

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	26/09/2018 16:11
Date Of Accident	09/09/2018 11:30
Exact Location Of Accident	JALAN TUN ABDUL RAZAK
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY1062A
Insured/Policyholder	
Name Of Registered Owner	NG CHIN LIEW
NRIC No	S1413553G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93832418
Alternative Phone No	OTHERS-83635396

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA266806
Cover Note Number	

Driver

Name of Driver	NG WEI CHIEN
NRIC No	S8619407D
Date Of Birth	13/07/1986
Occupation	INDOOR
Date Of Driving Pass	06/09/2016
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83635396
Fax Number	
Contact Number	
Email Address	SHAWN.NGWC@GMAIL.COM

Address	BLK 107 SIMEI ST 1 #08-838
Postcode	520107
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO 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	
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)	2
Passenger 1	NAME: : PAX 1 GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	SBG550T
Vehicle Make/Model/Colour	
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)

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.:

22/9/18.

Vehicle

A -

B -

Legend

Vehicle

Motorcycle

Refer To Police report.

My car was already straight position when suddenly the car behind high beam -

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Date & Time:

26/9/18.

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

Common Statement

ACCIDENT STATEMENT (Part I)

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

1 Date of accident Time 9/1/18 1:30		2 Exact location of accident Jln Tun Abdul Razak		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) SGY 1062A

6 Insured / policyholder (see insurance cert.)
Name Ng Chin Lien
(capital letters)
Address _____
NRIC / Passport no. S1413559G
Tel no. (from 9am till 5pm) _____
HP 93832418

7 Vehicle
Make, type MT Lancer

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. GA266806

9 Driver ☐ Same as Owner
Name Ng Wei Chien
(capital letters)
NRIC / Passport no. S8619407D
Class of licence 3
HP 83635390
Gender Male ☒ Female ☐

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Bicycle
<input type="checkbox"/>	Collided into Motorcycle
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Hit
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Theft

← State TOTAL number of boxes marked with a cross →

Registration No. (VEHICLE B) SBG 5507

6 Insured / policyholder (see insurance cert.)
Name _____
(capital letters)
Address _____
NRIC / Passport no. _____
Tel no. (from 9am till 5pm) _____
HP _____

7 Vehicle
Make, type _____

8 Insurance company
☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available) _____

9 Driver (See driving licence)
(if different from insured B above)
Name _____
(capital letters)
NRIC / Passport no. _____
Class of licence _____
HP _____
Gender Male ☐ Female ☐

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

11 Visible damage to vehicle A

13 Sketch of accident when impact occurred 13
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

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

A

14 My remarks

B

* 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

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)	
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)			
Insured	1 Occupation (if more than one, state all)		Email:
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner <u>Father</u>		state the vehicle number and name of insurer of driver's own vehicle (where applicable)
	4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify		
	5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no.		
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)		
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass
	<u>13/7/86</u>	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	<u>6/9/16</u>
	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 prosecutions in the last 36 months		
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle
			Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	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)
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station <u>Geylang N.P.C.</u>		
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom?		
Accident details	14 Weather conditions	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others	
	15 Road surface	<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others	
	16 Speed of vehicles	A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr	
	17 What warnings were given by driver or other party?		
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	19 What lights were displayed on your vehicle/the other vehicle(s)?		
Declaration	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 (Refer to attached)		
	22 State number of Passengers (Including Driver) <u>2</u> <u>Male Pass 11</u>		
	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**



G/20180926/2104

1 of 2

POLICE REPORT (NP299)

Report No. G/20180926/2104

Police Station Of Origin
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Date/Time Report Made 26/09/2018 15:22	Vide Report No.	Station Diary No. 57
Name Of Informant NG WEI CHIEN	Address APT BLK 107 SIMEI STREET 1 #08-838 SINGAPORE 520107	
ID Type / ID No. NRIC NO / S8619407D	Contact No. Home/Office	Mobile 83635396
Nationality SINGAPORE CITIZEN	Email Address	
Occupation RETAIL MANAGER	Sex Male	Age 32
Institution/School Name	Date of Birth 13/07/1986	Race Chinese
Date/Time Of Incident 09/09/2018 23:00	Location Of Incident JOHOR BAHRU JALAN TUN ABDUL RAZAK (BESIDE CITY SQUARE) MALAYSIA	

Brief details.

On 24.09.2018 at about 1800hrs, I opened my letter box and received an insurance letter from another party. The letter stating that I involved accident with another vehicle registration number SBG550T on 0909.02018.

I wish to state that, on 09.09.2018 at about 2300hrs, I was driving my vehicle registration number

Signature Of Officer Recording The Report: G / Sgt 3 NOORUL NADIAH BINTE HAIRON HANWAR	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 26/09/2018 15:22
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / ASP MELVIN LEE JUN HONG Contact No.: 62447200	Classification Of Case:

Authentication Stamp



SIGNATURE



**SINGAPORE
POLICE FORCE**



G/20180926/2104

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180926/2104

SGY1062A along Jalan Tun Abdul Razak heading towards Johor Bahru Custom. At that point of time, it was massive jam. I then check my blind spot and the road was clear as such I decided to inch out. After I inch out there was no collision. Out of sudden, there was another vehicle behind my vehicle started to high beam towards me. The said driver and passenger started to shout and showing some middle finger at me however I ignored them. The said driver then cut into my lane however I managed to brake on time. The driver came down from the vehicle and said that I had hit onto his car. I told him I didn't hit his vehicle. I am worried for safety as such I decided not to approach him further. After which, the said driver drove off from the said location. I wish further state that at that point of time, there was no accident involved as such I did not reported the case to police.

Signature Of Officer Recording The Report:

G / Sgt 3 NOORUL NADIAH BINTE HAIRON
HANWAR

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
ASP MELVIN LEE JUN HONG
Contact No.: 62447200

Signature Of Informant:

Date/Time:
26/09/2018 15:22

Classification Of Case:

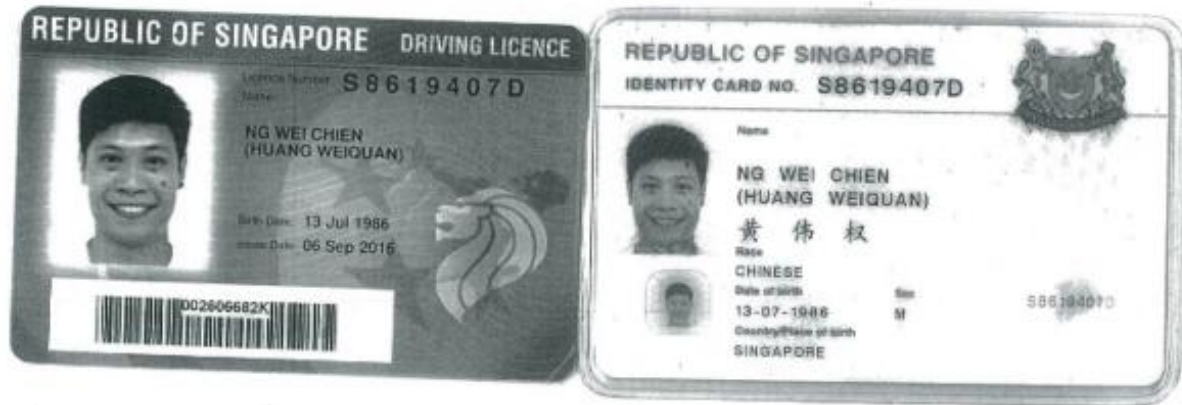
Authentication Stamp



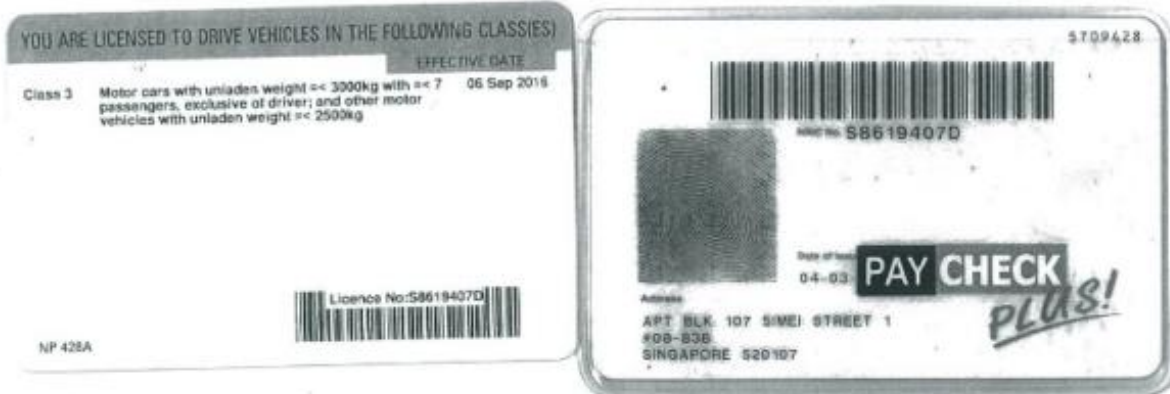
SINGAPORE
POLICE FORCE

SIGNATURE

Driver IC & LIC



Shawn.ngwc@gmail.com



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

