

## 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	24/05/2018 15:38
Date Of Accident	23/05/2018 10:10
Exact Location Of Accident	PEOPLE'S PARK COMPLEX CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP6766U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG LUNG KHENG
NRIC No	S1552364F
Email Address	DONALDNG7985@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97537955
Alternative Phone No	OFFICE-97537955

### Vehicle Particulars

Manufacturer	LEXUS
Model	ES300H-2.5 EXECUTIVE (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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M0007593
Cover Note Number	

### Driver

Name of Driver	NG LUNG KHENG
NRIC No	S1552364F
Date Of Birth	19/06/1962
Occupation	INDOOR
Date Of Driving Pass	03/08/1982
Driving Experience	35 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97537955
Fax Number	
Contact Number	OFFICE-97537955
Email Address	DONALDNG7985@GMAIL.COM

Address	26 JALAN LEMPENG #01-08
Postcode	128805
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CLEMENTI N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ATTACHED POLICE REPORT NO. T/20180524/2046

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR8075Y
Vehicle Make/Model/Colour	RED MITSUBISHI OUTLANDER
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)	



MX1  
70000123  
Cov. Type: CO

**CERTIFICATE OF INSURANCE**

\* MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) \* MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 \* ROAD TRANSPORT ACT, 1987 (MALAYSIA) \* MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

- CERTIFICATE No.** M0007593
1. Index Mark and Registration Number of Vehicle SKP6766U
  2. Name of Policyholder Ng Lung Kheng
  3. Effective Date of Commencement of Insurance for the purposes of the Act 13/06/2017  
 Excess: Named Drivers S\$800  
 Excess: Unnamed Drivers S\$1,300
  4. Date of Expiry of Insurance 21/07/2018
  5. Persons or Classes of Persons entitled to drive  
 (A) THE POLICYHOLDER.  
 THE POLICYHOLDER MAY ALSO DRIVE A MOTOR CAR NOT BELONGING TO HIM OR HIRED (UNDER A HIRE PURCHASE AGREEMENT OR OTHERWISE) TO HIM OR HIS EMPLOYER OR HIS PARTNER.  
 (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.  
 Ng Lung Kheng  
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.
  6. Limitations as to Use  
 USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.  
 THE POLICY DOES NOT COVER:  
 ( i ) USE FOR HIRE OR REWARD.  
 ( ii ) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.  
 ( iii ) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.  
 ( iv ) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these bindings.

**Policy Owner's Protection Scheme**

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

I/WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

For and on behalf of Etiqa Insurance Pte. Ltd.  
Approved Insurer

Authorised Signature

GOP93167 08/01/2018 15:58:21





INTERVIEW FORM

Name (Driver) : Ng Lung Kheng  
 Policy No : M0007593  
 Vehicle No : SKP 67664  
 Place of Accident : Peoples Park Complex MSCP

Insured Driver's relationship with Insured : \_\_\_\_\_

Drink Driving of Insured and/or Insured Driver : NIL

No of passenger(s) in Insured vehicle : NIL

Injury to Insured and/or Insured driver, please indicate which hospital:

NO

Third Party Vehicle No (if any) : SKR 8705Y

No of passenger(s) in Third Party Vehicle : \_\_\_\_\_

Injury to Third Party driver and/or passenger(s), please indicate which hospital:

NO

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:

Bumper to Bumper

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):

In Car Camera

Traffic Police report (enclosed) ☒ Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Ng Lung Kheng

Driver (Name & Signature) / Date

I, affirmed the above information is given to my best knowledge

Nicholas Tan Tan 24/05/2018

Attended by (Name & Signature) / Date

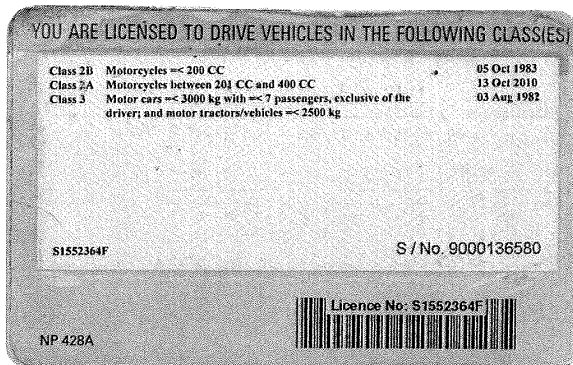
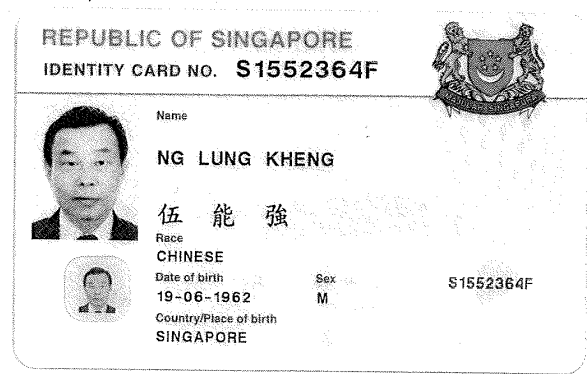
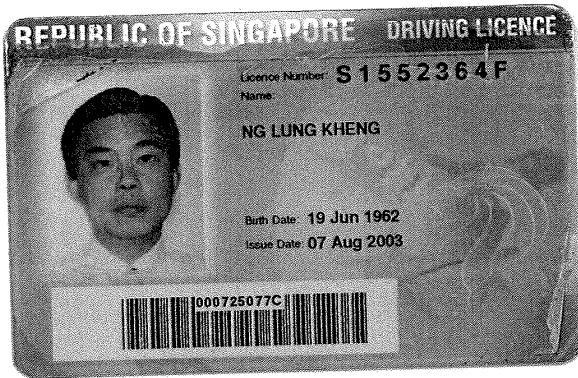
Workshop Name: Specialist Motors Pte Ltd

Etiqa Insurance Pte Ltd  
 One Raffles Quay  
 #22-01 North Tower  
 Singapore 048583

T +65 63360477  
 F +65 63392109

www.etiqa.com.sg  
 Company Reg. No. 201331905R

A Member of Maybank Group





**SINGAPORE  
POLICE FORCE**



T/20180524/2046

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

1 of 3

Report No. T/20180524/2046

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/05/2018 10:52		Vide Report No.:		Station Diary No.: 27	
<b>Informant's Particulars</b>					
Name of Informant: NG LUNG KHENG			Address: 26 JALAN LEMPENG #01-08 SINGAPORE 128805		
ID Type / ID No.: NRIC NO / S1552364F			Contact No.: Home/Office: Mobile: 97537955		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 19/06/1962	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Retail/Shop sales manager			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/05/2018 10:10	Type of Location: Car Park
Location: Along Road 1 PARK ROAD  MSCP OF PEOPLE PARK COMPLEX				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKP6766U	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180524/2046

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

2 of 3

Report No. T/20180524/2046

## CONTINUATION OF REPORT

Vehicle Owner			
Name	NG LUNG KHENG	ID No.	S1552364F
Related Vehicle	SKP6766U (Car)	Contact No.	97537955
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### **Brief Details.**

On 23/05/2018 at about 1000hrs, I parked my car at the MSCP of People's Park Complex.

On the same day at about 1030hrs, I came back to my car and drove off.

When I reached my workplace, I discovered a dent on right front side of my car. I then viewed my In Car camera and discovered that a red Mitsubishi Outlander had hit my car at People's park complex. My in car camera managed to capture the car plate number is SKR8705. I have a copy of the recording.

Accident Sketch Plan Pg. 1



SINGAPORE  
POLICE FORCE



T/20180524/2046

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

3 of 3

Report No.: T/20180524/2046

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 MUHAMMAD SYAHMI BIN SENIN

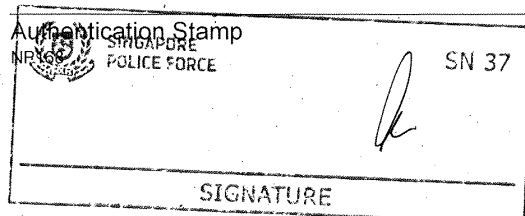
Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
24/05/2018 10:52

Officer In Charge Of Case:  
TP / HRT /  
SI KALESWARI PALANI  
Contact No.: 65476902

Classification Of Case:



## Accident Sketch Plan Pg. 1

### 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.

 24/05/18

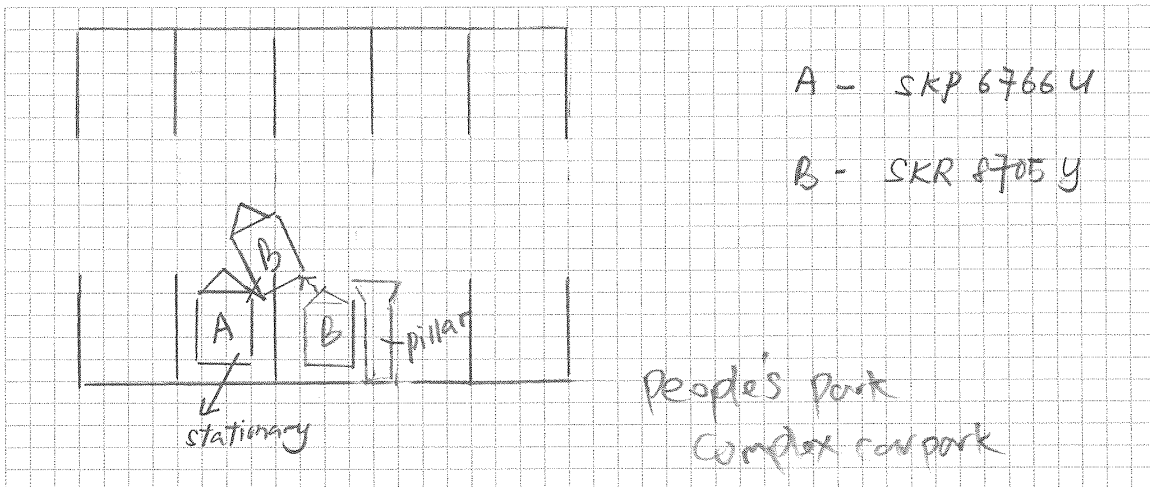
Policyholder's Signature  
Date & Time:

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



Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.: 59743392E

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached police report no. T/20180524/2086

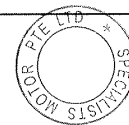
DECLARATION

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

*Omalel 24/5/2018*

Policyholder's Signature  
Date & Time:

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



*Ten*  
Reporting Centre Personnel's Signature  
Name: *Nicholas Ten Yi Yoo*  
NRIC/FIN No.: *S1745342E*

Accident Photo



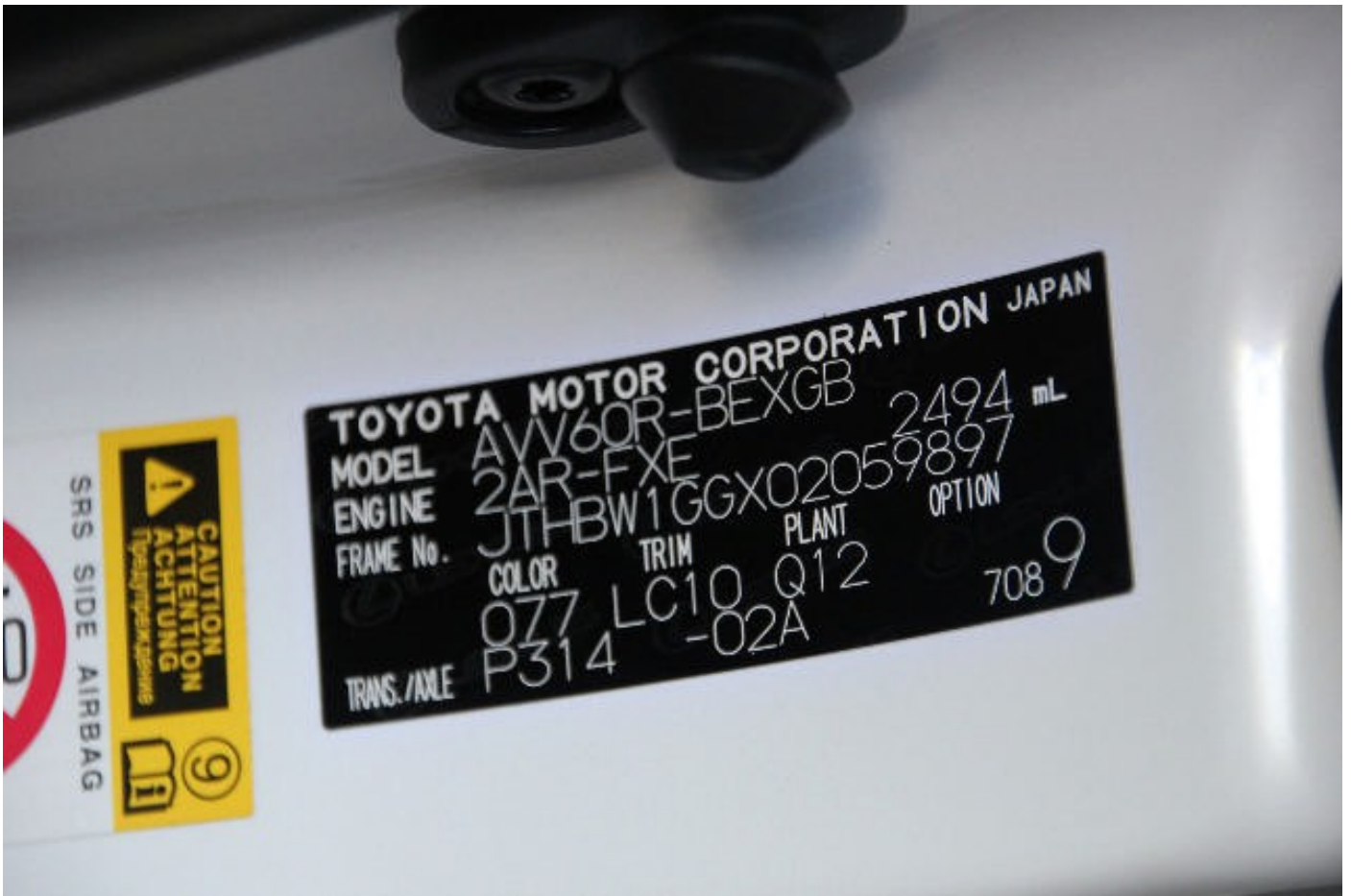
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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