

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	22/04/2019 14:38
Date Of Accident	19/04/2019 18:30
Exact Location Of Accident	TURF CLUB AVE TWDS TURF CLUB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDQ990E
Insured/Policyholder	
Name Of Registered Owner	NBH TRANSPORT
Co Reg No	53329715W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-60000000

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 ABS D/AB 2WD 4DR (A)
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VCX / P1838774
Cover Note Number	

Driver

Name of Driver	NG BOON HIAN
NRIC No	S1296205C
Date Of Birth	25/08/1958
Occupation	INDOOR
Date Of Driving Pass	07/05/1977
Driving Experience	41 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97555252
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	354A ADMIRALTY DR #13-262
Postcode	751354
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 - CHANGE/CROSS LANE
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: : YEO ZI SHENG JUAN
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	T/20190420/2012
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Report 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	SLH3779H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 BOON HIAN
Approximate Age	61
Injuries Sustain	UNKNOWN
Injured person in which vehicle?	SDQ990E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	YEO ZI SHENG JUAN
Approximate Age	
Injuries Sustain	UNKNOWN
Injured person in which vehicle?	SDQ990E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

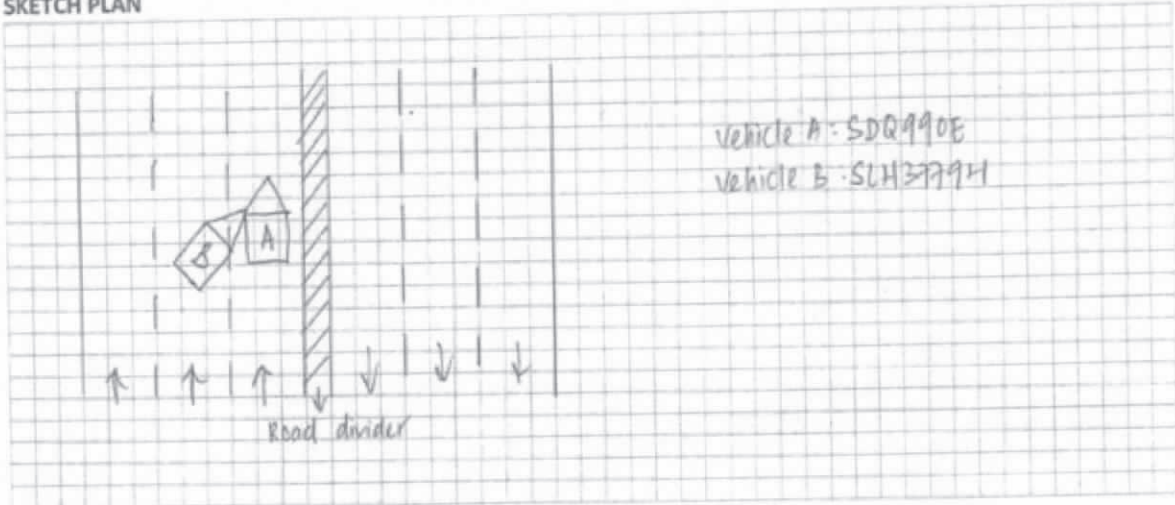

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.: 8713 18056

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines for describing the circumstances of the accident. A long, curved arrow is drawn across the top half of this section, pointing from the right side towards the bottom left.

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



Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NP 168 No.	:	T/20190420/2012	Name	:	NG BOON HIAN
Accident Date/Time	:	19/04/2019 @ 1830hrs	Address	:	354A ADMIRALTY DRIVE #13-262
Vehicle(s) Involved	:	SDQ990E	NRIC No	:	S1296205C
	:	SLH3779H	Tel No	:	97555252
	:		Date	:	20/04/2019

Dear Sir / Madam

Accident involving SDQ990E AND SLH3779H
at Along Turf Club Ave towards Turf Club on 19/04/2019 at 1830 hours

With reference to the above, I have on 20/04/2019 (date) 0302 hours (time) make a police report at Sembawang NPC (Police Station/NPP/NPC)
In NP 168 - T/20190420/2012

On 20/04/2019 (date), 2340 hours (time) at Sembawang NPC (Police Station/NPP/NPC), I make the following amendments to the above report;
Details of vehicle plate SLH3779H: Ng Say Huat, S1326701D, tel: 94762212
On 19/04/2019 at about 1830hrs, I was driving my silver Hyundai Elantra number SDQ990E along Turf Club Ave towards Turf Club. There was heavy traffic along the said road and as such I was driving very slowly along Lane 1.

Suddenly a gold Nissan Sylphy car number SLH3779H which came from my left cut into my lane. The car's right driver door hit the left side of my car. The left side of my car was damaged and the alignment of the wheel was off. My left headlight was also broken. As the wheel alignment was off, my car could not move and I needed to engage a towing crew.

We both exchanged particulars and after all was settled, I took a cab to go back home. In the cab, i suddenly felt dizziness and some back pain and decided to head to a clinic nearby my house namely "Healthwerkz Medical Centre @Semb MRT" I was given 3 days of MC from 19/04/2019 to 21/04/2019

Yours Faithfully,


(Signature)

Police Report



TRAFFIC POLICE
AMENDMENT
FOR OFFICIAL USE

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

If a police officer recorded these amendments, please complete the following.

Name / Rank No : SC2 WU JUNRONG

Date and Time : 21/04/2019 @ 0001hrs

Station Dairy No : 01

Signature : JR

SEMDAWANG NPC
4 Sembawang Crescent
Singapore 757633
Tel: 1860-5549909
Fax: 68522499