

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 liability.
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	12/11/2018 11:06
Date Of Accident	10/11/2018 16:00
Exact Location Of Accident	MAIN ROAD OF TAMAN MEGAH PONTIAN
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD9545K
Insured/Policyholder	
Name Of Registered Owner	MR RAYMOND NG KUAN YAU
NRIC No	S7771994F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83665035
Alternative Phone No	OTHERS-83665035

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO 1.5L AT ABS D/AIRBAG 2WD 4DR
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3070111800
Cover Note Number	

Driver

Name of Driver	MR RAYMOND NG KUAN YAU
NRIC No	S7771994F
Date Of Birth	09/11/1977
Occupation	INDOOR
Date Of Driving Pass	01/08/2012
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83665035
Fax Number	
Contact Number	OTHERS-83665035
EEmail Address	NOEMAIL

Address	BLK 181 BUKIT BATOK WEST AVENUE 8 #03-161
Postcode	650181
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	
Was any body injured in the Accident?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG POLICE DIVISIONAL HQ ('J' DIVISION)
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : J/20181112/7004 / TRAFIK PONTIAN/003730/18

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MR RAYMOND NG KUAN YAU
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMD9545K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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:

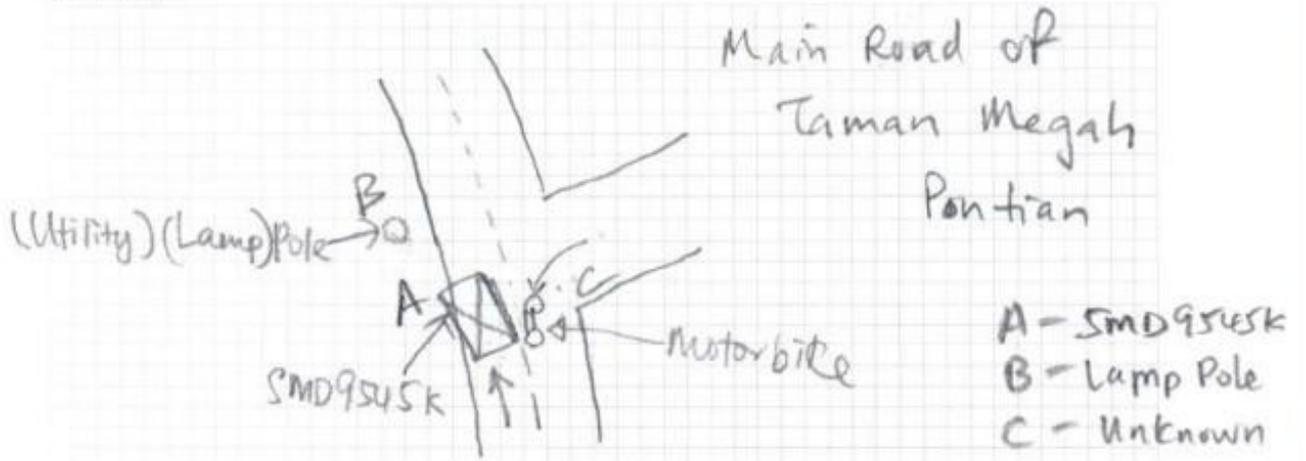
Driver's Signature
(If driver is not the policyholder)
Date & Time:

12/11/2018

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

Sketch Plan #2

SKETCH PLAN

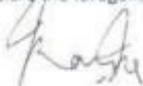


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

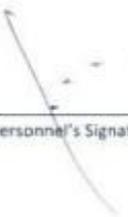
Pls Refer to the Police Report
J/2018 1112/7004
TRAFIK PONTIAN/003730/18

DECLARATION

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


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.:

- - 12/11/2018



e-Services (/content/policehubhome/homepage.html) | (/content/policehubhome/manage-profile.html) | (/content/policehubhome/activities.html) | Log out

Police Report

Thank you

Your report is submitted successfully to **Jurong Division HQ**. Your report number is **J/20181112/7004**. You may update details of your stolen items using the Furnish Details of Stolen and Lost Property e-service within 7 days. A copy of your report has been sent to **raymond_ngky@yahoo.com.sg**.

Within the next 48 hours, the police will inform you of the name and contact number of the officer in charge of your report.

Please note that there may be need for you to visit the police division or neighbourhood police centres (NPC) under the division assigned to your case (eg to provide a statement).

PRINT REPORT SAVE AS PDF

- HOME (https://www.police.gov.sg/)
ABOUT US (https://www.police.gov.sg/about-us)
SGSECURE (https://www.police.gov.sg/sgsecure)
I-WITNESS (https://www.police.gov.sg/iwitness)
COMMUNITY PROGRAMMES (https://www.police.gov.sg/community-programme)
RESOURCES (https://www.police.gov.sg/resources)
NEWS & PUBLICATIONS (https://www.police.gov.sg/news-and-publications)
JOIN US (https://www.police.gov.sg/join-us)
FAQS (https://va.ecitizen.gov.sg/cfp/CustomPages/SPF/explorefaq.aspx)
CONTACT US (https://www.police.gov.sg/content/contact-us)
E-FEEDBACK (/content/policehubfeedback/efeedback.html)
SITEMAP (https://www.police.gov.sg/sitemap)

Privacy Statement (<https://www.police.gov.sg/content/privacy-statement>) | Terms of Use
(<https://www.police.gov.sg/content/terms-of-use>) | Rate this Service
(<https://form.gov.sg/forms/spf/5b90934f64567e000fb2d9a6>) . © 2018 Singapore Police Force. A Member of The
Home Team (<https://www.mha.gov.sg>).

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



J/20181112/7004

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

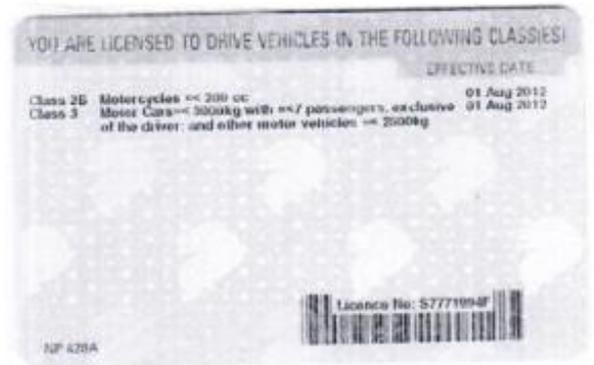
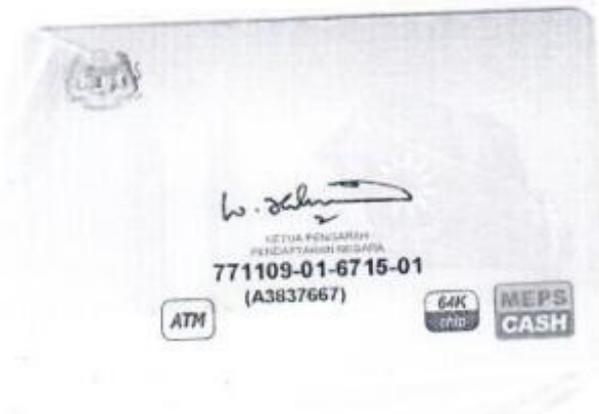
Report No. J/20181112/7004

PEICES. I WAS NOT INJURED BUT MY CAR FRONT PART WAS DAMAGED I.E. FRONT BONNE, FRONT BUMPER, WATER TANK/ AIR-CON, FRONT CAR PLATE AND 2 AIRBAGS WAS ACTIVATED AND BURST OUT. THE REST OF DAMAGE ON MY CAR IS UNKNOWN UNTIL FURTHER EXAMINATION BY THE QUALIFIED CAR WORKSHOP IN SINGAPORE.

Subjects Involved			
Victim			
Person Name	RAYMOND NG KUAN YAU		
ID Type	NRIC NO	ID No	S7771994F
Gender	Male	Age	41
Race	Chinese	Language	English
Occupation	Mechanical engineer (general)	Address Type	
Address	APT BLK 181 BUKIT BATOK WEST AVENUE 8 #03-161 SINGAPORE 650181	Mobile No	83665035
Is Informant A Victim?	Yes		
Person Name	RAYMOND NG KUAN YAU (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/11/2018 07:53
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



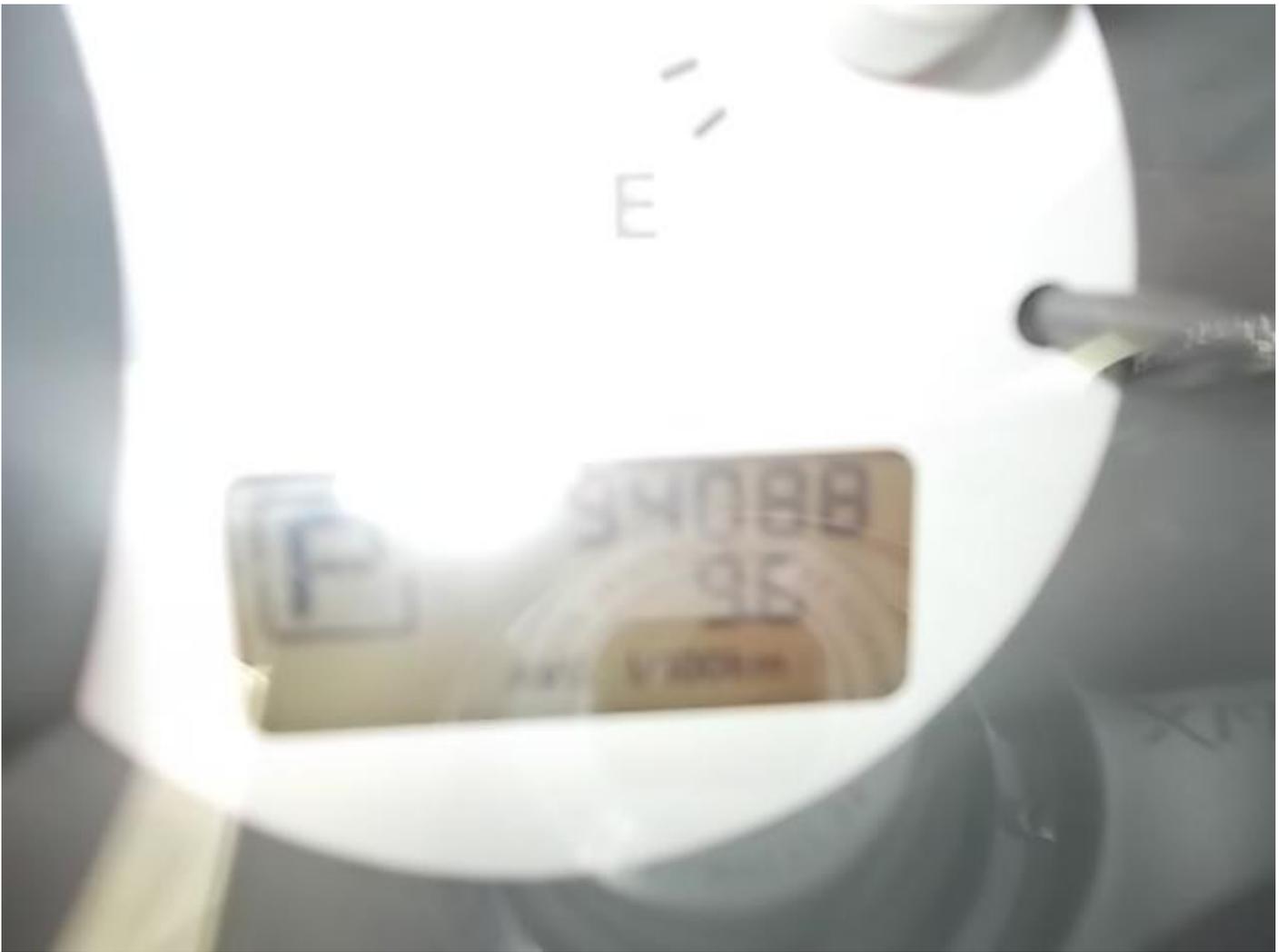
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