



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	20/07/2018 14:10
Date Of Accident	19/07/2018 10:15
Exact Location Of Accident	UPPER JURONG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW5258P
Insured/Policyholder	
Name Of Registered Owner	NG CHEE KEONG
NRIC No	S7527649D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94230324
Alternative Phone No	OFFICE-94230324
Vehicle Particulars	
Manufacturer	SUBARU
Model	OUTBACK-2.5 I-S CVT AWD SR (A)
Exact Purpose for which vehicle was being used at time of accident	
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	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	Z17VP05015665
Cover Note Number	
Driver	
Name of Driver	NG CHEE KEONG
NRIC No	S7527649D
Date Of Birth	17/09/1975
Occupation	INDOOR
Date Of Driving Pass	31/07/1995
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94230324
Fax Number	
Contact Number	OFFICE-94230324
Email Address	NOEMAIL

Address	BLK 816 JELlicoe ROAD # 18 -06 SINGAPORE 200816
Postcode	200816
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 MOTORCYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	FBM33389 (MOTORCYCLE)
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 19 JULY 2018 AT ABOUT 2215HRS , I WAS DRIVING OUT MY CAR FROM JURONG CAMP AND WANTED TO TURN RIGHT, INTO UPPER JURONG ROAD TOWARDS PIE . WHEN I WAS MOVING OUT A LANE AFTER THE STOP LINE, ONE WHITE MOTORBIKE, COMING FROM UPPER JURONG ROAD TOWARDS BOON LAY WAY, COLLIDED INTO MY VEHICLE RIGHT SIDE NEAR TO THE DRIVER'S FRONT RIGHT SIDE DOOR. AFTER ACCIDENT I GOT OUT OF MY CAR AND RENDERED ASSISTANCE TO THE SAID MOTORCYCLIST. DUE TO THE ACCIDENT, THE FRONT RIGHT DRIVER'S DOOR OF MY CAR IS SERIOUSLY DAMAGED . I AM HEREBY LODGING THIS REPORT FOR MY PERSONAL REFERENCE AND NECESSARY FOLLOW UP ACTION BY TRAFFIC POLICE.

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	FBM3338P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	WONG HENG CHEONG
NRIC/Passport Number	

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name WONG HENG CHEONG
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan Pg. 1

SKETCH PLAN

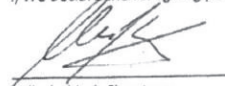


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please follow police report

DECLARATION

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


Policyholder's Signature
Date & Time: 20/7/18

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

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

GLARVAC SketchPlanForm V3

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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 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: 20/7/12

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police Report 1 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180720/2007

1 of 4

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20180720/2007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2018 01:31	Vide Report No.: J/20180719/0204	Station Diary No.: 10
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Informant's Particulars

Name of Informant: NG CHEE KEONG			Address: APT BLK 816 JELLICOE ROAD #18-06 SINGAPORE 200816	
ID Type / ID No.: NRIC NO / S7527649D			Contact No.: Home/Office: Mobile: 94230324	
Nationality: SINGAPORE CITIZEN			Email: garyngck@gmail.com	
Sex: Male	Age: 42	Date of Birth: 17/09/1975	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: COMPANY MANAGER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/07/2018 22:15	Type of Location: T-Junction
Location: Along Road 1 UPPER JURONG ROAD 100 Upper Jurong Rd Jurong Camp 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM3338P	Motorcycle	HONDA		White	Slightly Damaged	0
SKW5258P	Car	SUBARU	OUTBACK 2.5I-S CVT AWD SR	Grey	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report 2 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180720/2007

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20180720/2007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW5258P	LONPAC INSURANCE BHD.	Z17VP05015665	31/10/2017	30/10/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	WONG HENG CHEONG	ID No.	S7968015Z
Related Vehicle	FBM3338P (Motorcycle)	Contact No.	NIL
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	Slight
Driver			
Name	NG CHEE KEONG	ID No.	S7527649D
Related Vehicle	SKW5258P (Car)	Contact No.	94230324
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 19 July 2018 at about 2215hrs, I was driving out my car from Jurong Camp and wanted to turn right, into Upper Jurong Rd towards PIE.

When I was moving out a lane after the stop line, one white motorbike, coming from Upper Jurong Rd towards Boon Lay Way, collided into my vehicle right side near to the driver's front right side door.

After the accident, I got out of my car and rendered assistance to the said motorcyclist.

Due to the accident, the front right driver's door of my car is seriously damaged.

I am hereby lodging this report for my personal reference and necessary follow up action by Traffic Police.



**SINGAPORE
POLICE FORCE**



T/20180720/2007

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20180720/2007

CONTINUATION OF REPORT