

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	22/03/2019 16:55
Date Of Accident	21/03/2019 21:30
Exact Location Of Accident	NICOLL HWY TWDS GUILLEMARD RD NEAR INDOOR STADIUM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV3260L
Insured/Policyholder	
Name Of Registered Owner	H & H RENTAL & LEASING PTE. LTD.
Co Reg No	201703965Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97234411

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090735902-01
Cover Note Number	-

Driver

Name of Driver	NG SIM HWEE(HUANG SENHUI)
NRIC No	S7513516E
Date Of Birth	11/05/1975
Occupation	OUTDOOR
Date Of Driving Pass	05/12/2008
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97926335
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 315B ANCHORVALE RD #14-170
Postcode	542315
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
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	SGH3695A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG QI KAI
NRIC/Passport Number	S9516123E
Contact Number	97718080
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	NG SIM HWEE(HUANG SENHUI)
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SJV3260L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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 diagram of an accident scene on a grid. On the left, two small car icons are stacked vertically, labeled 'A' and 'B'. To the right of the grid, the following text is handwritten:

A = SJV 3260L
B = SGH 3695A

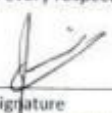
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Please Refer to Police Report

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190322/2051

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20190322/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/03/2019 11:44		Vide Report No.:		Station Diary No.: 45	
Informant's Particulars					
Name of Informant: NG SIM HWEE			Address: APT BLK 315B ANCHORVALE ROAD #14-170 SINGAPORE 542315		
ID Type / ID No.: NRIC NO / S7513516E			Contact No.: Home/Office: Mobile: 97926335		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 11/05/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE HIRE			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/03/2019 21:30	Type of Location: Straight Road
Location: Along Road 1 NICOLL HIGHWAY towards guillemard road near indoor stadium				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
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
SGH3695A	Car			Black	Seriously Damaged	1
SJV3260L	Car	TOYOTA	wish	Silver	Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
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T/20190322/2051

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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20190322/2051

CONTINUATION OF REPORT

Driver			
Name	ANG QI KAI	ID No.	S9516123E
Related Vehicle	SGH3695A (Car)	Contact No.	97718080
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
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SGH3695A (Car)	Contact No.	NIL
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 SIM HWEE	ID No.	S7513516E
Related Vehicle	SJV3260L (Car)	Contact No.	97926335
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/03/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SJV3260L (Car)	Contact No.	NIL
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



**SINGAPORE
POLICE FORCE**



T/20190322/2051

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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20190322/2051

CONTINUATION OF REPORT

Brief Details.

On the 21/03/2019, at around 2130hrs, I was trapped in a traffic jam along Nicoll highway toward guillemard road, near the indoor stadium. While waiting suddenly, I felt an impact coming from the rear of my vehicle (SJV3260L). I went to check and realise that the car (SGH3695A) behind my car had collided into the rear of my car.

The rear part of my car suffered a huge dent. No one was conveyed to the ambulance, no police was at scene and no government property damaged.

However, I felt pain in my neck and I went to consult doctor at Sengkang General Hospital and was given a 5 days of MC.

I am lodging this report as I was given a 5 days of MC.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190322/2051

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2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20190322/2051

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:

F /

Sgt 2 PHUA WEN XUE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/03/2019 11:44

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Contact No.: 65476172

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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