

## 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	09/01/2019 17:26
Date Of Accident	09/01/2019 08:55
Exact Location Of Accident	ALONG ROAD 1 SHENTON WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5499G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KCT BUS SERVICE
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90211735

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTSCBU000809
Cover Note Number	

### Driver

Name of Driver	NG CHENG HAI
NRIC No	S1203688D
Date Of Birth	14/04/1956
Occupation	OUTDOOR
Date Of Driving Pass	19/12/1977
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90211735
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 126 BEDOK RESERVOIR ROAD #03-1057
Postcode	1647
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 (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)	6
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER GENDER: : FEMALE
Passenger 4	NAME: : PASSENGER GENDER: : FEMALE
Passenger 5	NAME: : PASSENGER GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NPP 25 SIN MING ROAD
Police Station Address	ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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

SMA4324E

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)

#### DETAILS OF INJURED PERSON 1

Name

NG CHENG HAI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

PC5499G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Accident 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:

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

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 775643  
Tel: 6453 4293 Fax: 6453 7944  
(Claims Section)

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

# Accident Sketch Plan

## SKETCH PLAN

Refer to scene photo

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Annex 1

## DECLARATION

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

Policyholder's Signature  
Date & Time:

GSARMC SketchPlanForm\_V3

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

9.1.19 114am

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/59/60 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1234 (Fax: 6453 7944)  
(Claims Section)

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

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## Accident Sketch Plan

### Annex 1

On 09.01.2019 at about 0855hrs, I was driving my vehicle (A: PC5499G) along the 3<sup>rd</sup> lane of Shenton Way. Out of a sudden, a vehicle (B: SMA4324E) travelling on my left suddenly swerved into my lane in a fast speed. Thus, the right front portion of vehicle B had hit onto front left front portion of my vehicle.

Vehicle A (PC5499G): 4 female and 1 male passenger on board.

Vehicle B (SMA4324E): No passenger on board.



## Police report



**SINGAPORE  
POLICE FORCE**



T/20190109/2137

1 of 3

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

Report No. T/20190109/2137

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/01/2019 16:51	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars			
Name of Informant: NG CHENG HAI		Address: APT BLK 126 BEDOK RESERVOIR ROAD #03-1057 SINGAPORE 470126	
ID Type / ID No.: NRIC NO / S1203688D		Contact No.: Home/Office: Mobile: 90211735	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 62	Date of Birth: 14/04/1956	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/01/2019 08:55	Type of Location: Straight Road
Location: Along Road 1 SHENTON WAY  Along Shenton Way				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC5499G	Bus/Coach/Mi nibus	TOYOTA	HIACE COMMUTER GL 3.0 AUTO	White		5
SMA4324E	Car	KIA	CARENS 1.7 DCT DIESEL 5DR FWD	Black		0

Police report



SINGAPORE  
POLICE FORCE



T/20190109/2137

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20190109/2137

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG CHENG HAI	ID No.	S1203688D
Related Vehicle	PC5499G (Bus/Coach/Minibus)	Contact No.	90211735
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	09/01/2019	Date Discharge	09/01/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 09/1/2019 at around 0855hrs, I was driving vehicle: PC5499G along Shenton Way lane 3. The weather was clear and the road was dry. As there was a traffic jam, the traffic was slow moving. Suddenly, a vehicle: SMA4324E wanted to enter my lane and while trying to change lane, he hit the front left portion of my vehicle. I then came down to make a check.

My vehicle sustained front left bumper was smashed in due to the impact. I wanted to exchange particulars with the other party however he refused. I then took photographs of the incident before taking my leave. After the incident, I felt some pain as such I went to see a doctor and was given 3 days MC. There were 5 passengers in my vehicle and they were fine.

I am lodging this report for my insurance claims.



Police report



SINGAPORE  
POLICE FORCE



T/20190109/2137

3 of 3

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

Report No. T/20190109/2137

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 2 KHAIRUL SYAZWAN BIN SAHAK 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 09/01/2019 16:51
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:  SN 070
Authentication Stamp NP168	 STATION OFFICER

