

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	11/01/2019 15:42
Date Of Accident	09/01/2019 23:00
Exact Location Of Accident	BUKIT PANJANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW832P
Insured/Policyholder	
Name Of Registered Owner	NG YAN YEE ROSALIND
NRIC No	S7902293D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98778780
Alternative Phone No	OTHERS-98778780

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA
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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	DMPCSN3031001801
Cover Note Number	

Driver

Name of Driver	NG YAN YEE ROSALIND
NRIC No	S7902293D
Date Of Birth	21/01/1979
Occupation	INDOOR
Date Of Driving Pass	28/03/2006
Driving Experience	12 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98778780
Fax Number	
Contact Number	OTHERS-98778780
E-Mail Address	NOEMAIL

Address	BLK 30 GHIM MOH LINK #09-332
Postcode	272030
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	COLLIDED INTO PEDESTRIAN
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	1
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: : TYSON AW YONG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION)
Police Station Address	ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7740000 - FAX NO: 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: D/20190111/7008

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	
Vehicle Make/Model/Colour	
Details Of Properties	PEDESTRIAN
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.

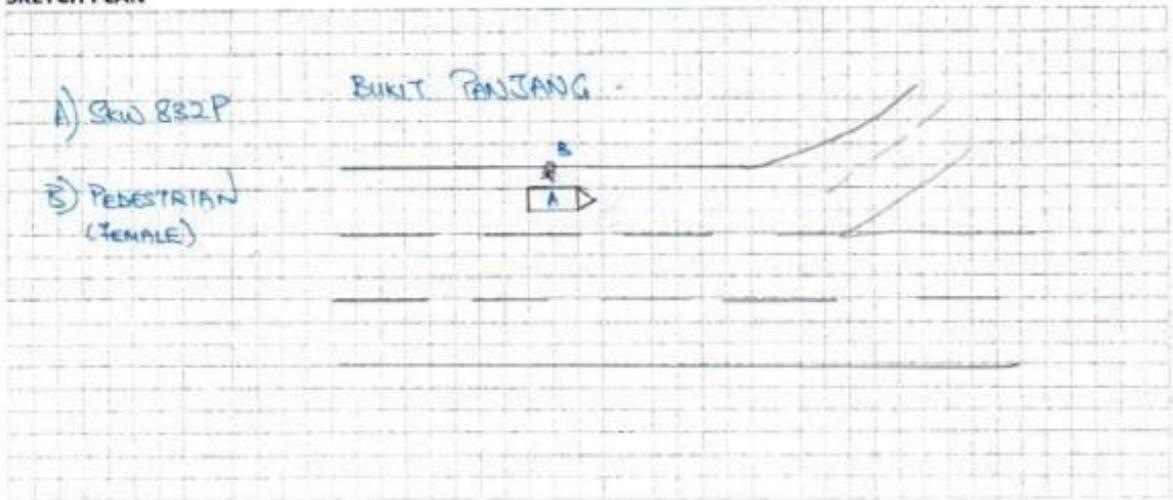
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



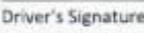
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

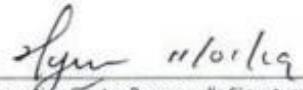
As per Police Report NO : D/20190111 / 7008 .

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



D/20190111/7008

1 of 2

POLICE REPORT (NP299)

Report No. D/20190111/7008

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 11/01/2019 13:52	Vide Report No.	Station Diary No.
Name Of Informant NG YAN YEE ROSALIND	Address APT BLK 30 GHIM MOH LINK #09-332 SINGAPORE 272030	
ID Type / ID No. NRIC NO / S7902293D	Contact No. Home/Office:	Mobile: 98778780
Nationality SINGAPORE CITIZEN	Email Address tomikatos@yahoo.com	
Occupation Manager	Sex Female	Age 39
Institution/School Name	Date of Birth 21/01/1979	Race Chinese
Date/Time Of Incident 09/01/2019 23:05 - 09/01/2019 23:05	Location Of Incident APT BLK 30 GHIM MOH LINK #09-332 SINGAPORE 272030	

Brief details.

On 9Jan19 at about 2300hr at bukit panjang when I was travelling straight, i already noted a pedestrian crossing in front the road toward the pathway. I slowed down and carefully passed by her. I don't know how come she fall and hit on my left side mirror. I think she had lost her balance or other. I immediately stopped the car and assisted her. Only my left side mirror was damaged.
I received a call from the pedestrian's son to ask me to log a police report, that why i make a report today.

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: 11/01/2019 13:52
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



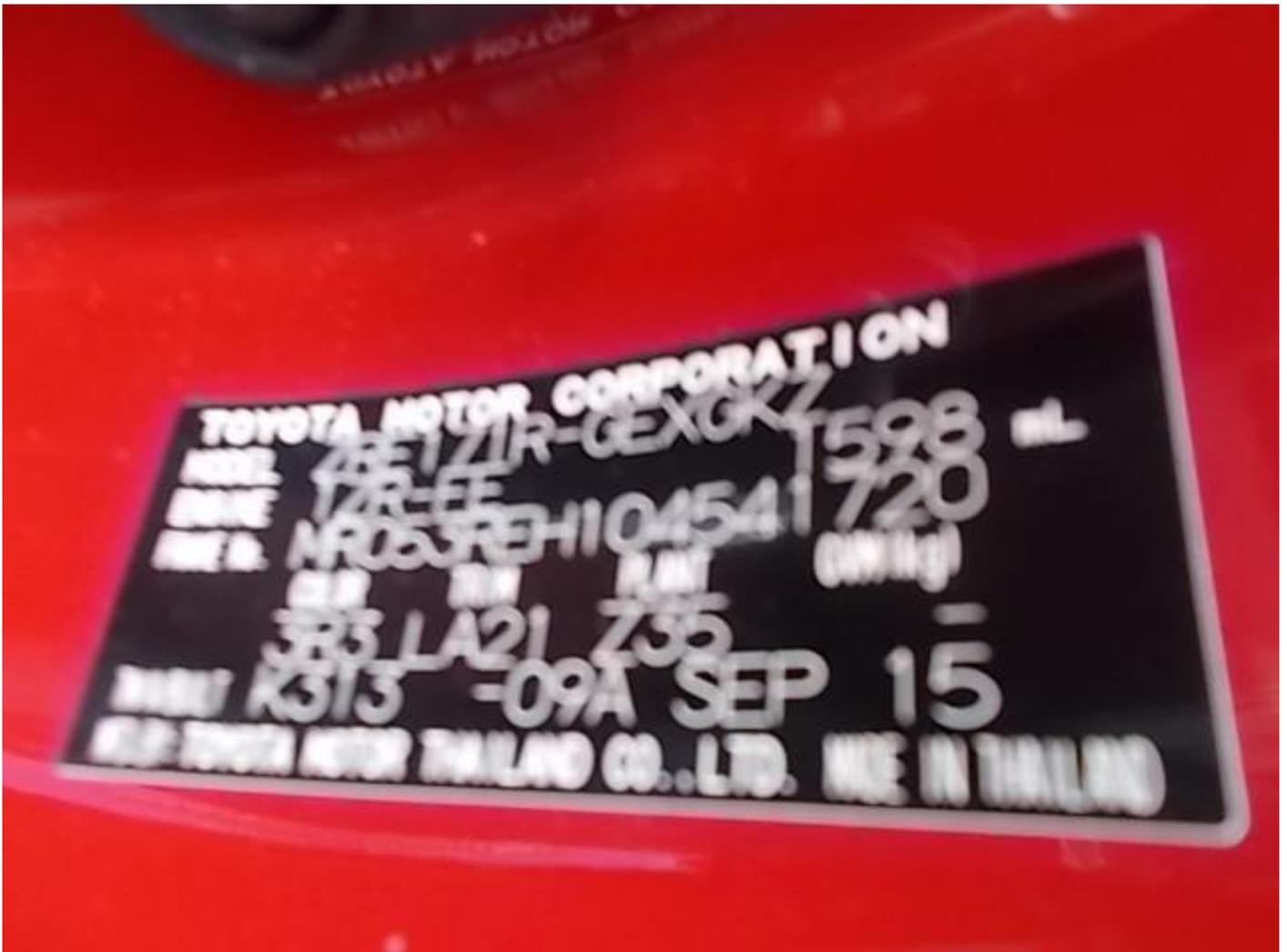
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Accident Photo



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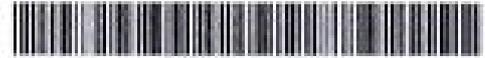
Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



D/20190111/7008

1 of 2

POLICE REPORT (NP299)

Report No. D/20190111/7008

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Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

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Name Of Informant NG YAN YEE ROSALIND	Address APT BLK 30 GHIM MOH LINK #09-332 SINGAPORE 272030	
ID Type / ID No. NRIC NO / S7902293D	Contact No. Home/Office.	Mobile: 98778780
Nationality SINGAPORE CITIZEN	Email Address tomikatos@yahoo.com	
Occupation Manager	Sex Female	Age 39
	Date of Birth 21/01/1979	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 09/01/2019 23:05 - 09/01/2019 23:05	Location Of Incident APT BLK 30 GHIM MOH LINK #09-332 SINGAPORE 272030	

Brief details.

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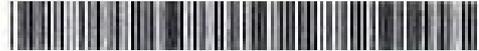
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Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



D/20190111/7008

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POLICE REPORT (NP298)

CONTINUATION OF REPORT

Report No. D/20190111/7008

Subjects Involved			
Victim			
Person Name	NG YAN YEE ROSALIND		
ID Type	NRIC NO	ID No	S7902293D
Gender	Female	Age	39
Race	Chinese	Language	English
Occupation	Manager	Address Type	
Address	APT BLK 30 GHIM MOH LINK #09-332 SINGAPORE 272030	Mobile No	98776780
Is Informant A Victim?	Yes		
Person Name	NG YAN YEE ROSALIND (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: 11/01/2019 13:52
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Identification Card

