

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	28/01/2019 09:09
Date Of Accident	27/01/2019 13:40
Exact Location Of Accident	BLK 16 JOO SENG RD OPEN SPACE CARPARK LOT 241
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX7090L
Insured/Policyholder	
Name Of Registered Owner	NG CHEOK HENG
NRIC No	S0103592D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97389782
Alternative Phone No	OFFICE-97389782

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05020464
Cover Note Number	-

Driver

Name of Driver	NG CHEOK HENG
NRIC No	S0103592D
Date Of Birth	15/08/1951
Occupation	OUTDOOR
Date Of Driving Pass	31/05/1971
Driving Experience	47 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97389782
Fax Number	
Contact Number	OFFICE-97389782
EEmail Address	NOEMAIL

Address	BLK 16 JOO SENG RD #18-111
Postcode	360016
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	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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	4
Passenger 1	NAME: : TAY GEK EE GENDER: : FEMALE
Passenger 2	NAME: : NG HON JOO GENDER: : MALE
Passenger 3	NAME: : NG HON KHENG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ALJUNIED NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 13 JOO SENG ROAD , POSTCODE: 360013 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2809999 - FAX NO: 62815960
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7301A
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	TAXI
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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6. The 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 lodgment 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.
- (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

A = SKX 7090L
B = SHC 7301A

BIK 16 Joo Seng Rd open Carpark Lot 241

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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

ng cheok hen

Policyholder's Signature
Date & Time:

Signature: ngcheokhen

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

[Signature]

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

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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190127/2058

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

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Report No. T/20190127/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/01/2019 15:14	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars

Name of Informant: NG CHEOK HENG			Address: APT BLK 16 JOO SENG ROAD #18-111 SINGAPORE 360016		
ID Type / ID No.: NRIC NO / S0103592D			Contact No.: Home/Office: Mobile: 97389782		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 15/08/1951	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 27/01/2019 13:40	Type of Location: Car Park
Location: Along Road 1 JOO SENG ROAD				
Blk 16 Joo Seng Road Open space car park near lot 241.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7301A	TAXI	HYUNDAI	SONATA	Yellow		3
SKX7090L	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Black	Seriously Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKX7090L	LONPAC INSURANCE BHD.	Z18VP05020464	04/10/2018	03/10/2019

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360013
Tel No: 1800-2809999

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Report No. T/20190127/2058

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	TAY GEK EE	ID No.	S1246078C
Related Vehicle	SKX7090L (Car)	Contact No.	83492733
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NG CHEOK HENG	ID No.	S0103592D
Related Vehicle	SKX7090L (Car)	Contact No.	97389782
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	NG HON JOO	ID No.	T0016028D
Related Vehicle	SKX7090L (Car)	Contact No.	96382274
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

POLICE REPORT



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T/20190127/2058

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

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Report No. T/20190127/2058

CONTINUATION OF REPORT

Passenger			
Name	NG HON KHENG	ID No.	S9117329H
Related Vehicle	SKX7090L (Car)	Contact No.	90192057
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/01/2019 at about 1340hrs, while I was driving my vehicle at Blk 16 Joo Seng Road Open space car park near lot 241 together with my family members. I reversed my vehicle with the intention of parking into carpark lot 241. I made a check on my rear mirror and noticed one vehicle behind my vehicle. I did not expect the vehicle to stop directly behind as such, I reversed my vehicle and about 45 degrees, not entering the lot itself yet.

Subsequently, after I reversed my vehicle and hit onto that vehicle. I did not expect that the other vehicle stop directly behind my vehicle. After my vehicle's left ear bumper hit onto the other vehicle's front, we got down from our vehicle. The other driver just questioned me why did I still reverse when his vehicle was behind me. Both of us took photos of the vehicles however, we did not exchange any particulars or contact number.

I am lodging this report for insurance claiming purpose. No one was injured.



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Report No. T/20190127/2058

CONTINUATION OF REPORT

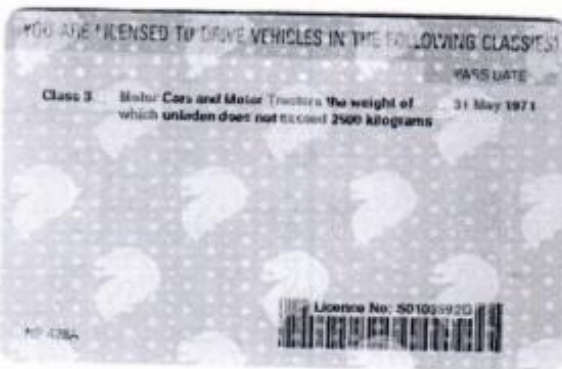
Sketch Plan

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 EUGENE LOW	Signature Of Informant: <i>Ng Chock Hong</i>
Signature Of Interpreter: Not applicable	Date/Time: 27/01/2019 15:14
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	<div style="border: 1px solid black; padding: 5px; display: inline-block;"><div style="display: inline-block; vertical-align: middle; margin-left: 10px;">SINGAPORE POLICE FORCE</div></div> <div style="margin-left: 20px; text-align: center;"><i>[Signature]</i> SN-029 SIGNATURE</div>

DRIVING DOC



Accident Photo



Accident Photo



Accident Photo



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