#### 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 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	12/02/2018 11:58
Date Of Accident	09/02/2018 16:00
Exact Location Of Accident	51 CORONATION ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL3776U
Insured/Policyholder	
Name Of Registered Owner	LOUIS XING QUALITY SERVICE
Co Reg No	53362629C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98718122
Vehicle Particulars	
Manufacturer	NISSAN
Model	TEANA
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1735911700
Cover Note Number	
Driver	
Name of Driver	NG KIE HENG(HUANG JIXING)

NRIC No S8104769C Date Of Birth 14/02/1981 Occupation **OUTDOOR Date Of Driving Pass** 15/02/2006

**Driving Experience** 11 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98718122

Fax Number

Contact Number

**EMail Address NOEMAIL**  Address BLK 8 EMPRESS ROAD

#11-31

Postcode 260008

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - DIRECTOR

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident SIDE SWIPE
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? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name

YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE

NO

Police Station Address ROAD: 32 YISHUN ST 81, POSTCODE: 768456, COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-8522999 - **FAX NO**: 68522239

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLS REFER TO THE POLICE REPORT:T/20180209/2197

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SLT8985H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver GOH SWOON KEOW

NRIC/Passport Number S0100807B

Contact Number

Address Postcode

Insurance Company Name

### **DETAILS OF INJURED PERSON 1**

NG KIE HENG(HUANG JIXING) Name

Approximate Age

Injuries Sustain **NECK & BACK** Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

SLL3776U

YES

NO

#### Sketch Plan

#### 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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 :
  - 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:
  - 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.

LOUIS XING QUALITY SERVICE

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signatur

Name:

NRIC/FIN No.:

### Sketch Plan #2

B

SKETCH PLAN	1 1 1	100			
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DECLARATION  I/We declare the foregoing partic  IS XING  LITY SERVICE	culars are true in every	respect.		-lym	13/03/

#### Sketch Plan #3





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

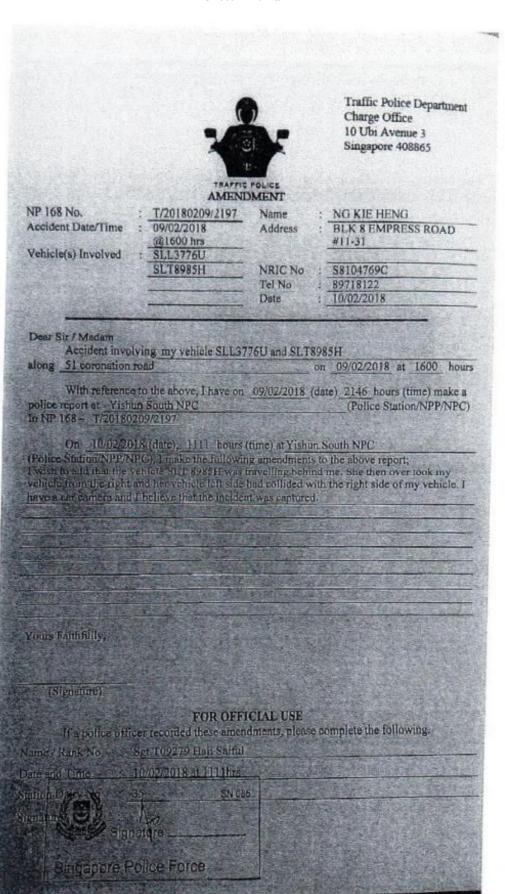
2013 Report No. T/20180209/2197

CONTINUATION OF REPORT

# Brief Details.

On 9/2/18 at about 4pm, I was driving SLL3776U traveiling along Coronation Road at 51 Coronation Road. I was driving on a straight road and it is a two way road. The vehicle SLL8985H was traveiling opposite direction and she came into my lane to avoid the slow vehicle in front of her. The vehicle did not manage to enter his lane in time and both of our vehicle side swips each other. I was given a total of 5 days Medical Certificate from KTPH,

The particulars of the vehicle are as follows: Goh Swoon Ksow, S0100807B





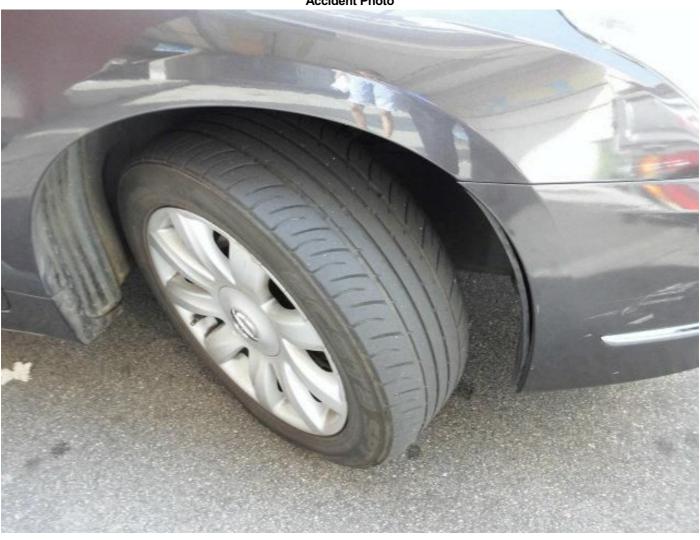








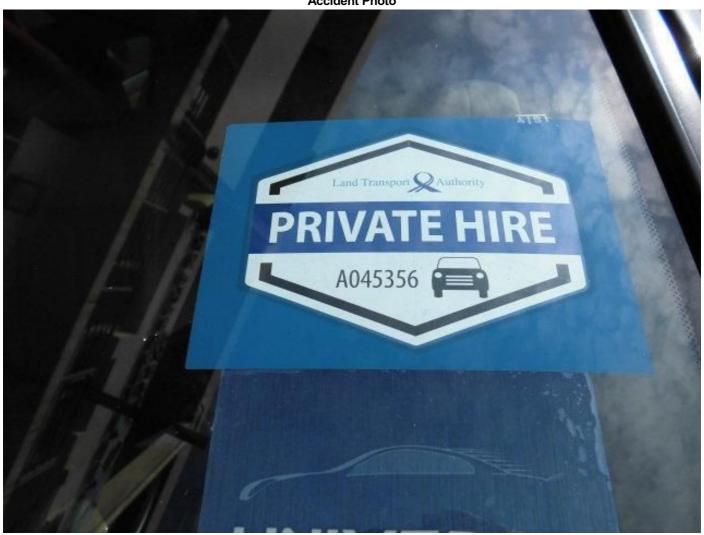




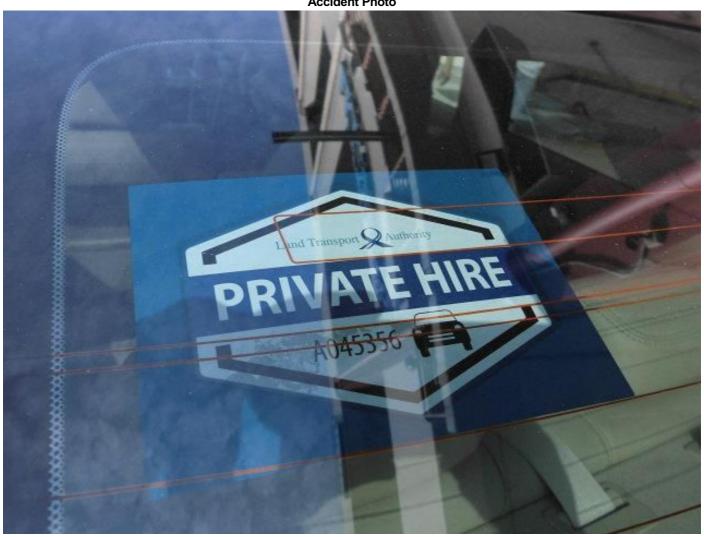




















Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

1 of 3 Report No. T/20180209/2197

	me Report I 018 21:46	Made:	Vide Report No.:	Station Diary No.	
Informa	int's Partic	ulars		College Average Constitution	
Name o	f Informant HENG		Address: APT BLK 8 EMPRESS	ROAD #11-31 SINGAPORE 260008	
	/ ID No.: O / S81047	69C	Contact No.: Home/Office:	Mobile: 89718122	
National SINGAP	ity: PORE CITIZ	EN.	Email:	110010, 00110122	
Sex: Male	Age: 36	Date of Birth: 14/02/1981	Type of Informant. Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: SELF EMPLOYED		Driving Licence Informa Class: 2B,3	ation: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/02/2018 16:00	Type of Location Straight Road	
Location: Along Road 1 CORONATIO		ij.			
Ol-se		Road Surface:		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	100000	Traffic Volume: Moderate	
	on:	(* )		Anyone conveyed by	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLL3776U	Car	NISSAN	1	Grey	Slightly Damaged	0
S£T8985H	Car			Red	Slightly Damaged	0





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

2013 Report No. T/20180209/2197

CONTINUATION OF REPORT

# Brief Details.

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The particulars of the vehicle are as follows: Goh Swoon Keow, S0100807B





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999 3 of 3 Report No. T/20180209/2197

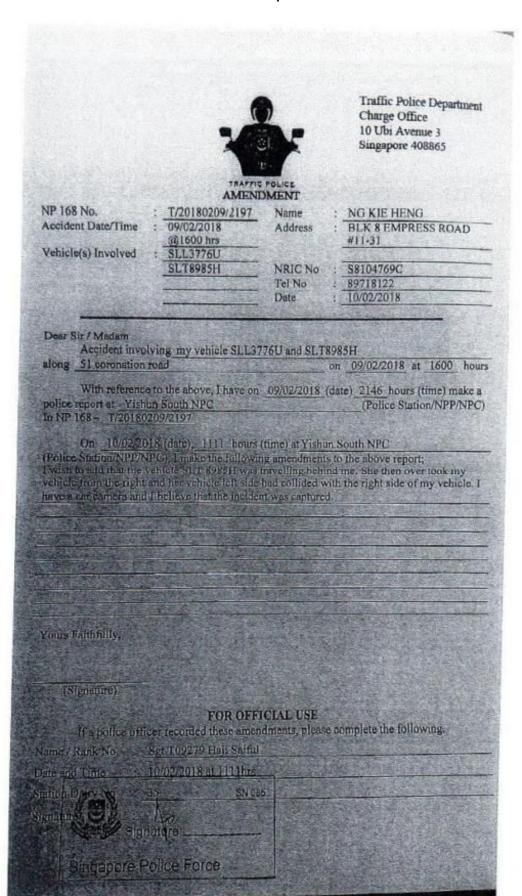
CONTINUATION OF REPORT

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 Record F / Sgt 2 WARREN TAN YU GE	MATERIAL CONTRACTOR OF THE PROPERTY OF THE PRO	Signature Of Informant:	N. Car
Signature Of Interpreter: Not applicable		Date/Time: 09/02/2018 21:46	
Officer in Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151		Classification Of Case:	1.
Authentication Stamp	Singapore G	nature: A	



### **Driving License**





