

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	08/04/2019 17:03
Date Of Accident	05/04/2019 01:00
Exact Location Of Accident	JUNC JURONG LAKE LINK & JURONG WEST ST 41
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ2970D
Insured/Policyholder	
Name Of Registered Owner	NG HOCK SENG
NRIC No	S1083081H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96260133
Alternative Phone No	OFFICE-96260133

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5066678710-04
Cover Note Number	

Driver

Name of Driver	NG HOCK SENG
NRIC No	S1083081H
Date Of Birth	28/07/1949
Occupation	INDOOR
Date Of Driving Pass	06/06/1979
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96260133
Fax Number	
Contact Number	OFFICE-96260133
Email Address	NOEMAIL

Address	BLK 178 YUNG SHENG ROAD #06-129
Postcode	610178
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?	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 NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190406/2107.

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	FBM4213J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NG HOCK SENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJQ2970D

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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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:

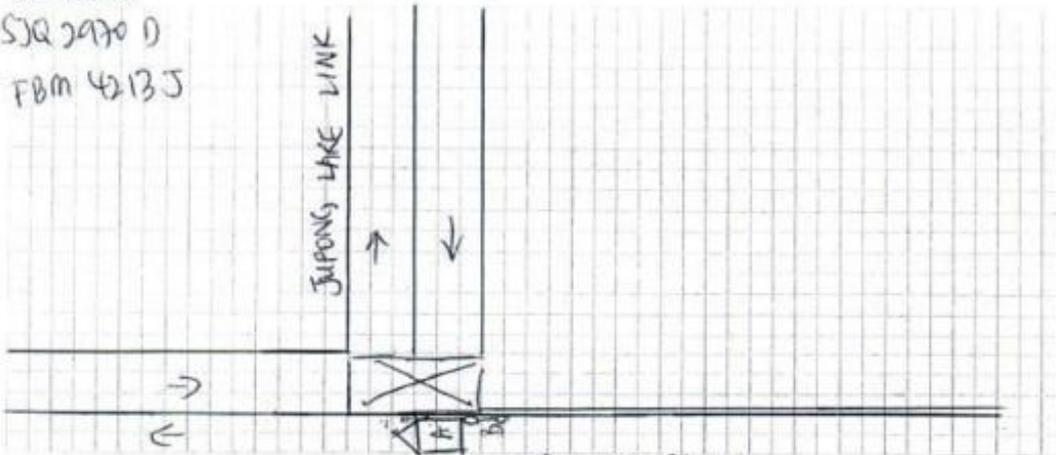


Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A: SJQ 2970 D
B: FBM 4213 J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT JURONG WEST ST 41

ON THE STATED TIME AND DATE, I (SJQ2970D) WAS TRAVELLING ALONG ~~THE~~ THE STATED VENUE, WHILE APPROACHING THE JUNCTION OF JURONG LAKE LINK, ~~THERE~~ I REALISED THERE WAS AN APPROACHING VEHICLE AND I STOPPED AT THE JUNCTION. SUDDENLY THERE WAS A HUGE BANG ON MY RIGHT. ~~AND~~ I ALIGHTED AND REALISED THAT (FBM 4213 J) HAD TRIED TO OVERTAKE ME ON A SINGLE CARRIAGEWAY ROAD AND COLLIDED ONTO MY VEHICLE, CAUSING DAMAGES. I HAVE A WITNESS: MOHAMED, 97540685. I WISH TO STATE THAT THE ROAD HAVE A DOUBLE WHITE LINE AND THE BIKE SHOULD NOT OVERTAKE AT THE DOUBLE WHITE LINE.

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/20190406/2107

1 of 3

Report No. T/20190406/2107

Police Station Of Origin:
Clemens N.P.C
20 Clemens Avenue 5 SINGAPORE 129858
Tel No. 1800-8729999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2019 17:09	Video Report No.	Station Diary No. 134
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Informant's Particulars

Name of Informant: NG HOCK SENG		Address: APT BLK 178 YUNG SHENG ROAD #06-129 SINGAPORE 610178	
ID Type / ID No.: NRIC NO / S1083061H		Contact No.: Home/Office:	Mobile: 96260133
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 69	Date of Birth: 26/07/1949	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Food/Drink stall assistant		Driving Licence Information: Class: 2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/04/2019 01:00	Type of Location: T-Junction
Location: Along Road 1 JURONG WEST STREET 41				
T-Junction of Jurong West Street 41, about to turn right to Jurong Lake Link				
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			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM4213J	Motorcycle				Slightly Damaged	0
SJQ2970D	Car				Slightly Damaged	0

Details of Person Involved

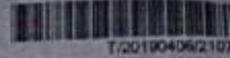
Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No. 1800-8728999



T/20190406/2107

**SING
POL**
Police Station Of
Clementi N.P.C
20 Clementi AV
Tel No. 1800-8

2 of 3

Report No. T/20190406/2107

CONTINUATION OF REPORT

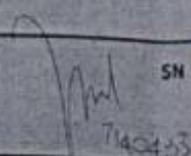
Driver			
Name	NG HOCK SENG	ID No.	S1083081H
Related Vehicle	SJQ2970D (Car)	Contact No.	96260133
Hospital/Clinic	MY HEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	05/04/2019	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Brief Details.

On 05/04/2019 at 0100hrs, I was driving my car (SJQ2970D), along Jurong West St 41 and was approaching the junction of Jurong Lake Link, I signalled to turn right into Jurong Lake Link. As there was an approaching vehicle, I stopped at the junction. Suddenly, I felt an impact and there was a huge bang on my front right bumper side. I realised that a motorcycle (FBM4213J) had tried to overtake me on a single carriageway road and collided onto the right side of my vehicle, causing damage to my front right bumper. I have a witness (Mohamed, HP: 97540685), who was opposite of the road and he left me his contact number should Traffic Police require it. I wish to state that the road was a double white line and the biker should not overtake me from my right by crossing the double white line. The driver was a Chinese male.

I wish to state that Ambulance and Police attended to my incident, but neither myself nor the motorcyclist was conveyed via the ambulance to hospital. The Police also took down my particulars. The front right bumper side of my car and tyre rim is damaged and I estimate the costs to be more than SGD\$1000/-. I did not sustain visible injuries but felt bruised and uncomfortable all over my body.

I went to see a doctor at My Health Medical Centre as the next day I felt bruises and pain all over my back and body. The doctor said that I sustained whiplash and gave me 4 days of MC (1554453076) from 05/04/2019 to 08/04/2019.


SINGAPORE POLICE FORCE SN 37
7140433
SIGNATURE

Police Report

Report No. T20190406/2107

2 of 3

T20190406/2107



SINGAPORE POLICE FORCE



T/20190406/2107

3 of 3

Report No. T/20190406/2107

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No. 1800-8729999

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:

D /
Sgt 3 PEARL MARIE NG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/04/2019 17:09

Officer In Charge Of Case:

TP / GIT /
Staff Sgt LEE GUAN
Contact No.: 65473000

Classification Of Case:

S/ 37

Authentication Stamp
NP168

7142483
SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

