

## 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	29/06/2018 14:20
Date Of Accident	28/06/2018 16:30
Exact Location Of Accident	ALONG P.I.E TO CHANGI AIRPORT NEARBY EXIT 13
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ2031S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG CHAN GUAN
NRIC No	S7042201H
Email Address	NCG88@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96956170
Alternative Phone No	OTHERS-96956170

### Vehicle Particulars

Manufacturer	BMW
Model	530I M SPORT
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	HL ASSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MP306272
Cover Note Number	

### Driver

Name of Driver	NG CHAN GUAN
NRIC No	S7042201H
Date Of Birth	01/12/1970
Occupation	INDOOR
Date Of Driving Pass	12/03/1993
Driving Experience	25 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96956170
Fax Number	
Contact Number	OTHERS-96956170
Email Address	NCG88@YAHOO.COM

Address	27 PASIR RIS STREET 72
Postcode	
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 ON COLLISION
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)	3
Passenger 1	NAME: : ONBOARD PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : ONBOARD PASSENGER GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	KAMPONG GLAM NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER ATTACHED

#### 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	SHB7629K
Vehicle Make/Model/Colour	CHEVROLET TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	HAN YEE JUAN
NRIC/Passport Number	S0188801C
Contact Number	96367349
Address	BLK 206A COMPASSVALE LANE #08-69

Postcode	541206
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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:

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

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



**SINGAPORE  
POLICE FORCE**



T/20180628/2155

Police Station Of Origin:  
Kampong Glam NPP  
17A Beach Road SINGAPORE 199596  
Tel No: 1800-2989999

1 of 4

Report No. T/20180628/2155

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/06/2018 17:54		Vide Report No.:		Station Diary No.: 38	
<b>Informant's Particulars</b>					
Name of Informant: NG CHAN GUAN			Address: 27 PASIR RIS STREET 72 #13-16 SINGAPORE 518767		
ID Type / ID No.: NRIC NO / S7042201H			Contact No.: Home/Office: Mobile: 96956170		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 01/12/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Building architect			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/06/2018 16:30	Type of Location: Express Way
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE towards Changi, Nearing Exit 13				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB7629K	Car	CHEVROLET		Red	Slightly Damaged	1
SJZ2031S	Car	BMW	530I	White	Slightly Damaged	2

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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T/20180628/2155

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Kampong Glam NPP  
17A Beach Road SINGAPORE 199596  
Tel No: 1800-2989999

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Report No. T/20180628/2155

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	HAN YEE JUAN		ID No. S0188801C
Related Vehicle	SHB7629K (Car)		Contact No. 96367349
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
<b>Driver</b>			
Name	NG CHAN GUAN		ID No. S7042201H
Related Vehicle	SJZ2031S (Car)		Contact No. 96956170
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 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 28/06/2018, at about 1630hrs, while I was driving my vehicle (SJZ 2031 S) along PIE towards Changi, together with two other passengers.

While I was nearing to Exit 13 along PIE, travelling along either Lane 2 or Lane 3, as I am going to exit Sims Ave which is still far away. Later on, I felt an impact from the rear of my vehicle. I then take a look at the right side view mirror, and spotted a vehicle (SHB 7629 K) already appearing rather large in the reflection. I then tried to drive towards the road shoulder, however, I felt that my vehicle has loose it's strength, however, I manage to stop my vehicle on the Road Should together with the said vehicle (SHB 7629 K).

I then make a check on the driver of the said vehicle (SHB 7629 K), and he informed that he was not injured, I also noticed that he has a passenger in his vehicle (Front Passenger seat). I also make a check on my passengers, and they both informed that they are alright. I then make a check on my vehicle (SJZ 2031 S), and discovered that there a substantial damage on the rear bumper including multiple scratches, Dents, and suspected that the reversing sensors and the rear view reversing camera was damaged. I then make a check on the said vehicle (SHB 7629 K), and discovered that the Front bumper was damage with Dents and multiple scratches, and also the car plate was slightly dislodged.

I then exchanged particulars with the driver of the said vehicle (SHB 7629 K), and I proceeded on to lodge a Police report regarding this matter.



**SINGAPORE  
POLICE FORCE**



T/20180628/2155

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Kampong Glam NPP  
17A Beach Road SINGAPORE 199596  
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Report No. T/20180628/2155

CONTINUATION OF REPORT



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T/20180628/2155

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4 of 4

Report No. T/20180628/2155

**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: A / Sgt 2 TAN ZHI KAI, BRANDAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: . 28/06/2018 17:54
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168	SH 101



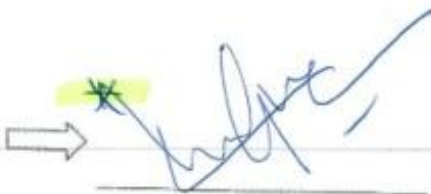
## Authorization To Act

I, Ng Chen Guan ("the third party claimant") of  
27, Pasir Ris St-72, #13-16, S (518 767)  
 (address), owner of SJZ 2031 S (vehicle no.) hereby  
 authorize TTS Eurocars Pte Ltd  
 ("the workshop") to act for me with respect to my claim for repair  
 costs and/or rental and/or loss of use ("claim") for my vehicle  
 no. SJZ 2031 S that was damaged pursuant to the accident which  
 occurred on 28/6/2018 (date) along P.T.E. Road Changi  
Airport Nearby Exit 13 (location) involving  
 vehicle no/s SHB 7629 K  
 ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that  
 they deem fit and the workshop is further authorized to receive payment further to  
 settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on  
 a without prejudice and without admission of liability basis in so far as the  
 driver/owner/insurers of the other vehicle/s is concerned.

Dated this 29 day of June (month) 20 2018 (year)



Signed by "the third party claimant"



Signed by "the workshop"

**SJZ 2031 S - LETTER OF AUTHORISATION**

**Letter of Authorisation & Indemnity**

SJZ SHB  
Accident Involving Vehicle no. 2031 S and 7629K On 28/6/2018  
At Along P.T.E Tual Chang, Airport Nearby Exit 13

1. I/We, the owner of vehicle no. 2031 S hereby instruct and authorize TTS Eurocars Pte Ltd ("the workshop") to commence repairs to the said vehicle. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$\_\_\_\_\_ being refundable deposit of the repair to my/our said vehicle.
2. You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in court in my/our name against the third party.
3. You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit.
4. Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the amount of their professional costs and disbursement for acting for me/us and to receive payment of the balance of the settlement sum on my/our behalf directly into your account. In the event that my/our claim or legal costs of the third party as well as the professional costs and disbursements of my/our solicitors notwithstanding that my/our solicitors were appointed by you on our behalf.
5. I/we also hereby instruct and authorise you deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
6. In the event that I/we am/are required to attend at my/our solicitors office or to attend court in connection with my/our claim, I/we shall render full co-operation.
7. In the event that my/our claim against the third party and/or his insurers is not successful or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party, I/we authorise you to revert the claim against my/our own insurers for the cost of repairs and any other losses recoverable under my/our policy of insurance. In this respect, I/we understand and accept that the excess amount applicable under policy of insurance shall be borne by me/us.
8. If for whatever reasons, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behalf or to pay you the difference in amount, as the case may be.
9. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.

Dated this 29 day of June 2018

Signature of vehicle owner

Name - Ng Chan Guan

IC No: S704 2201 W

(Company stamp, if applicable)

Address: 27, Pasir Ris

St. 72 # 13-16, S (S18 767)

Tel: 96956170

Witnessed by





## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Form X1

CERTIFICATE NUMBER : MP306272

Type of Coverage	: Comprehensive	Own Damage Excess	: SGD750.00
Sum Insured	: Market Value	Windscreen Excess	: SGD100.00

- |  |                   |
|--|-------------------|
| 1. Index Mark and Registration Number of Vehicle                               | SJZ2031S          |
| Chassis Number of Vehicle  | WBAJA52010WA34585 |
| 2. Name of Policyholder  | NG, CHAN GUAN     |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 29 Sep 2017       |
| 4. Date of Expiry of Insurance   | 28 Sep 2018       |
| 5. Persons or Classes of Persons entitled to drive*                            |                   |
| 01. NG, CHAN GUAN  | 02. N/A           |
| 03. N/A  | 04. N/A           |
| 05. N/A  | 06. N/A           |

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

\*Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation 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 or profession. The Policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods (other than samples) in connection with any trade or business or 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 headings.

Please note that the Own Damage Excess will be halved if claims related repairs are done at HL Assurance Approved Workshops listed in the attached.

This Certificate is not transferable to a new owner of the Motor Vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to HL Assurance Pte. Ltd. Within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

Hire Purchase Company : TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

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) or any Amendment, Act or Acts passed in substitution thereof.

HL ASSURANCE PTE. LTD.

Authorized Signature



Issue on: 28 Sep 2017

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7042201H**  
Name: **NG CHAN GUAN**

Birth Date: 01 Dec 1970  
Issue Date: 07 Apr 2003

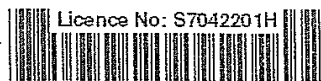
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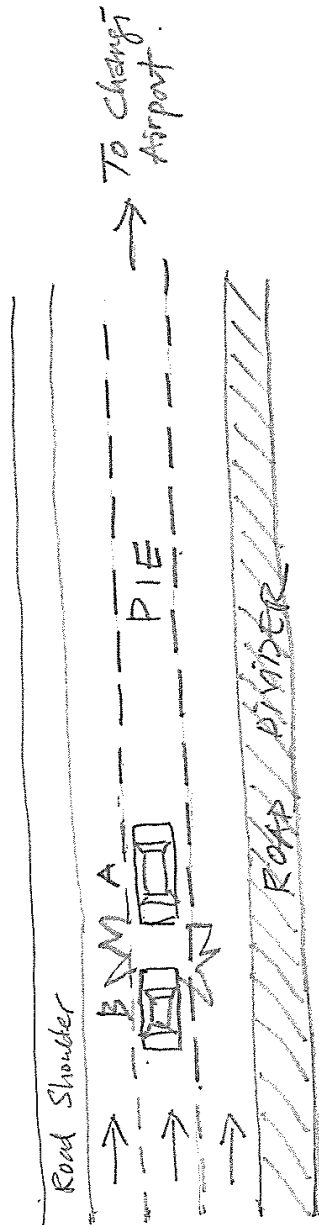


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	12 Mar 1993

NP 428A





[A] - My car (SJZ 2031 S)

[B] - OPPOSITE PARTY (TAXI) (SHB 7629K)



SKETCH PLAN

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  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
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  - (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.
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  - (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:



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



# SJZ 2031 S - 3RD PARTY SEARCH & SEARCH FEE Pg. 1

6/29/2018

Receipt

> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 29 Jun 2018 / 16:44:49

Receipt Date/Time : 29 Jun 2018 / 16:44:49

## Tax Invoice/Receipt

Receipt No. : ITNET-00000-180629-001620

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$)	GST Amount (\$)	Amount After GST (\$)
	Result of Insurance Enquiry - SHB7629K As at 28 Jun 2018/00:00:00 Insurance Co: AXA INSURANCE PTE LTD			
1	Insurance Enquiry - SHB7629K Enquiry Fee 20180629164355559960	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	<b>Rounding Difference</b>			0.04
	<b>Total Amount Payable</b>			7.45
	<b>Paid By</b>			
	xxxxxxxxxxx9208 Credit Card: Visa/MasterCard			7.45
	<b>Total</b>			7.45
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			7.45
	<b>Excess Refundable Amount</b>			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Print Receipt

OK

Save as PDF

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



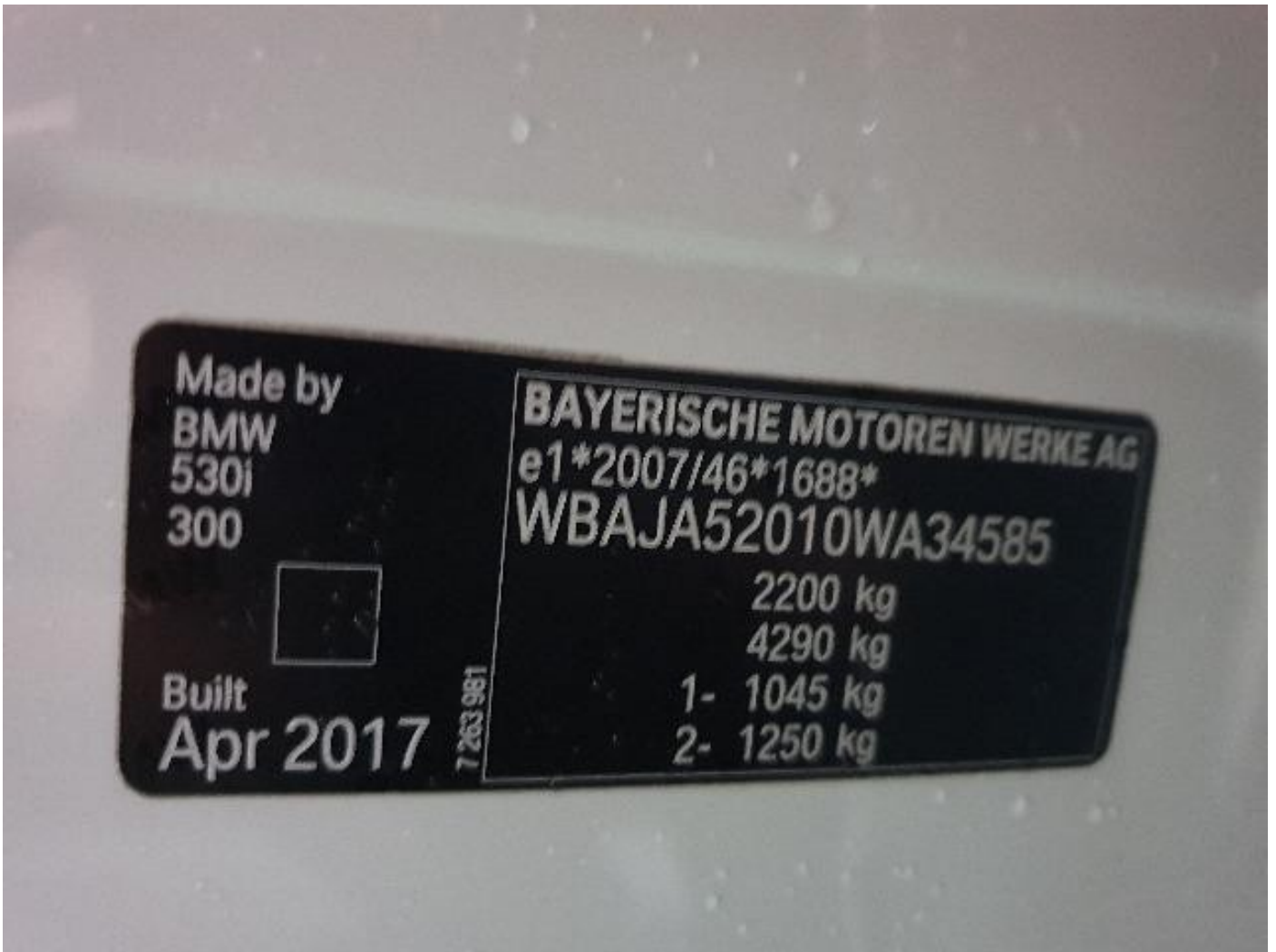
Accident Photo





Accident Photo





Accident Photo



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Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





**Accident Photo**



Accident Photo



Accident Photo



Addendum Sheet Pg. 1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

**IMPORTANT NOTE** : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

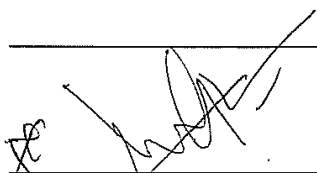
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MTS18083969 Vehicle Registration No : SI2 2031 S  
Name(as shown in NRIC): Ng Chan Guan  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
NRIC/Passport No : S7042201 H.  
Address : 27, Pasir Ris St. 72, #13-16, S 654 767  
Contact (Tel): 96956170 (H/P): 96956170  
(Email): meg88@yahoo.com  
Date of Accident : 28/6/2018 Time of Accident : 4.30pm  
Place of Accident : Along P.I.E To Changi Airport Near by Exit 13  
Insurance Company : H.L Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- 1) To Amend location detail - "Twd changi change to " To Changi )
- 2) To Input 3rd Party Driver NAIC No, Contact No and Address.
- 3) To Amend Injury status -> Amend to No Injury For Above Car



Signature of Vehicle Owner / Driver

Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030  
Operating Hours : Monday to Friday 9am to 5pm