

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	19/04/2018 17:35
Date Of Accident	19/04/2018 08:15
Exact Location Of Accident	ALONG KENT RIDGE CRESCENT TOWARDS CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA5100P
Insured/Policyholder	
Name Of Registered Owner	NG LEE CHONG (HUANG LICHONG)
NRIC No	S7903603Z
Email Address	LCNGS@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97597010
Alternative Phone No	OTHERS-97597010

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	8VPCP1776490

Driver

Name of Driver	NG LEE CHONG (HUANG LICHONG)
NRIC No	S7903603Z
Date Of Birth	31/01/1979
Occupation	INDOOR
Date Of Driving Pass	22/03/2005
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97597010
Fax Number	
Contact Number	OTHERS-97597010
EEmail Address	LCNGS@YAHOO.COM.SG

Address	BLK 12C MARSILING LANE #29-77
Postcode	733012
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	COLLIDED INTO PEDESTRIAN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	YES
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	DOVER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 3 DOVER ROAD , POSTCODE: 130003 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7788999 - FAX NO: 67762859
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180419/2033

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	RAJESWARI BROWN
NRIC/Passport Number	S0018228A
Contact Number	86882744
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	RAJESWARI BROWN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:

14/04/2018

1455 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

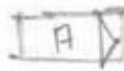
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

KARIT RIDGE CRUSCHIN, CLEMATI ROAD

A) SLA5100P



PEDESTRIAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

QUS REFER TO POLICE REPORT
1/20180419/2033

DECLARATION

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

Policyholder's Signature

Date & Time:

19/04/2018

1405 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

19/04/2018

Handwritten signature

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180419/2033

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

1 of 3

Report No. T/20180419/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/04/2018 12:16	Vide Report No.:	Station Diary No.: 7
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Informant's Particulars

Name of Informant: NG LEE CHONG	Address: APT BLK 12C MARSILING LANE #29-77 SINGAPORE 733012		
ID Type / ID No.: NRIC NO / S7903603Z	Contact No.: Home/Office: Mobile: 97597010		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 39	Date of Birth: 31/01/1979	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Sales executive	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 19/04/2018 08:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 KENT RIDGE CRESCENT CLEMENTI ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA5100P	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	Red	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA5100P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	8VPCP1776490	02/03/2018	01/03/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180419/2033

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

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Report No. T/20180419/2033

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG LEE CHONG	ID No.	S7903603Z
Related Vehicle	SLA5100P (Car)	Contact No.	97597010
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Name			
	Rajeswari Brown	ID No.	S0018228A
Related Vehicle	NIL	Contact No.	86882744
Hospital/Clinic	NUH	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/04/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 19/04/2018 at about 0815hrs after I dropped my wife at near to AS8 building drop off area at Kent Ridge Crescent I checked my right side on coming vehicle and it cleared hence I move off. When I pick up the speed to move off, suddenly I saw a lady crossing the road and I immediately applied braked however it still hit onto the female pedestrian. I went to check on her and she sustained some bruises and blood at the elbow and I quickly sent her to NUH for treatment. She also told me that she felt uncomfortable at her neck area. I had inbuilt CCTV camera footage when the incident happened.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180419/2033

3 of 3

Police Station Of Origin:

Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

Report No. T/20180419/2033

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 2 LIAN YONG MING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325

Signature Of Informant:

Date/Time:

19/04/2018 12:16

Classification Of Case:

Authentication Stamp

NP168



SH 51

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

