

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	27/12/2018 15:23
Date Of Accident	26/12/2018 15:50
Exact Location Of Accident	SIMS WAY TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX1334K
Insured/Policyholder	
Name Of Registered Owner	TING HUI LING
NRIC No	S8873330D
Email Address	RACHEL_LING88@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97683032
Alternative Phone No	OTHERS-97683032

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G A
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPC18S001917
Cover Note Number	

Driver

Name of Driver	TING HUI LING
NRIC No	S8873330D
Date Of Birth	22/08/1988
Occupation	INDOOR
Date Of Driving Pass	12/01/2011
Driving Experience	7 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97683032
Fax Number	
Contact Number	OTHERS-97683032
E-Mail Address	RACHEL_LING88@HOTMAIL.COM

Address	BLK 251 CHOA CHU KANG AVENUE 2 #04-282
Postcode	680251
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?	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	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT NO: F/20181227/2078. WILL REPAIR & CLAIM AT CH MOTOR REPAIRS AND SERVICES.

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	SJR5441P
Vehicle Make/Model/Colour	CHEVROLET
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG TECK LYE
NRIC/Passport Number	S7836644C
Contact Number	91195441
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TING HUI LING

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJX1334K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

SKETCH PLAN

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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: 27/12/18


Driver's Signature

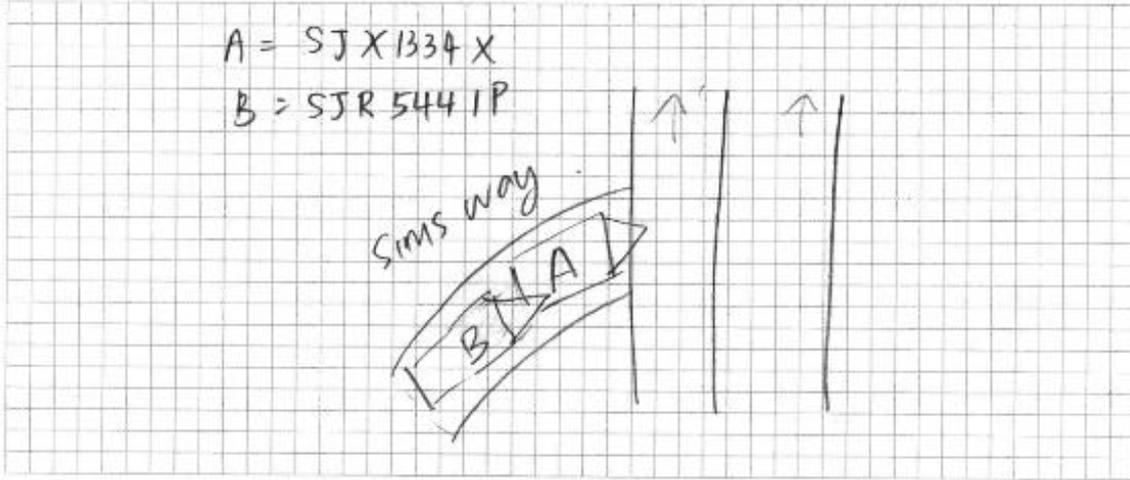
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report.
We will repair and claim through CH Motor Repair and Services.

DECLARATION

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


Policyholder's Signature
Date & Time: 27/12/18 6:09

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


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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



F/20181227/2078

1 of 2

POLICE REPORT (NP299)

Report No. F/20181227/2078

Police Station Of Origin
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Date/Time Report Made 27/12/2018 14:16		Vide Report No.		Station Diary No. 66	
Name Of Informant TING HUI LING		Address APT BLK 251 CHOA CHU KANG AVENUE 2 #04-292 SINGAPORE 680251			
ID Type / ID No. NRIC NO / S8873330D		Contact No. Home/Office		Mobile 97683032	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Retail/Shop sales manager		Sex Female	Age 30	Date of Birth 22/08/1988	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 26/12/2018 15:50		Location Of Incident SIMS WAY SINGAPORE Sims Way towards PIE			

Brief details.

On 26/12/2018, at around 1550hrs, I was travelling along Sims Way in my red Honda Fit car bearing plate Number SJX1334K. I wanted to filter right to the 3rd lane into the road leading to PIE expressway. I saw a motorcycle and a heavy vehicle incoming on the 3rd lane therefore I did not move into the lane. That was when I felt a bang on the right side of my car and my chest banged on the steering wheel. A silver Chevrolet bearing plate number SJR5441P had moved forward and hit my car while I was waiting for the motorcycle and heavy vehicle to pass. As a result, my right taillight is cracked and my back

Signature Of Officer Recording The Report: F / Sgt 2 NUR FARAHIN BINTE RAHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2018 14:16
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / Sr Staff Sgt MOHAMMED SYAZWAN BIN ABDULLAH Contact No.: 64849999	Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



F/20181227/2078

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POLICE REPORT (NP299)

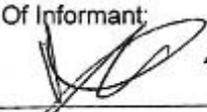
CONTINUATION OF REPORT

Report No. F/20181227/2078

bumper is damaged and scratched and the reverse sensor is damaged. The Chevrolet had some damages on the front bumper of the car; the car plate broke and dented badly. I have no in car camera. There was no government property or foreign vehicle involved. I went to Evercare Medical Clinic on 27/12/2018 as I had suffered chest pains, headache and was traumatized. I received 2 days MC prior to this accident from 27/12/2018 to 28/12/2018.

The particulars of the Chevrolet driver are as follows; Ng Teck Lye, IC Number S7838644C DOB 05/12/1978, HP: 91195441

I am making this report for insurance claims.

Signature Of Officer Recording The Report: F / Sgt 2 NUR FARAHIN BINTE RAHIM 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2018 14:16
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / Sr Staff Sgt MOHAMMED SYAZWAN BIN ABDULLAH Contact No.: 64849999	Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

