

## 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	31/12/2018 20:45
Date Of Accident	29/12/2018 21:45
Exact Location Of Accident	PIE TOWARDS CHANGI BEFORE EXIT SLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ7465M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG HAI HUANG
NRIC No	S8602164A
Email Address	NHH32@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90113749
Alternative Phone No	OTHERS-90113749

### Vehicle Particulars

Manufacturer	PEUGEOT
Model	207CC 1.6 A SPORT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-007799
Cover Note Number	N.A

### Driver

Name of Driver	NG HAI HUANG
NRIC No	S8602164A
Date Of Birth	30/01/1986
Occupation	INDOOR
Date Of Driving Pass	20/11/2007
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90113749
Fax Number	
Contact Number	OTHERS-90113749
E Mail Address	NHH32@YAHOO.COM

Address	NIL
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 TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	2
Passenger 1	NAME: : PASSENGER 1 GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

I WAS DRIVING ALONG PIE TOWARDS CHANGI. VEHICLE B WAS DRIVING IN FRONT OF ME. SUDDENLY VEHICLE B MAKE A JAM BRAKE, I CAN'T STOP IN TIME AND ACCIDENTALLY COLLIDED ONTO REAR OF VEHICLE B. NO INJURIES INVOLVED.

### 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	SJN1030P
Vehicle Make/Model/Colour	TOYOTA ESQUIRE 2.0XI A
Details Of Properties	NIL
Vehicle Category	PRIVATE CAR
Name of Driver	MR JUSTIN
NRIC/Passport Number	
Contact Number	96444367
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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7. By the judgement 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.

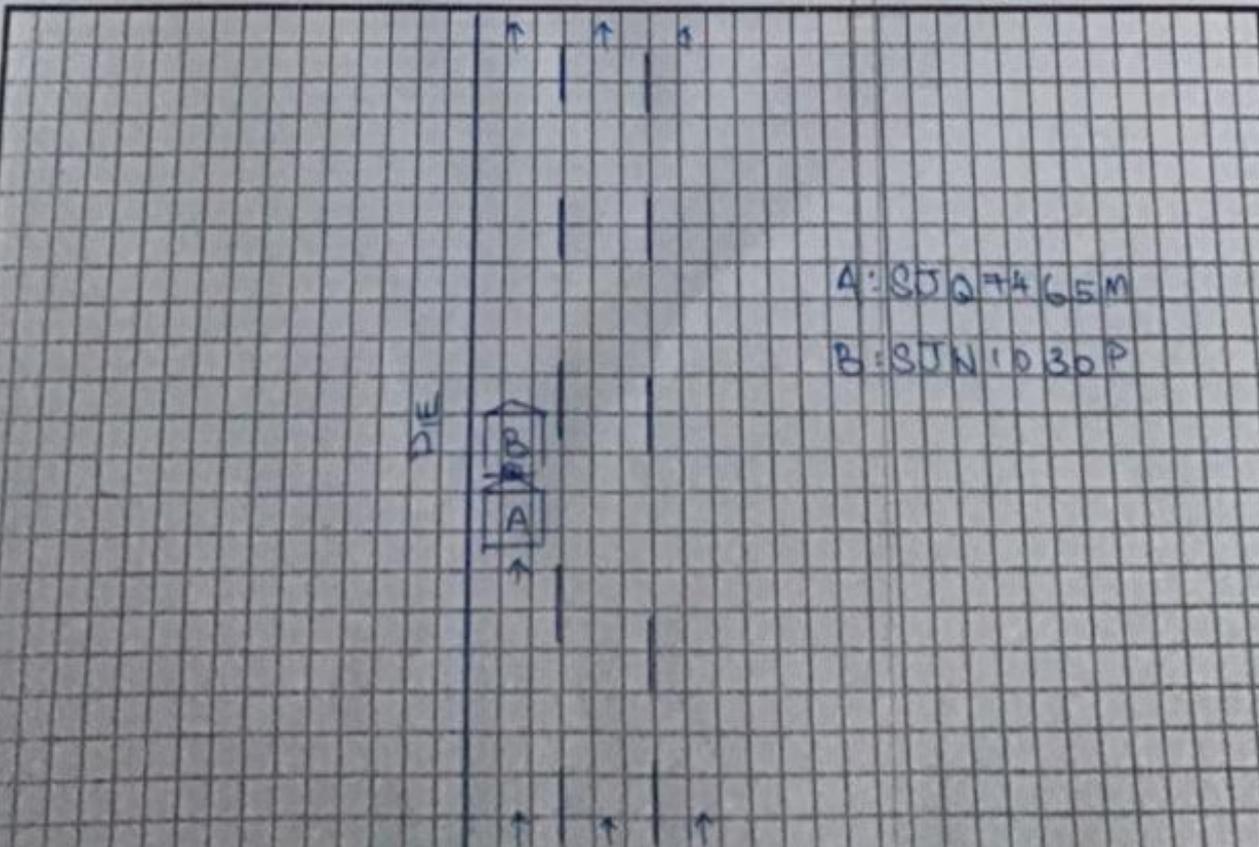
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
JUN KEAT

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

Sketch Plan



**ACCIDENT STATEMENT (2000 characters)**

I WAS DRIVING ALONG PIE TOWARDS CHANGI . VEHICLE B WAS DRIVING IN FRONT OF ME. SUDDENLY VEHICLE B MAKE A JAM BRAKE , I CAN'T STOP IN TIME AND ACCIDENTALLY COLLIDED ONTO REAR OF VEHICLE B . NO INJURIES INVOLVED.

Taxi Voucher No.:

**DECLARATION**

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
WONG JUN KEAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

31 December 2018 at 6:09 PM

Date/Time:

31 December 2018 at 6:09 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



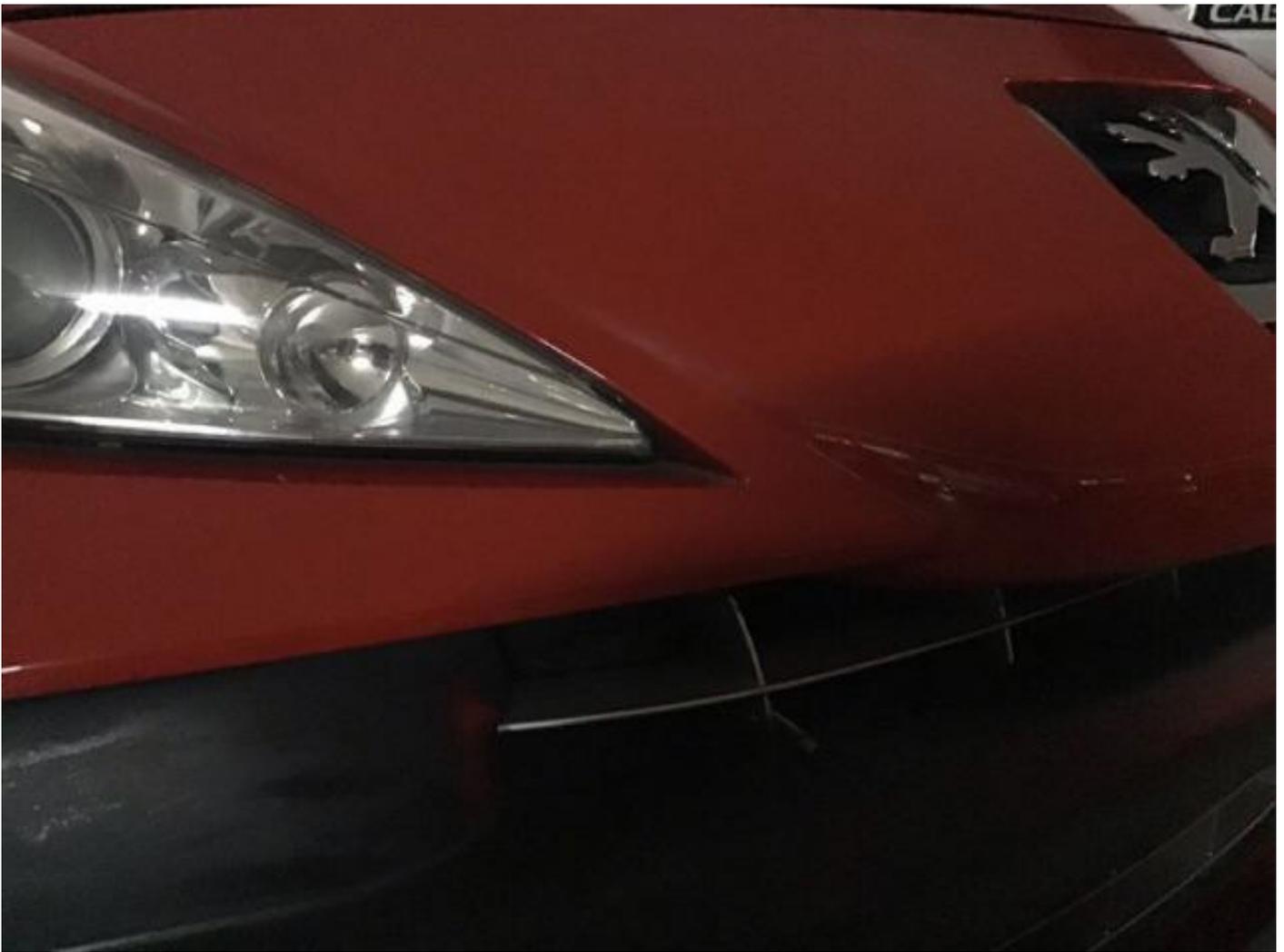
Accident Photo



Accident Photo



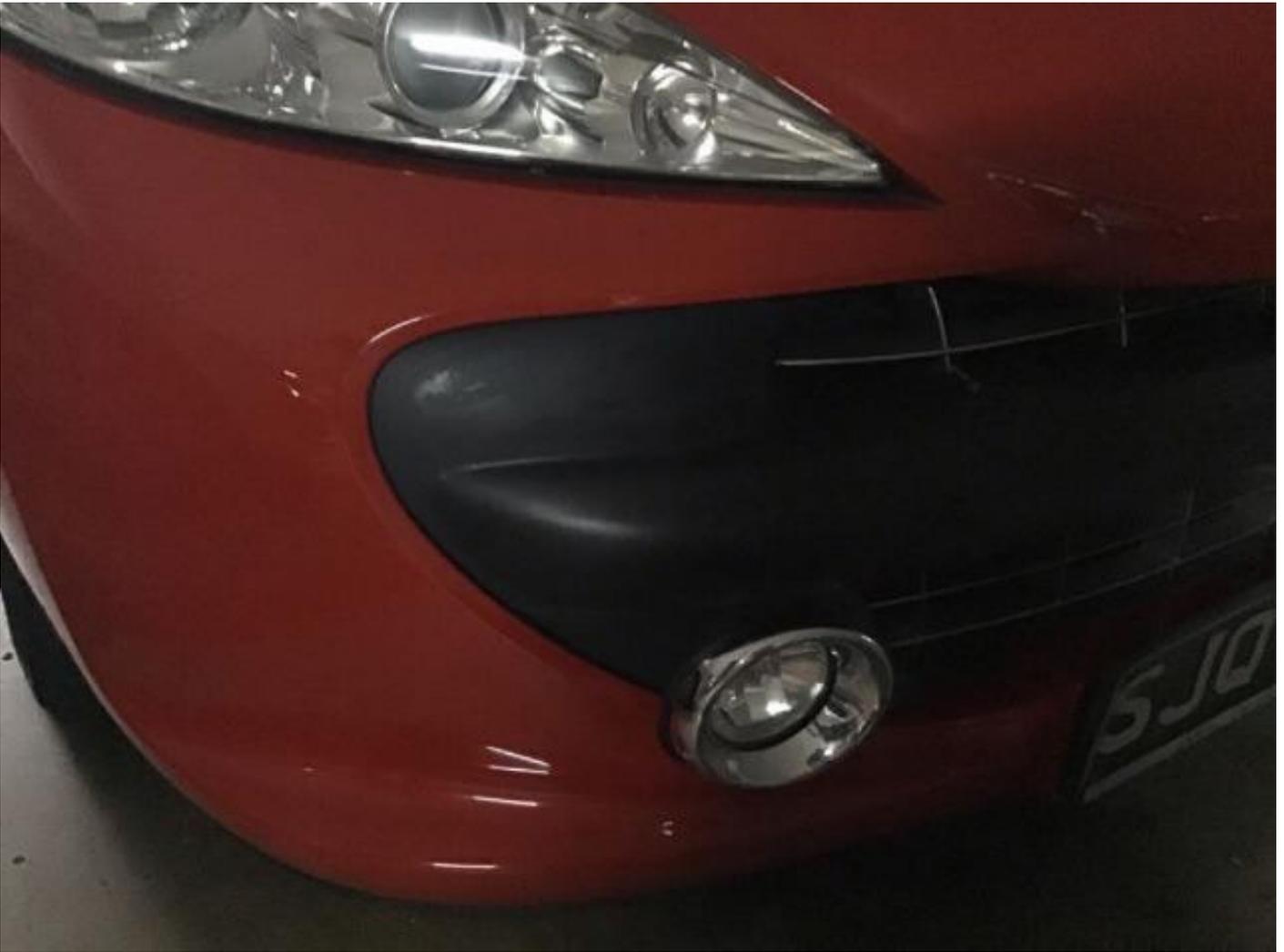
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8602164A



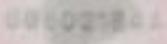
Name  
NG HAI HUANG  
(HUANG HAIFAN)  
黄 海 帆

Race  
CHINESE

Date of birth  
30-01-1986

Sex  
M

Country/Place of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S8602164A  
Name  
NG HAI HUANG  
(HUANG HAIFAN)

Birth Date: 30 Jan 1986  
Issue Date: 20 Nov 2007



Driving License

5667283



NRIC No. S8602164A



Date of Issue  
01-11-2016

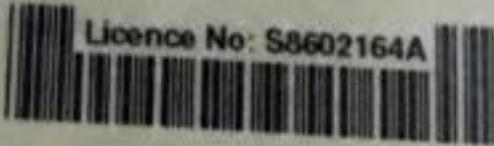
Address  
APT BLK 113 RIVERVALE WALK  
#07-35  
SINGAPORE 540113

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

	PASS DATE
Class 3 Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	20 Nov 2007

NP 428A

Licence No: S8602164A



**Addendum Sheet Pg. 1**



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66SS0020G / GST Reg. No.: M400017735

**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 : MBHH18167816 Vehicle Registration No: SJQ7465M  
Name(as shown in NRIC) : NG HAI HUANG NRIC/FIN/Passport No : S8602164A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 90113749  
Email Address : nhh32@yahoo.com  
Date of Accident : 29/12/2018 Time of Accident : 21:45  
Place of Accident : PIE TOWARDS CHANGI BEFORE EXIT SLE  
Insurance Company: EQ INSURANCE COMPANY LIMITED

**(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:

Amend email address  
\_\_\_\_\_  
Attach video footage  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Boey Loke  
NRIC/FIN No.:  
Date: 01 Jan 2019