

MTC418062259 / TC AutoClinic Pte Ltd - Lok Yang
 ENTRY DATE & TIME: 14/05/2018 11:48
 SUBMITTED BY: Ho Yue Meng

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	14/05/2018 11:48
Date Of Accident	12/05/2018 17:00
Exact Location Of Accident	625A SENJA ROAD MSCP DECK 3A LOT 290
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY7966S
Insured/Policyholder	
Name Of Registered Owner	NG YEN NI
NRIC No	S7133912B
Email Address	JENNYNGYN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96770668
Alternative Phone No	Office-96770668

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI+2-2.0 J10 (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?	YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO

Policy Number	2100352154-04
Cover Note Number	
Driver	
Name of Driver	NG BEE YEAN
NRIC No	S6821653B
Date Of Birth	06/06/1968
Occupation	INDOOR
Date Of Driving Pass	07/06/1995
Driving Experience	22 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97422150
Fax Number	
Contact Number	
E-Mail Address	JENNYNGYN@YAHOO.COM.SG
Address	BLK 926, JURONG WEST STREET 92, #09-135
Postcode	640926
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -
General Information of the Accident	
Type Of Accident	FIRE, EXPLOSION OR LIGHTNING
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?	NO
Was any other material or property damaged?	NO

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 ANYANG N.P.C

Police Station Address **ROAD:** 2 JURONG WEST AVE 5 , **POSTCODE:** 649482 , **COUNTRY:** SINGAPORE

Police Station Contact **TEL NO:** 1800-7929999 - **FAX NO:**

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

Sketch Plan

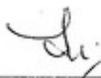
SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 lodging of this report to the insurers, you hereby consent to the archiving of the report at the centre and to copies of the report being made available there and
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 processed 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:

TC AutoCentre Pte Ltd
1 SUNN LOK YONG ROAD
SINGAPORE 638096
TEL: 6292 2212
FAX: 6292 2482

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

STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of events and facts which will speed up the settlement of claims.

1 Date of accident: 12/05/2018, Time: 1700, 2 Exact location of accident: 625A SENJA ROAD MULTI STOREY DECK 3A LOT 290, 3 Injuries even if slight: No Yes

4 Material damage: To vehicles other than vehicles A and B: No Yes ; To objects other than vehicle: No Yes ; 5 Witness' name, address and tel no. (to be used should they be present except in vehicle A or vehicle B):

Registration No. (VEHICLE A): SJY79668

6 Insured / policyholder (see insurance cert.): NG YEN NI (capital letters)

Name: NG YEN NI

Address: BLK 926 JURONG WEST ST 92 #07-135 S (690926)

NRIC / Passport no.: S7133912 B

Tel no. (from 9am till 5pm): 96770668

7 Vehicle: Make, type: NISSAN; CRASHPLAN 2-DOOR HT ABS D/AO; Insurance company: SE FEAT; Policy No. (if available): 2100352154-04

8 Does the policy cover damage to vehicle A? No Yes

9 Driver (See driving licence) (if different from insured A above): NG BEE YEAN (capital letters); NRIC / Passport no.: 36821653 B; Class of licence: 3

12 CIRCUMSTANCES

1 parked / stopped (at the roadside)

2 leaving a parking space / opening the door (at the roadside)

3 entering a parking space (at the roadside)

4 emerging from a car park, from private grounds, from a minor road

5 entering a car park, private grounds, a minor road

6 entering a roundabout or similar traffic system

7 circulating in a roundabout or similar traffic system

8 striking the rear of the other vehicle whilst going in the same direction and in the same lane

9 going in the same direction but different lane

10 changing lanes

11 overtaking

12 turning to the right, making a U-turn (official U-turn)

13 turning to the left

14 reversing

15 encroaching in the opposite traffic lane

16 coming from the right (at road junctions)

17 not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B)

6 Insured / policyholder (see insurance cert.)

Name: (capital letters)

Address:

NRIC / Passport no.:

Tel no. (from 9am till 5pm):

7 Vehicle: Make, type:

8 Insurance company:

9 Does the policy cover damage to vehicle B? No Yes

10 Policy No. (if available):

11 Driver (See driving licence) (if different from insured B above):

Name: (capital letters)

NRIC / Passport no.:

Class of licence:

10 Indicate the point of initial impact with an arrow (->)

11 Visible damage to vehicle A

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the line of impact - 4. the road signs - 5. names of the streets or roads

Alternatively, please make reference to one of the sketches on page 4:

10 Indicate the point of initial impact with an arrow (->)

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

14 My remarks

In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf ->

Individual Statement

STATE POLICE (FOR USE BY INSURANCE COMPANIES)
 To be completed and submitted within 24 hours to your insurer or to an appointed workshop (Use a separate sheet of paper where necessary)

Insured: _____
 1 Description (if more than one, state all) _____
 2 Vehicle registration no. 2JY 79662 If commercial vehicle, state primary/secondary capacity _____
 3 Is driver the owner? Yes No If no, state the vehicle number and name of person at the time of accident (in full)

Of which vehicle are you the owner?
 A _____
 B _____

4 Exact purpose for which vehicle was being used at time of accident: Private use Commercial use Hire/leased
 Others, please specify _____

5 Is the vehicle still in use? Yes No If no, state where it is at present _____

6 Are you claiming under your own insurance policy for repair to your vehicle? Yes
 If no, state action to be taken _____

7 Date of birth: 06/06/1968 Occupation: INDOOR Years of driving experience: 07 JUN 1995
 Was vehicle driven with the insured's permission? Yes No Was driver an employee of the insured's company? Yes No

8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____

9 Full details of all driving convictions including pending proceedings in the last 10 months:

Date	Offence	Penalty

10 Name(s), address(es) and approximate age(s) _____ Injuries sustained _____
 If vehicle occupants, state in which vehicle _____
 Were seat belts being worn? Yes No Was injured conveyed to hospital by ambulance? Yes No

11 Name(s) and address(es) of owner(s) _____ Vehicle registration no. or details of property _____
 Nature of damage _____ Insurer's name and address (if known) _____

12 Was the accident reported to the Police? Yes No
 If yes, please state which Police station _____

13 Was notice of intended prosecution given? Yes No
 If yes, against whom? _____

14 Weather conditions: Clear Raining Others
 15 Road surface: Wet Dry Others
 16 Speed of vehicles: A km/hr B km/hr

17 What warnings were given by driver or other party? _____
 18 Were street lights illuminated? Yes No
 19 What lights were displayed on your vehicle/the other vehicle(s)? _____
 20 If your vehicle is commercial, state weight of load carried at time of accident _____
 21 State how accident happened, width of roads, speed limits, etc (use separate sheet of paper where necessary) _____

Declaration
 I/We declare the foregoing particulars are true in every respect
 Policyholder's signature: _____ Date: _____
 Driver's signature (if driver is not the policyholder): _____ Date: _____



**SINGAPORE
POLICE FORCE**



J/20180513/2039

1 of 2

POLICE REPORT (NP299)

Report No. J/20180513/2039

Police Station Of Origin
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Date/Time Report Made 13/05/2018 12:54	Vide Report No. J/20180512/0196	Station Diary No. 21	
Name Of Informant NG BEE YEAN	Address APT BLK 926 JURONG WEST STREET 92 #09-135 SINGAPORE 640926		
ID Type / ID No. NRIC NO / S6821653B	Contact No. Home/Office	Mobile 97422150	
Nationality SINGAPORE CITIZEN	Email Address		
Occupation COUNTER SERVICE RECEPTION	Sex Female	Age 49	Date of Birth 06/06/1968
Institution/School Name	Race Chinese		
Date/Time Of Incident 12/05/2018 17:00	Language English		
	Location Of Incident 625A SENJA ROAD MULTI STOREY CAR PARK SINGAPORE 671625 Deck 3A, Lot 290		

Brief details.

On 12/05/2018 at about 1700hrs, I parked my sister's car, (beige Nissan), registration plate number SJY7966S, at the Multi storey carpark at Blk 625A Senja Road, Deck 3A lot 290. After I parked the car, I smelt some burning smell coming from the front part of the car. I alighted and opened the bonnet and there was a lot of white smoke coming out from the engine compartment. I waited for about 5 minutes for the smoke to stop, however the engine compartment started to catch fire. There was a passerby who

Signature Of Officer Recording The Report: J / Staff Sgt YEO CHANG LONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/05/2018 12:54
Officer In-Charge Of Case: J / Jurong Police Divisional HQ / Insp TAN BAO JUN, PEGGY Contact No.: 67910000	Classification Of Case:

Authentication Stamp





SINGAPORE POLICE FORCE



J/20180513/2039

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180513/2039

assisted to call for fire engine and Police while I called for my brother in law to bring fire extinguisher. There was also another passerby who assisted to open a nearby water hose and tried to put out the fire however to no avail. Subsequently, my brother in law came with a fire extinguisher and managed to scale down the fire. The Civil Defense then arrived and took over to put out the fire. The Civil Defense also used dry powder to put out the fire.

I wish to state that no one was injured in the incident. No other cars were affected. I am lodging this report for insurance claim purpose. Before I parked at Blk 625A Senja Road, I drove the car from Jurong West St 92, open space carpark.

Signature Of Officer Recording The Report: J / Staff Sgt YEO CHANG LONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/05/2018 12:54
Officer In-Charge Of Case: J / Jurong Police Divisional HQ / Insp TAN BAO JUN, PEGGY Contact No.: 67910000	Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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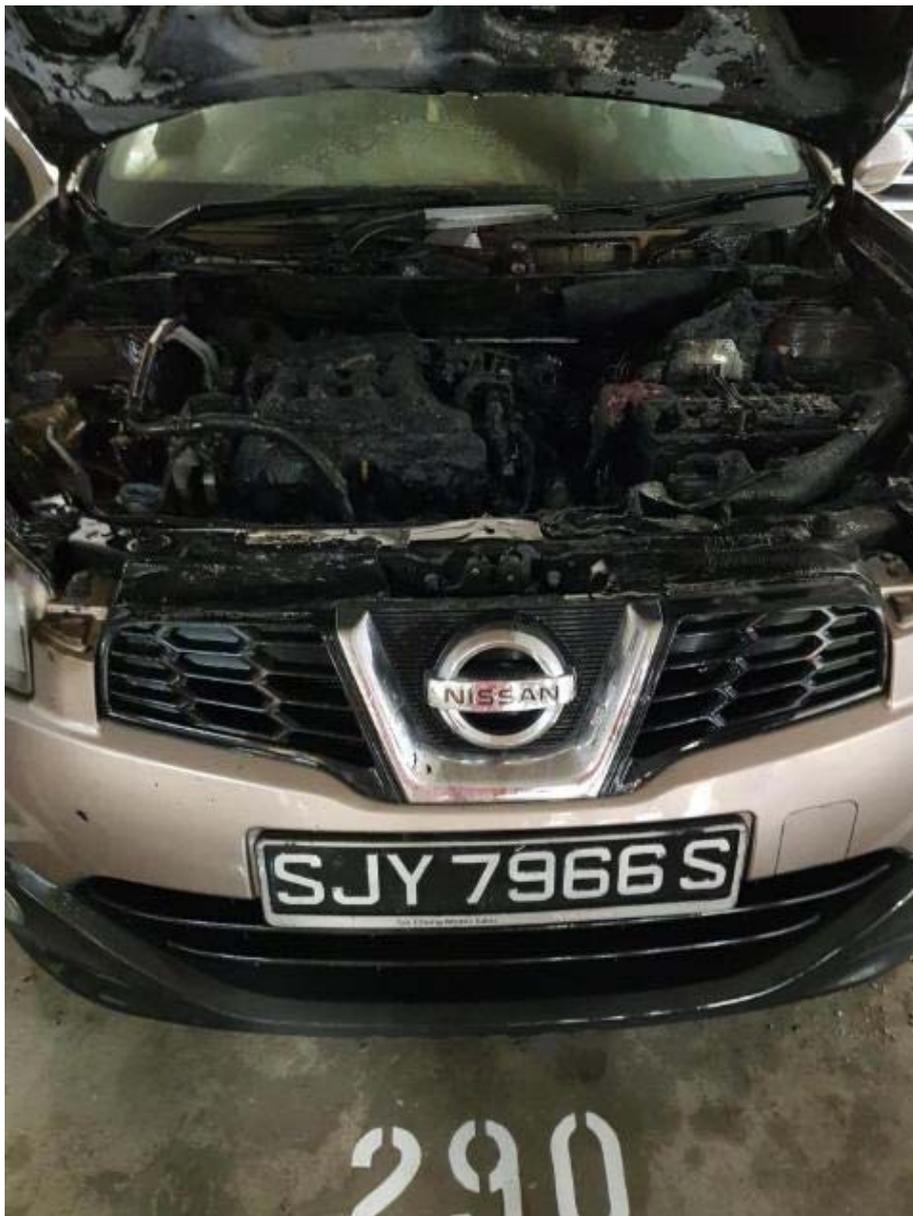
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