

## 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	29/04/2019 15:22
Date Of Accident	28/04/2019 16:50
Exact Location Of Accident	KPE EXIT 6 TOWARDS AIRPORT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK1955L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FRANCIS EMMANUEL NG HNG YONG
NRIC No	S7703599J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87000272
Alternative Phone No	OTHERS-92728242

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 X (A)
Exact Purpose for which vehicle was being used at time of accident	
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT106399
Cover Note Number	

### Driver

Name of Driver	FRANCIS EMMANUEL NG HNG YONG
NRIC No	S7703599J
Date Of Birth	31/01/1977
Occupation	OUTDOOR
Date Of Driving Pass	16/06/1995
Driving Experience	23 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87000272
Fax Number	
Contact Number	OTHERS-92728242
Email Address	NOEMAIL

Address	APT BLK 515 WOODLANDS DRIVE 14 #06-149 SINGAPORE 730515
Postcode	
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : NG MING KEAT RYAN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST N.P.C
Police Station Address	<b>ROAD:</b> 1 WOODLANDS STREET 12 , <b>POSTCODE:</b> 738622 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON 28.04.2019 AT ABOUT 16:50HRS, I WAS DRIVING ALONG KPE EXIT 6 TOWARDS AIRPORT ROAD WHEN A VAN GU6336Z, COLLIDED INTO MY VEHICLE SJK1955L. I ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A CHAIN COLLISION, WITH THE TAXI SHC5081Y COLLIDING INTO THE VAN THAT COLLIDED INTO MY VEHICLE. THE PASSENGERS FROM THE VAN AND TAXI ALIGHTED AND WE EXCHANGED PARTICULAR. I CALLED FOR POLICE AND TRAFFIC POLICE WAS AT SCENE. AMBULANCE WAS ALSO AT SCENE AS THERE WAS INJURED PARTIES. MY VEHICLE WAS TOWED AWAY AND I WENT TO SEE A DOCTOR WITH MY SON AS WE WERE NOT FEELING WELL AFTER THE ACCIDENT. BOTH OF US WE GIVEN 3 DAYS MC.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GU6336Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

Name of Driver	LUO FUZENG
NRIC/Passport Number	S2730770A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC5081Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN CHENG KEONG
NRIC/Passport Number	S6830258G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

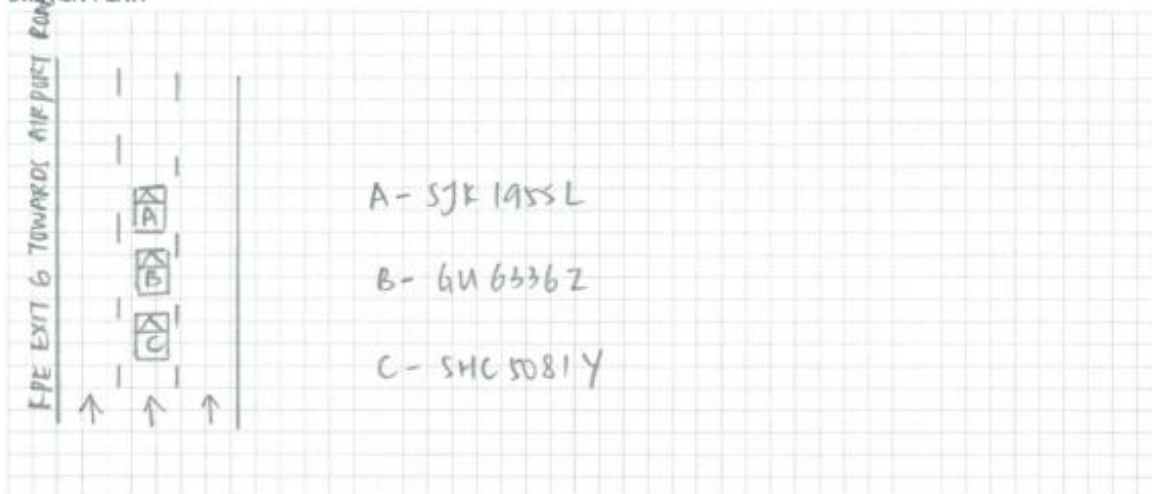
Name	FRANCIS EMMANUEL NG HNG YONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJK1955L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	NG MING KEAT RYAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJK1955L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28.04.2019 at about 16:50 hrs, I was driving along FPE Exit 6 towards Airport Road when a van GU 6336Z, collided into my vehicle SJF 1955L. I alighted from my vehicle and realized it was a chain collision, with the taxi SHC 5081Y colliding into the van that collided into my vehicle. The passengers from the van and taxi alighted and we exchanged particulars. I called for police and Traffic Police was at scene. Ambulance was also at scene as there was injured parties. My vehicle was towed away and I went to see a doctor with my son as we were not feeling well after the accident. Both of us were given 3 days MC.

### DECLARATION

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

Policyholder's Signature

Date & Time: 29.04.2019 @  
11:30am

GIARAC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Sketch Plan #2

### 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: 29.04.2019 @  
11:30am

Driver's Signature

(if driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Accident Photo



Accident Photo



Accident Photo

