

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	07/01/2019 16:01
Date Of Accident	04/01/2019 15:10
Exact Location Of Accident	WEST COAST HIGHWAY VIADUCT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR1399T
Insured/Policyholder	
Name Of Registered Owner	TAY SONG CHIEW
NRIC No	S0199581B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81215011
Alternative Phone No	OFFICE-81215011

Vehicle Particulars

Manufacturer	MASERATI
Model	-

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 PRIVATE CAR

Insurance Company

Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M0009504
Cover Note Number	

Driver

Name of Driver	NG MAY LING IRENE
NRIC No	S8821775F
Date Of Birth	28/06/1988
Occupation	INDOOR
Date Of Driving Pass	03/08/2015
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81215011
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address -
 Postcode -
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured FRIEND
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD
 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 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

refer attached police report.

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 Witness 1

Name ALAN
 Phone Number 96186101
 Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJP9745Y
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver JEGAN S/O ARARINDAN
 NRIC/Passport Number S9010158G
 Contact Number 91876187

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

NG MAY LING IRENE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SKR1399T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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:



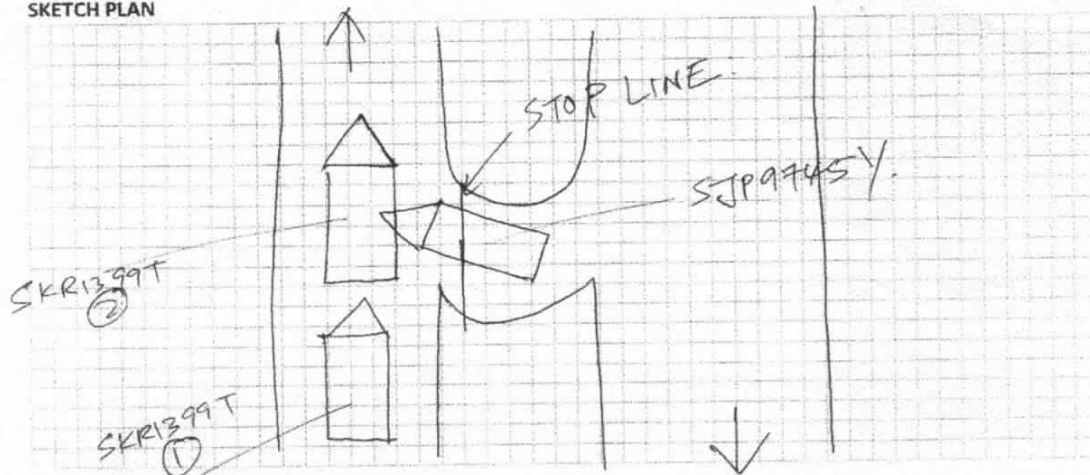
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- ① SKR1399T My Car was travelling straight along West Coast Highway viaduct at 3:08pm on 4th Jan 2019.
- ② Upon approach point ②, I noticed a vehicle turning out making a U turn onto ~~my road~~ the road I was travelling. The vehicle did not check ~~and did not~~ on coming traffic, and did not stop behind the stop line.
3. I horned at the vehicle but it continued moving & collided into the right side of my car.
4. My car's entire right side was damaged. And my neck was in severe pain after the accident. My right wrist was also bruised.

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.:

SGSOPAC SketchPlanForm_V3



**SINGAPORE
POLICE FORCE**



D/20190107/7001

1 of 2

POLICE REPORT (NP299)

Report No. D/20190107/7001

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

Date/Time Report Made 07/01/2019 04:14	Vide Report No.	Station Diary No.
Name Of Informant NG MAY LING IRENE	Address 23 UPPER SERANGOON VIEW #02-01 SINGAPORE 534047	
ID Type / ID No. NRIC NO / S8821775F	Contact No. Home/Office:	Mobile: 81215011
Nationality SINGAPORE CITIZEN	Email Address ireneng@advantechnologies.com	
Occupation Sales and marketing manager	Sex Female	Age 30
Institution/School Name	Date of Birth 28/06/1988	Race Chinese
Date/Time Of Incident 04/01/2019 15:05 - 05/01/2019 16:00	Location Of Incident WEST COAST HIGHWAY 9 KM	
Brief details.		

Traffic Accident Date: 4th January 2019
Traffic Accident Time: 3.05PM
Traffic Accident Location: West Coast Highway Viaduct

Traffic Accident Description:

I was driving straight on Lane 1 when vehicle number SJP9745Y was making a U-Turn ahead.
As I noticed his car has already exceeded the stop line, I honked to inform driver of SJP9745Y that I am

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: 07/01/2019 04:14
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



D/20190107/7001

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20190107/7001

approaching.

Despite my warning, the vehicle did not stopped and when I tried to avoid, the vehicle drove forward and hit the right fender of my car - SKR1399T, resulting in damages across the full length of my vehicle's right side.

This accident has caused tremendous shock and I am currently suffering from neck, upper right torso and lower back pain.

A&E (KTPH) has administered a body check up and gave me a 3-days MC.

Subjects Involved			
Victim			
Person Name	NG MAY LING IRENE		
ID Type	NRIC NO	ID No	S8821775F
Gender	Female	Age	30
Race	Chinese	Language	English
Occupation	Sales and marketing manager	Address Type	
Address	23 UPPER SERANGOON VIEW	Mobile No	81215011
	#02-01 SINGAPORE 534047		
Is Informant A	Yes		
Victim?			
Person Name	NG MAY LING IRENE (Informant)		

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	07/01/2019 04:14
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	