#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	<b>3</b>	
	ACCIDENT STATEMENT	
Date Of Report	20/07/2018 13:44	
Date Of Accident	19/07/2018 16:55	
Exact Location Of Accident	INFRONT OF NO.2 TANJONG PENJURU	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKZ4774G	
Insured/Policyholder		
Name Of Registered Owner	NG MING HUI (HUANG MINGHUI)	
NRIC No	S8129844J	
Email Address	MINGHUIIDEN@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-96630637	
Alternative Phone No	OTHERS-96630637	
Vehicle Particulars		
Manufacturer	INFINITI	
Model	Q50-2.0 T PREMIUM (A)	
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING FOR MEETING	
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	
Insurance Company		

Insurance Company	
Name of Insurance Company	

Company LONPAC INSURANCE BHD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number Z18VP05017170

Cover Note Number

**Driver** 

Name of Driver NG MING HUI (HUANG MINGHUI)

NRIC No S8129844J
Date Of Birth 12/10/1981
Occupation INDOOR
Date Of Driving Pass 06/05/2004

Driving Experience 14 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96630637

Fax Number

Contact Number OTHERS-96630637

EMail Address MINGHUIIDEN@GMAIL.COM

Address BLK 433 JURONG WEST STREET 42

#07-522

Postcode 640433

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 SIDE SWIPE
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)

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

#### Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CLEMENTI NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: NO. 20 CLEMENTI AVENUE 5, POSTCODE: 129858, COUNTRY:

**SINGAPORE** 

Police Station Contact **TEL NO**: 1800-8729999 - **FAX NO**: 67748639

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### **Circumstances of Accident**

PLEASE REFER TO SKETCH AND POLICE REPORT D/20180720/7007

#### 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 SLD5585H

Vehicle Make/Model/Colour MERCEDES BENZ C180

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver TANG JOO KIM
NRIC/Passport Number S1633132E
Contact Number 82885585

Address Postcode

Insurance Company Name

Nature Of Damage

#### Accident Sketch Plan

#### SKETCH PLAN

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  facts may allow insurance companies to repudiate policy liability.
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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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:
  - 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: 20 07 201

20 07 2018

Driver's Signature (If driver is not the policyholder)

Date & Time:

eporting Centre Bersonnel's Signature

Name: NRIC/FIN No.:

#### **Accident Sketch Plan**

KETCH PLAN		
1	4	THEN
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	1	)
SCRIBE CIRCUMSTANCES OF		2 turn without checking
M time and	vehicle sub is collide 2+ 274 lost con	the side of vehicle skz 4770 trol and go over the
CLARATION Ve declare the foregoing particul	ars are true in every respect.	An 20/07/2018
licyholder's Signature te & Time:	Driver's Signature (If driver is not the policyho Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

1005

#### POLICE REPORT





1 of 1

## POLICE REPORT (NP299)

Police Station Of Origin Clementi Police Divisional HQ 20 Clementi Avenue 5 SINGAPORE 129858 Tel No:1800-7740000

Report No. D/20180720/7007

Date/Time Report Made 20/07/2018 12:56	Vide Report No.			Station Diary No.
Name Of Informant NG MING HUI	Address APT BLK 3A GEYLANG SERAI #07-55 SINGAPORE 402003			
ID Type / ID No. NRIC NO / \$8129844J	Contact No. Home/Office: Mobile: 96630637			
Nationality SINGAPORE CITIZEN	100000000000000000000000000000000000000	Email Address minghuliden@gmail.com		
Occupation	Sex	Age	Date of Birth	Race
Interior designer	Male	36	08/10/1981	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 19/07/2018 16:55 - 19/07/2018 16:55	Location Of Incident TANJONG PENJURU			
AND RESIDENCE OF THE PROPERTY				

Brief details.

I met a car accident along Tanjong Penjuru on Thursday, 19 July 2018, around 4:57pm. I was the driver of a White Infiniti (SKZ4774G), and was trying to make a turn at 2 Tanjong Penjuru. Failing to check the blind spot when I turn, a Mercedes Benz C180 (SLD5585H) driving along Tanjong Penjuru collide onto the side of my car, as the driver was unable to stop in time. I lost control of my car and drove over the pedestrain path way and collide onto 2 numbers of Road side drain Railing. No one was hurt or injured during the accident.

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/07/2018 12:56
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





















































