

## 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	12/04/2018 16:22
Date Of Accident	12/04/2018 09:15
Exact Location Of Accident	WEST COAST ROAD TOWARDS WEST COAST HIGHWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY3699P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTO ZOOM ENTERPRISE PTE LTD
Co Reg No	200805515H
Email Address	FRANCIS_NGIAM@LYCOS.COM
Mobile Phone No	(LOCAL) +65-81014919
Alternative Phone No	OFFICE-81014919

### Vehicle Particulars

Manufacturer	FORD
Model	MONDEO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5063925203-04
Cover Note Number	

### Driver

Name of Driver	NGIAM HENG YONG
NRIC No	S1598829J
Date Of Birth	16/10/1963
Occupation	INDOOR
Date Of Driving Pass	31/03/1981
Driving Experience	37 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81014919
Fax Number	
Contact Number	OTHERS-81014919
EEmail Address	FRANCIS_NGIAM@LYCOS.COM

Address	BLK 922 JURONG WEST STREET 92 #06-51
Postcode	640922
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JHQ9555 (COMMERCIAL VEHICLE)
Number of vehicles involved in the accident	4
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	<b>ROAD:</b> 20 CLEMENTI AVE 5 , <b>POSTCODE:</b> 129858 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180412/2034

#### 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	SKE3162P
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)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number JHQ9555  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SFB996U  
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

### SKETCH PLAN


#### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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: 12/04/18  
(140210)

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

# Sketch Plan #2

SKETCH PLAN ALONG WEST COAST RD TOWARDS WEST COAST HIGHWAY



- A) SJY 3699P
- B) SKE 3162P
- C) JHQ 9555
- D) SFB 996U

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS REFER TO Police Report  
7/20180412/2034

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time: 01/04/18

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 01/04/18  
1400 HRS

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



### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180412/2034

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

1 of 3  
Report No. T/20180412/2034

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2018 11:09		Vide Report No.: D/20180412/0034		Station Diary No.: 66	
<b>Informant's Particulars</b>					
Name of Informant: NGIAM HENG YONG			Address: APT BLK 922 JURONG WEST STREET 92 #06-51 SINGAPORE 640922		
ID Type / ID No.: NRIC NO / S1598829J			Contact No.: Home/Office: Mobile: 81014919		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 16/10/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CAR SALES ASSISTANT			Driving Licence Information: Class: 3		Date of Expiry:

#### General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/04/2018 09:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 WEST COAST ROAD WEST COAST HIGHWAY Along West Coast Road towards West Coast Highway				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Chain Collision			Anyone conveyed by ambulance: No	

#### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JHQ9555	Pickup Van				Seriously Damaged	0
SFB996U	Car				Slightly Damaged	0
SJY3699P	Car	FORD	Mondeo	Black	Slightly Damaged	0
SKE3162P	Car				Slightly Damaged	2



**SINGAPORE  
POLICE FORCE**



T/20180412/2034

Police Station Of Origin:  
Clementi N.P.C

2 of 3

20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20180412/2034

**CONTINUATION OF REPORT**

**Brief Details.**

On 12/04/2018 at 0915hrs. I was driving my black car model Ford Mondeo with registration number SJY3699P along West Coast Road. It was a two lane road and heading towards West Coast Highway. I was on the 1st lane and going straight. The traffic light has turned red and the vehicle in front of me with registration number SFB996U had stopped. I was the second car and came to a complete stop. The other vehicle behind me was a car with registration number SKE3162P had stopped too. There was a Malaysian car with registration number JHQ9555 did not manage to stop in time and hit onto the vehicle in front causing a chain collision.

There were damages on my vehicle. I do not have any in-vehicle camera in my car. However, the other vehicle has in-vehicle cameras. My rear right light plastic cover had come off and also damages to the bumper. My front bonnet is slightly damage and dented up.

I do not sustain any injuries. Traffic police had attended to the scene and advised to lodged a traffic accident report.

Sketch Plan #5



SINGAPORE  
POLICE FORCE



T/20180412/2034

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

3 of 3

Report No. T/20180412/2034

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 Recording The Report:

D /

Sgt 3 NURASHAH BINTE OSMAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/04/2018 11:09

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LIM HONG LEE

Contact No.: 65476438

Classification Of Case:

Authentication Stamp

NP168



SN 37

SIGNATURE



Accident Photo



Accident Photo



Accident Photo





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