NATIONAL Assessment Centre	Services	per i Jan'03] .	MMA 11906	4703.	, , , , , , , , , , , , , , , , , , , ,
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TP Particulars: Veh No: Sk	H 2014 A	INC (	)/Non-INC (	4	
Owner / Driver: (	in below we will be to be		Tel:		)
Policy No: ( ) Period	d: (	)	Cover Type: (		
Confirmed by : (		Dater	Tima:		)
Insured/Driver Liability: ( %) [Not	ic-Est. Status	(WO): N: 0-209	%; P: 21-79%.	P: 80-100	)%]
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	STATE OF THE PARTY OF	Invoice dated	Fee Che	read 14	190.77 SX

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Contact Number EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.
- Any false reporting may be referred to the Police for investigation.
- 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	18/05/2019 13:59
Date Of Accident	18/05/2019 01:20
Exact Location Of Accident	HOUGANG AVE 8
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGY5240B
Insured/Policyholder	
Name Of Registered Owner	NG SIOW MIN
NRIC No	S1727470H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96533012
Alternative Phone No	OFFICE-96533012
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5093868220-01
Cover Note Number	
Driver	
Name of Driver	NG JUN SIANG
NRIC No	T0007887A
Date Of Birth	05/03/2000
Occupation	INDOOR
Date Of Driving Pass	09/11/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96148383
Fax Number	
6	

NOEMAIL

Address

BLK 439 HOUGANG AVE 8 #03-1553

Postcode

530439

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

CHILDREN

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)

1

### **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?

YES

Remarks/ Reasons:

ONLY FRONT CAMERA

Was there any audio recorded?

NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKH2014A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

# Name NG JUN SIANG Approximate Age Injuries Sustain BODY Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address Postcode

# SKETCH PLAN

# IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 6. The 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 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 .:

SKETCH PLAN		
		A = SGY 5240B
		A = SGY 5240B B = SKH 2014A
		B DAR FITH
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7	Housang Ave 8.	
ESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
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CLARATION		
	ticulars are true in every respect.	1 /
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licyholder's Signature	Driver's Signature	
te & Time:	(If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
	Date & Time:	NRIC/FIN No.:

GIARME STREET PRINTED BY





Police Station Of Origin: Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

1 of 3 Report No. T/20190518/2018

	ne Report N 019 03:27	Made:	Vide Report No.:	Station Diary No.: 39	
Informa	nt's Partic	ulars	AND THE PERSON NAMED IN COLUMN TWO	ARREST STREET, AND CONTRACT OF THE PARTY OF	
Name of NG JUN	Informant: SIANG		Address: APT BLK 439 HOUGA 530439	ANG AVENUE 8 #03-1553 SINGAPORE	
	/ ID No.: D / T000788	87A	Contact No.: Home/Office:	Mobile: 96148383	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Age: Date of Birth: Male 19 05/03/2000			Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name: ITE Collge East		
Occupation: Student		Driving Licence Information: Class: 3 Date of Expiry:			

General Infor	mation of the Accide				
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/05/2019 01:20	Type of Location Straight Road	
Location: Along Road 1 HOUGANG A					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
		Traffic Control:		Traffic Volume:	
Type of Collis Between Mov	ion: ing Vehicles - Head T	o Rear		Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SGY5240B	Car				Slightly Damaged	0
SKH2014A	Car				Slightly Damaged	0

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





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Report No. T/20190518/

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Driver				T. Berl		
Name	NG JUN SIANG			ID No	).	T0007887A
Related Vehicle	SGY5240B (Car)		,	Conta	act No.	96148383
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

## Brief Details.

On 18/05/2019 at about 0122hrs, I was driving along Hougang Ave 8 at lane 2 and preparing to turn to the left into my carpark. As I applied my brakes lightly, I suddenly felt an impact from the rear of my car. As a result my car was pushed forward further down the road and missed the entrance. I then stepped out of the vehicle and discovered that the said driver of a car bearing no. SKH2014A drove into the said carpark.

I proceeded to call for the police. The said vehicle plate number was detached from car and dropped on the road.

Soon after that, the traffic police arrived and made a search at the carpark. I was then instructed to park my car inside the carpark. The traffic police managed to apprehend the said driver.

The driver was subsequently arrested and I was informed to lodge a traffic accident report.

I will be proceeding to see a doctor as I am feeling unwell.





3 of 3

Report No. T/20190518/2018

olice Station Of Origin: ¿Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

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 / Staff Sgt MUHAMMAD SYAZWAN BIN MOHAMAD YASIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/05/2019 03:27
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:
Authentication Stamp Signature Signature Police Force	





# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A

5421251

03-02-2015

APT BLK 439 HOUGANG AVENUE 8 #03-1553 SINGAPORE 530439

**eBao**Tech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 · Change Language · Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 18/05/2019 13:52 Vehicle No.(For Motor) SGY5240B Certificate Number Search Policyholder Name Certificate Policyholder NRIC Select Policy No. Vehicle Insured Commence Date Product Cover Type Expiry Date Number Object 5093868220-NG SIOW MIN S1727470H GPC Third Party SGY5240B SGY5240B 28/09/2018 27/09/2019 01 Continue

Count   No.   March   Count   Count   No.   Count   No.	Claim Handling Accident MT/1045151			Adama a lateration	2005/2000/200			
Secretary   Secr	Policy No.	5093868220-01	Vehicle No	*********		0000000	ACCOOPERAL	
Michaele Marcale   Michaele	Certificate No.	19653119354.47.4	VEHICLE NO.	SGY5240B		GST Rep	stration No.	
Tribuct No.   Professor   Control Registrated   Control Registra	Policyholder Name	NG STOW MIN						
Contact in Contact   Contact in	Product Code	PRIVATE CAR INSURANCE	Cover Type	980000000				S172
Control Register   Control Reg	Contact No.(Mobile)			Third Party		7000 400		0
Moto Priceston   No	Email Address						No.(Home)	
Mode	KFK	* No Yes		e No Was				No 1
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Reporting Cateling   Outgoing Force	Date of Accident	18/05/2019						Collis
ModGANG AVE	Reporting Centre			01:20			of Accident	Singa
Description	Accident Location	HOUGANG AVE 8				ICM No.		
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Character   Char	Own damage Excess	0.00	Additional Excess				will be a second	
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CST Registression No.								
### Policyholder Malling Address  ### Policyholder Malling Address    DK 439 803-1553	GST Registration No.	100						
Address 2 HOUGANG AVENUE 8 Address 3 SING Address 4 Address 199	Modification History			GST Statu	is Verified		Yes	
Address 2 HOUGANG AVENUE 8 Address 3 SING Address 4 Address 199	Policyholder Mailinn Ad	trace						
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Of Driver Into  Unnamed Driver Driver Name Unnamed Driver Upnamed Driver Driver Name Unnamed Driver Order Name Ag JUN SIANG Driver Ag8 Driver A				Singapore address		Post Cod	e	53043
Driver Name  Unnamed Driver  Unnamed driver Name  NG JAN STANG  Driver NBCC  Driver			Related Policy Number	5093868220-01				
University   Uni	The state of the s	Unana d Balan						
Register Date of Driver License Oy11/2018 Driver Age 19 Driver Date 19 Driver Date 19 Driving Experience Ox032 Contact No. (Office) Contact No. (Office) Contact No. (Office) Address 2 HOUGANG AVENUE 8 Address 3 SINGLA Address 4 Address 5 Address 7 HOUGANG AVENUE 8 Address 3 Address 3 Address 7 HOUGANG AVENUE 8 Address 3 Address 4 Address 7 HOUGANG AVENUE 8 Address 3 Address 4 Address 5 Address 4 Address 7 Yes No Driver Insurer Company Driver In				Unnamed Driver				
Contact No. (Mobile) 65143363 Contact No. (Office) Contact No. (Office) Contact No. (Indice)				T0007887A		Driver Do	ов	05/03
Address 1 BLK 419 #03-1553 Address 2 HOUGANG AVENUE 8 Address 3 SINGLA Address 4 Address 4 Address 7 Post Cade 33041  Address 7 Post Cade 33041  Dec 8 pown a Singapore Pres * No Driver Vehicle No. Driver Insurer Company  Declaration  Breathalyser or Blood Test Company  Claim 001 Next  Claim 19pe * OD-MX V Insured Cade Pres Post Cade Company  Claim 19pe * OD-MX V Insured Cade Company  Claim 19pe * OD-MX V Insured Cade Company  Claim 19pe * OD-MX V Insured Cade Company  Claim 201 Next  Contact No. (Mobile)  Final Address OD-MX V Insured Cade Company  Preferred Company  Final Address OD-MX V Insured Cade Cade Cade Cade Cade Cade Cade Ca				19		Driving E	xperience	0
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Unit No. 03-1553   Docs in com a Singapore address   Post Code   53043   Docs in com a Singapore   Yes x No   Driver Vehicle No.   Driver Insurer Company    Declaration   Breathalyser or Blood Test   O mg   Any injury?   x Yes No    Claim 001   New   Insured   No.   Insured   No.   SIDW MIN    Contact No. (Mobile)   Sidw Min   No.   Sidw Min   No.    Contact No. (Mobile)   Sidw Min   No.   Sidw Min   No.    Contact No. (Mobile)   Sidw Min   No.   Sidw Min   No.    Contact No. (Mobile)   Sidw Min   No.   Sidw Min   No.    Contact No. (Mobile)   Sidw Min   No.   Sidw Min   No.    Contact No. (Mobile)   Sidw Min   No.   Sidw Min   No.    Contact No. (Mobile)   Sidw Min   No.   Sidw Min   No.    Contact No. (Mobile)   Sidw Min   No.   Sidw Min   No.    Contact No. (Mobile)   Sidw Min   No.   Sidw Min   No.    Contact No. (Mobile)   Sidw Min   No.   Sidw Min   No.    Contact No. (Mobile)   Sidw Min   No.   Sidw Min   No.    Sidw Min   Sidw Min   No.   Sidw Min   No.    Sidw Min   No.   Sidw Min   No.   Sidw Min   No.    Sidw No.   Sidw Min   No.   Sidw Min   No.   Sidw Min   No.   Sidw Min   No.    Sidw No.   Sidw Min   No.   Sidw Min   No.   Sidw Min   No.   Sidw Min   No.    Sidw No.   Sidw Min		DER 439 #03-1553			8	Address :	1	SINGA
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Driver Insurer Company  Driver	Does he own a Singapore							
Breathalyser or Blood Test 0 mg Any Injury? # Yes No  Any Injury? # Yes No  Claim 901 Nex  Claim 901 Nex  Claim 901 Nex  Claim 901 Nex  Contact No. (Mobile)  Email Address  Contact No. (Mobile)  Contact No. (Mobile)  Email Address  Contact No. (Mobile)  Email Address  Contact No. (Mobile)  Contact No. (Mobile)  Substitute  Email Address  Contact No. (Mobile)  Contact No. (Mobile)  Substitute  Contact	Registered car?		Driver Vehicle No.			Driver In	surer Company	
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Claim Type *  OD-MX   Insured   Mg SIOW MIN   Mg SIOW MIN	Reading?	0 mg	Any injury?	w. Yes 🕞 No				
Contact No. (Mobile)  Contact No. (Mobile)  Email Address  Contact No. (Mobile)  Email Address  Contact No. (Mobile)  Preferred No. No. (Home)  SGY5240B / SKH2014A ON 18 May 2019  SGY5240B / SKH2014A ON 18 May 2019  Preferred No. (Yes	Modification History  Claim 001 New							
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Contact No. (Mobile)  Email Address  Children	Claim Type *				OD-MX	▼ Insured	NG SIOW MIN	
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Registered Option Preferred Workshop, Name unknown Teport Received Teport Rece	Preferred				SGY5240B / SKH2014A (	ON 18 May 2019		
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				Save Submit				
	Attachment							

Claim No.

001

MT/1045151

Last Doc. Received

Yes No

Upload Date

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