

## 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 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	05/03/2018 15:21
Date Of Accident	04/03/2018 12:10
Exact Location Of Accident	T-JUNCTION OF FLORA DRIVE AND FLORA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR2899Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG JIAK LIANG
NRIC No	S1665255E
Email Address	JLNG64@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97703551
Alternative Phone No	OFFICE-97703551

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 VTI (A)
Exact Purpose for which vehicle was being used at time of accident	FOR MARKETING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MU007494-R00
Cover Note Number	

### Driver

Name of Driver	NG JIAK LIANG
NRIC No	S1665255E
Date Of Birth	16/05/1964
Occupation	INDOOR
Date Of Driving Pass	14/07/1988
Driving Experience	29 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97703551
Fax Number	
Contact Number	OFFICE-97703551
Email Address	JLNG64@GMAIL.COM

Address	81 FLORA DRIVE #05-31
Postcode	506886
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	2

#### 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 ATTACHED STATEMENT - REPORT PURPOSE ONLY

#### 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	SHA7104M
Vehicle Make/Model/Colour	HYUNDAI / I40 / BLUE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM TING LOONG
NRIC/Passport Number	S2578995D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

# Sketch Plan Pg. 1

Vehicle No SLR 2899Z

## **SKETCH PLAN**

Annex D

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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.
- (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.

*[Signature]*

05 Mar'18 @ 12:25 pm

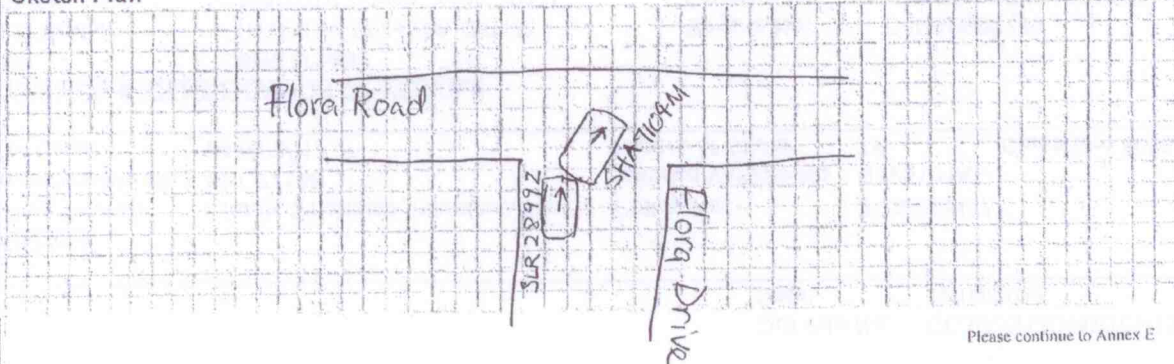
Policyholder's Signature / Date & Time

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

*[Signature]*

Witnessed by Reporting Centre Personnel

### **Sketch Plan**



Please continue to Annex E



Vehicle No SLR 2899Z

Annex E


## Describe Circumstances of the Accident

I, Ng Jiak Liang, driver of SLR2899Z stops behind vehicle SHA7104M at the T-junction of Flora Drive and Flora Road towards Flora Road. I see Flora Road has clear of cars and SHA7104M stop light off then move. I release my foot off the foot <sup>brake</sup> ~~brake~~ and my car (SLR2899Z) starts to row forward and car SHA7104M sudden brake. My car (SLR2899Z) then knock the back of vehicle SHA7104M.

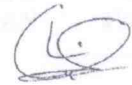
Observe minor scratches on vehicle SHA7104M back bumper. Internal of the car boot has no damage. I have taken photos of damage. The driver, LIM TING LOONG, look perfectly good, walk out of the car to take photos.

## Declaration

We declare the foregoing particulars are true in every respect.

 05 Mar '18 @ 12:25pm  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo





Accident Photo

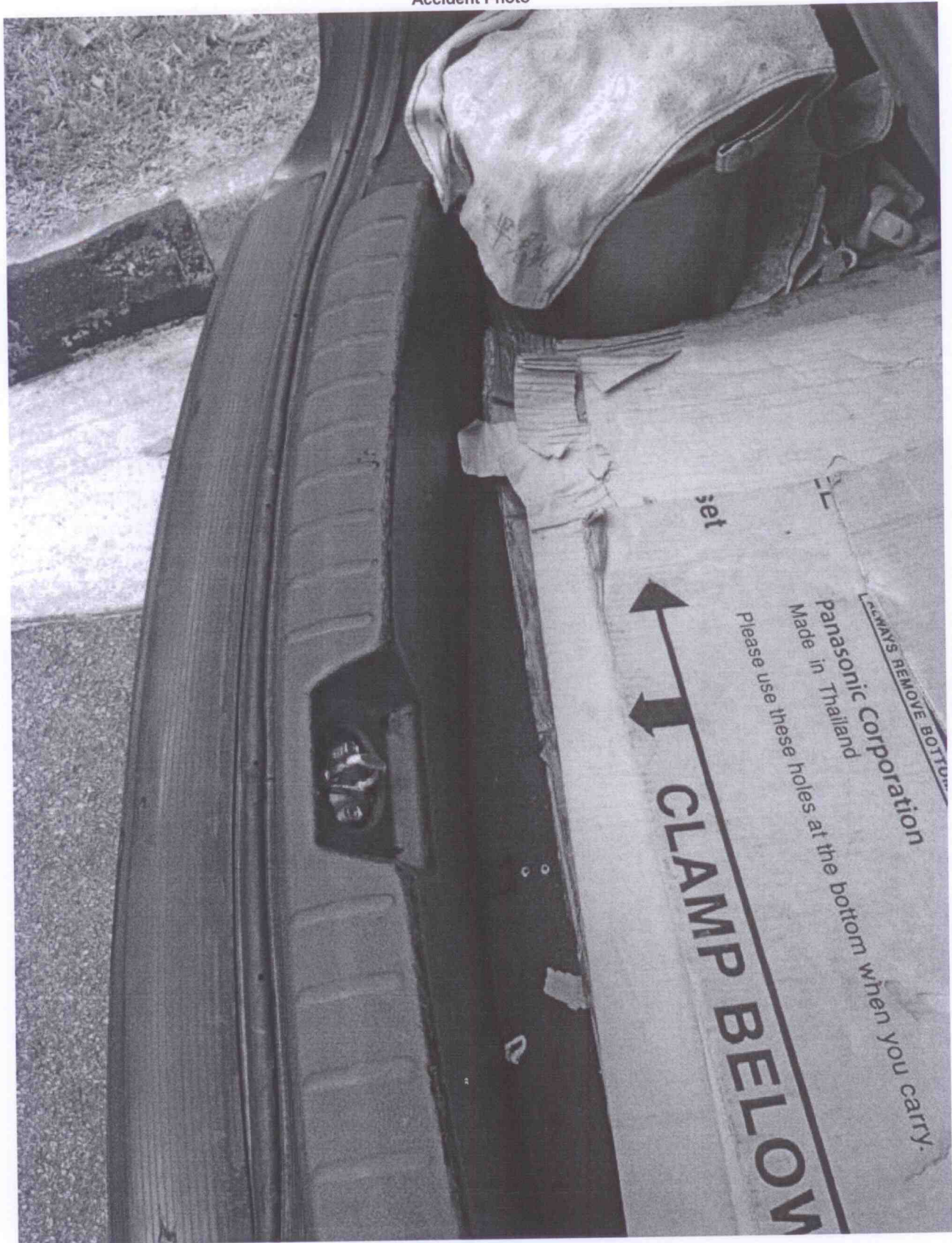


Accident Photo





Accident Photo



ecoChanges

a greener tomorrow

# Excellent



Accident Photo





# Land Transport Authority



## VOCATIONAL LICENCE

Licence No : **S2578995D**

Name : **LIM TING LOONG**

Issue Date : **5/8/2011**

**Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence**

