

## 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 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.
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 Report	02/01/2018 13:12
Date Of Accident	30/12/2017 12:50
Exact Location Of Accident	SENGKANG E RD TOWARDS PUNGGOL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ6750T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG SOON TECK
NRIC No	S1478220F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97891805
Alternative Phone No	OFFICE-97891805

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
Exact Purpose for which vehicle was being used at time of accident	
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1642421701
Cover Note Number	

### Driver

Name of Driver	NG SOON TECK
NRIC No	S1478220F
Date Of Birth	12/12/1961
Occupation	INDOOR
Date Of Driving Pass	10/08/1982
Driving Experience	35 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97891805
Fax Number	
Contact Number	OFFICE-97891805
EEmail Address	NOEMAIL

Address	BLK 549 HOUGANG ST 51 #02-188 S(530549)
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLAN

#### 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	SLG9483B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


**SKETCH PLAN**


**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. 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 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.

  
 Policyholder's Signature  
 Date & Time:

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

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



SKETCH PLAN

<p>Sengkang ERd towards PUNQ901</p>		<p>↓</p>	<p>A: SGJ6750T B: SLG9483B</p>

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary on the second lane from left out of three lanes as the traffic light was red.

Suddenly, I heard a loud bang and felt ~~an~~ a hard impact. Vehicle "B" had hit onto the rear portion of my vehicle and caused damage.

DECLARATION

I/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:

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



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Portrait photo of a man on the left.

License Number: **S1478220F**

Name: **NG SOON TECK**

Birth Date: **13 Dec 1961**

Issue Date: **10 Jun 2003**

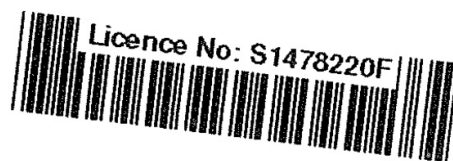
Barcode: 000554315B

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

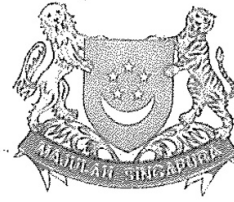
- |                |   |
|----------------|---|
| <b>Class 3</b> | <b>Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms</b> |
| <b>Class 4</b> | <b>Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms</b>   |

**PASS DATE**  
**10 Aug 1982**  
**21 Sep 1993**

NP 428A



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S1478220F**



Name

**NG SOON TECK**

**黄 顺 德**

Race

**CHINESE**

Date of birth

**13-12-1961**

Sex

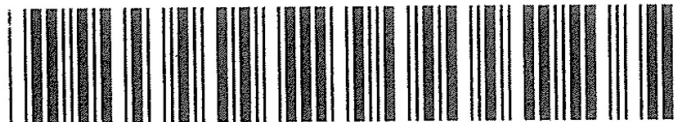
**M**

**S1478220F**

Country of birth

**SINGAPORE**

4073307



NRIC No. **S1478220F**

Date of issue

**17-07-2007**

Address

**APT BLK 549 HOUGANG STREET 51  
#02-188  
SINGAPORE 530549**



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

1 Raffles Place #1601 Singapore 048660  
Tel: 6733 8111 Fax: 6733 1033  
Singapore Branch Registration No. 090000304  
Lic. No. 090000304

ORIGINAL

TAX INVOICE  
Debit Note

No. .... SN/MR4755496  
Transaction/Due date 30/06/2017

GST Reg.No. 20-0208384-E

NG SOON TECK  
BLK 549 HOUGANG ST 51  
#02-188  
SINGAPORE 530549

Type of Policy..... MOTOR PRIVATE CAR  
Policy Number..... DMPCSN1642421701  
Period of Cover..... from 18/07/2017 to 17/07/2018  
Vehicle Registration no.. SGJ6750T  
Insured's Name & Address. NG SOON TECK  
BLK 549 HOUGANG ST 51 #02-188  
SINGAPORE 530549  
Branch/Territory..... SINGAPORE/SINGAPORE  
Account/Agency..... AN0101A/AN0101A I TRUST PTE LTD

	SINGAPORE DOLLAR
Premium.....	S\$892.72
GST at 7.00%	S\$62.49
	<hr/> S\$955.21
Total Due.....	<hr/> S\$955.21

ITRUST PTE LTD  
52 FOCH ROAD  
#03-02  
SINGAPORE 209274  
TEL: 6483 0883 FAX: 6286 0295  
EMAIL: itrust@singnet.com.sg

----- Detach this portion and send together with your remittance -----

## PAYMENT SLIP

Tax Invoice No. \_\_\_\_\_ Contact No. \_\_\_\_\_

1. BY CHEQUE: Crossed cheque made payable to "China Taiping Insurance(Singapore) Pte.Ltd."

Bank: \_\_\_\_\_ Cheque No: \_\_\_\_\_

2. BY CREDIT CARD: VISA/MASTER

Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ mm/yy

Card Holder's Name: \_\_\_\_\_ Card Holder's Signature: \_\_\_\_\_

Policy Holder's Signature: \_\_\_\_\_  
(if different from cardholder)

\* Any Refund Premium pertaining to the above policy shall be refunded through the above card.

YOU CAN ALSO PAY YOUR PREMIUM AT ANY AXS STATIONS  
PLEASE WRITE TAX INVOICE NO. ON THE BACK OF THE CHEQUE  
IF PAYMENT HAS ALREADY BEEN MADE, PLEASE IGNORE THIS TAX INVOICE.



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

