

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	25/03/2019 17:24
Date Of Accident	24/03/2019 18:00
Exact Location Of Accident	INSIDE CARPARK BLK 438 HOUGANG AVENUE 8
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJQ856P
Insured/Policyholder	
Name Of Registered Owner	KURUMA RENTAL PTE. LTD.
Co Reg No	201704079C
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96263049
Alternative Phone No	OFFICE-96263049
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101395658
Cover Note Number	
Driver	
Name of Driver	NG KIAN THIAM
NRIC No	S1150211C
Date Of Birth	02/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	19/09/1977
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96263049
Fax Number	
Contact Number	OTHERS-96263049
Email Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 820 YISHUN STREET 81 #04-648
Postcode	760820
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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20190325/2119 (TYPE OF COLLISION IS T/P REVERSE AND HIT INSURED)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GY5416L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ONG AH LIEN
NRIC/Passport Number	S1558913B
Contact Number	96549921
Address	
Postcode	

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

DETAILS OF INJURED PERSON 1	
Name	NG KIAN THIAM
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJQ856P
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: _____

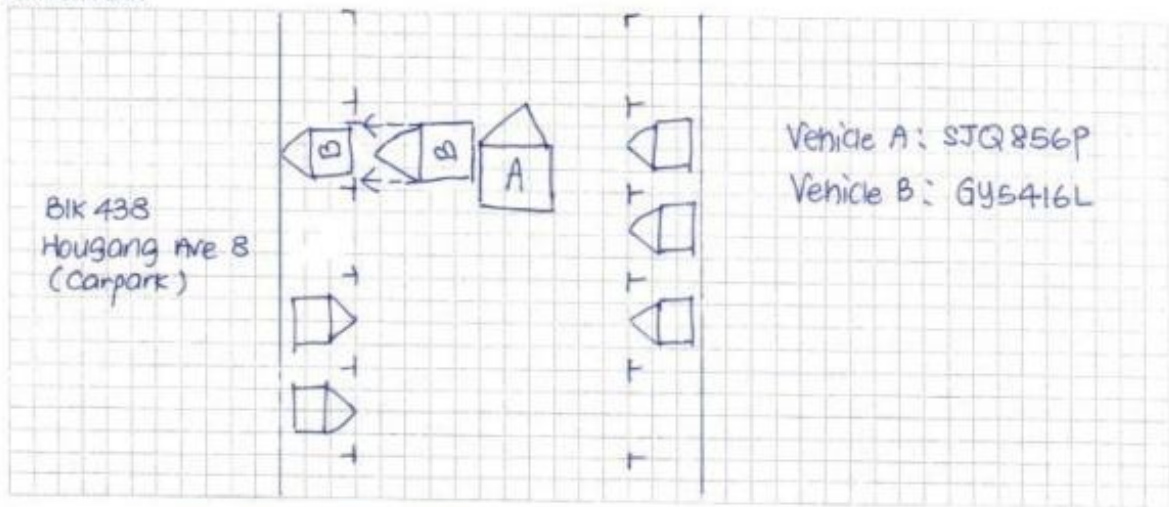



Driver's Signature
(If driver is not the policyholder)
Date & Time: _____


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/03/19 at about 1759hrs, I was driving bearing registration plate number (SJQ856P) inside carpark near to B1K 438 Hougang Avenue 8 when a vehicle bearing registration plate number (GY5416L) suddenly reversed & collided onto my vehicle A.

Police Report T/20190325/2119

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/20190325/2119

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No. T/20190325/2119

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/03/2019 14:59	Vide Report No.:	Station Diary No.: 58
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Informant's Particulars			
Name of Informant: NG KIAN THIAM		Address: APT BLK 820 YISHUN STREET 81 #04-648 SINGAPORE 760820	
ID Type / ID No.: NRIC NO / S1150211C		Contact No.: Home/Office: Mobile: 96263049	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 62	Date of Birth: 02/05/1956	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B, 2A, 2, 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/03/2019 18:00	Type of Location: Car Park
Location: Along Road 1 HOUGANG AVENUE 8 INSIDE CARPARK BLK 438 HOUGANG AVENUE 8				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side <i>Rear</i> <i>30</i>			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GY5416L	Van					0
SJQ856P	Car				Seriously Damaged	1

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190325/2119

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20190325/2119

CONTINUATION OF REPORT

Driver			
Name	NG KIAN THIAM	ID No.	S1150211C
Related Vehicle	SJQ856P (Car)	Contact No.	96263049
Hospital/Clinic	JOY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	25/03/2019	Date Discharge	25/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 24/03/2019 at about 1759hrs, I was driving my vehicle bearing registration plate number (SJQ856P) inside carpark near to Blk 438 Hougang Avenue 8 when a vehicle bearing registration plate number (GY5416L) suddenly reversed and collided onto the left side of my vehicle.

Both of us came out of our vehicles and exchanged particulars and also to check on each other. I made a check, the other driver was conscious and not suffering from any visible injuries. After exchanging particulars we both then left the place.

However on 25/03/2019, I felt pain in my neck and hip area as such I went to seek medical assistance at Joy Clinic and Surgery. I was awarded a total of 3 days medical leave with MC No. 188226. As such, I am lodging this report due to having 3 days MC.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190325/2119

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No. T/20190325/2119

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: L / Staff Sgt CHIANG FENG YU, SHONN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/03/2019 14:59
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:  SN 005
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



Accident Photo



Accident Photo



Identification Card



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1150211C



NAME
NG KIAN THIAM

DOB
02/05/1956
Date of Birth
02-05-1956
Gender
M
Country of Birth
SINGAPORE

Land Transport Authority

VOCATIONAL LICENCE

License No : S1150211C

Name : NG KIAN THIAM

Issue Date : 3/8/2011

Please visit www.lta.gov.sg to check the status of this vocational licence

YOU ARE ALLOWED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		PASS DATE
Class 08	Motorcycles not exceeding 250 cc	28 May 1977
Class 0A	Motorcycles between 251 cc and 350 cc	28 May 1977
Class 2	Motorcycles exceeding 400 cc	28 May 1977
Class 3	Motor Cars and Motor Tractors the weight of which exceeds three and one half (3.5) kilograms	18 Sep 1977

NP-426A

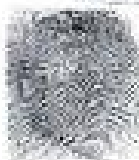


This card is non-transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sln Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	06/07/2001
02	TAXI VL	17/03/2001
04	BUS ATTENDANT	06/07/2001



License No. S1150211C



DOB
02-05-1956
Date of Birth
02-05-1956

APT 516, 822 YISHAN STREET #7
#04-545
SINGAPORE 761021

