / Date & Time Sketch Plan	Driver's Signature & Time	Signature (if driver is not the policyholder) / Date 15/11/2017 12.30pm			Witnessed by Reporting Centre Personnel		
A - 8GF 4A	YE <	AV	Xandra	Ra			
B - GBF-1596X C - SBR 200H	Hor	t Park					

Accident Sketch Plan

Describe Circumstances	7 the Accident		
A= 1	1.1.1.1.1.5	100	
AS OF a	ated 14/11/17	art 8,300	in, I was
driving a	long Alexandr	a Road	towards AVE
	Ame way		
	aching june		
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	t) at stop, s	0	
		1	act that vehicle
	596x) coll,		The second secon
			ortion, thus
			ided to volicle
			1. That's all.
	ge Claim		
** Preferred Workshop: King "(3rd Parb) Own Damage/ Re	men Auto PL Tel: (741 8563 Fax:	67479402
		- 1	
Declaration We declare the foregoing particu	lars are true in every respect.		
			Ju +00# 84
Non	D		S S S S S S S S S S S S S S S S S S S
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the & Time	ne policyholder) / Date	Witnessed by Reporting Centre Personnel

15/11/2017 12.30 pm

Police Report Pg. 1





Police Station Of Origin: Marine Parade NPP

74 Marine Drive #01-35 SINGAPORE 440074

Tel No: 1800-4409999

1 of 4 Report No. T/20171114/2193

REPORT OF A TRAFFIC ACCIDENT

Date/Time 14/11/2017	•	ide:	Vide Report No.:		Station Diary No.: 46		
Informant'	s Particul	ars		*			
Name of Informant:			Address:				
RIGHMOND NG SHI WEI			122 TANJONG RHU ROAD #03-03 SINGAPORE 436915				
ID Type / ID No.:			Contact No.:				
NRIO NO / S9440785J			Home/Office:	Mobile: 91015701			
Nationality:			Email:	,			
SIN®APORE CITIZEN		N					
Sex:	Age:	Date of Birth:	Type of Informant:				
Male 23 30/10/1994			Driver				
Race:			Language:	Institution / School Name:			
Chinese				SIM			
Occupation:		·	Driving Licence Information:				
Student			Class: 3	Date of Expiry:			

General Inform	ation of the Accident		•		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/11/2017 08:30		Type of Location: Straight Road
Location: Along Road 1 ALEXANDRA I		DIRECTION			
ALEXANDRA ROAD TOWARDS AYE DIRECT Weather: Road S Drawing Wet		Road Surface:		Road	d Speed Limit:
Traise Flow: Two Vay		Traffic Control: Traffic Volume: Not Controlled Moderate			
Type of Collision Between Movir	on: ng Vehicles - Head To F	Rear		_	one conveyed by ulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF7596X	Lorry	ISUZU	NHR85AUE4	White	Slightly	0
			AA		Damaged	
SBR205H	Car	HONDA	STREAM	Blue	Slightly	0
		,	1.8L A		Damaged	
SGF4A	Car	HONDA	STREAM	Silver	Seriously	1
			1.8X A		Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Marine Parade NPP

Report No. T/20171114/2193

2 of 4

74 Marine Drive #01-35 SINGAPORE 440074

Tel No: 1800-4409999 CONTINUATION OF REPORT

Driver							
Name	RICHMOND NG SHI WEI		,	ID No.		S9440785J	
Related Vehicle	SGF4A (Car)			Contact No.		91015701	.\$ ⁷⁷
Hospital/Clinic	PARKWAY EAST HOSPITAL					Class: 3 Date of Expir	y: ML un l
Date Treatment	14/11/2017 .		Date Disc	narge	14/11	/2017	
No. of Days granted Medical Leave 03		Degree of	egree of Injury Slight		t	-	
		Books and the	alle tra allega	25 16-16			
Name	SAMANTHA SZEREEN NG			ID No.		G3188050K	
Related Vehicle	SGF4A (Car)			Contact No.		98532315	
Hospital/Clinic	PARKWAY EAST HOSPITAL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expir	y: NIL
Date Treatment	14/11/2017	Date Disc	charge 14/11/2017				
No. of Days granted Medical Leave 03			Degree of	Injury	Sligh	t	

Brief Details.

I am the driver for a silver in colour Honda Stream bearing vehicle plate number SGF4A.

On the 14/11/2017 at about 0830hrs, I was driving my vehicle (SGF4A) with one passenger along Alexandra road towards the AYE direction in the second lane. There were three lanes in total. There was another vehicle (SBR205H) to my front and a lorry (GBF7596X) was to my rear. My vehicle (SGF4A) came to a stop and was stationary when within seconds we felt an impact to my vehicle's (SGF4A) rear. Due to the impact, this caused my vehicle (SGF4A) to move forward and collide into the vehicle's (SBR205H) rear portion. All drivers then alighted to make a check. We had also exchanged particulars as well. Driver of GBF7596X is a Tan Han Bing (S1251806G) whereas for SBR205H is a Har Kipsh Kaur Minhas (S1796142Z).

No airbags were deployed in my vehicle. At that point of time, my passenger and I did feel a slight pain to our neck and head area. Vehicles (SBR205H & GBF7596X) were still drivable however my vehicle (SGF4A) need to be towed away.

There were no attendance by Traffic Police or Ambulance.

On the 14/11/2017 at about , my passenger and I went to Parkway East Hospital and had received 3 days of MC.

I wish to state that I do not have an in car camera in my vehicle. I had also taken photos of the accident. My vehicles incsurance company has already been informed and the vehicle (SGF4A) is currently in the workshop. I have not received the damage quotation yet.

Police Report Pg. 1





Report No. T/20171114/2193

3 of 4

Police Station Of Origin:

Mairie Parade NPP

74 Marine Drive #01-35 SINGAPORE 440074

Tel No: 1800-4409999 c

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CONTINUATION OF REPORT

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Police Report Pg. 1





Police Station Of Origin:

Marine Parade NPP

74 Marine Drive #01-35 SINGAPORE 440074

Tel No: 1800-4409999 CONTINUATION OF REPORT

Report No. T/201%114/2193

S. E. .

AMEL.

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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:	Signature Of Informant:
G/	
Sgt 2 MOHAMED ZAMIL BIN MOHAMED ANIS	
:	,
Signature Of Interpreter:	Date/Time:
Not applicable	14/11/2017 22:04
,	
	w.
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT /	
SSI 2 YEO GEAK ENG CECILIA	
Contact No.: 65476404	200
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