#### 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 <u>truthful and accurate</u> 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.
- 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

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	ACCIDENT STATEMENT
Date Of Report	28/05/2019 10:28
Date Of Accident	25/05/2019 08:15
Exact Location Of Accident	MARGARET DR
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGG5792U
Insured/Policyholder	
Name Of Registered Owner	WONG MAY LAN
NRIC No	S6990004F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96993319
Alternative Phone No	OFFICE-96993319
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.8L 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106969578
Cover Note Number	
Driver	
Name of Driver	NIGEL TAY CHYE NGUANG
NRIC No	S9548251A
Date Of Birth	28/12/1995

NRIC No S9548251A

Date Of Birth 28/12/1995

Occupation INDOOR

Date Of Driving Pass 21/11/2014

Driving Experience 4 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96993319

Fax Number

Contact Number OFFICE-96993319

EMail Address NOEMAIL

1 GAMBIR WALK Address

538968 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **FRIEND** 

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? YES

Foreign Vehicle Registration Number MAG1150 (PRIVATE CAR)

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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 ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)

ROAD: 51 ANG MO KIO AVENUE 9, POSTCODE: 569929, COUNTRY: Police Station Address

**SINGAPORE** 

Police Station Contact TEL NO: 1800-2180000 - FAX NO: 64814246

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

REFER TO POLICE REPORT - F/20190527/7047.

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number MAG1150

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

### SKETCH PLAN

#### **IMPORTANT NOTICE**

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- 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.
- 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.
- 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)

l 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:
  - 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:
  - 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:

SUSSECTION SERVICE AND ADDRESS OF THE

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

NRIC/FIN No.:

### **Accident Sketch Plan**

SKETCH PLAN		
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DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
I WAS TRAVE		C. C. C.
my our lan		1. Sulday, Vehick B car
nte my land		my funt plant portland
of manual	drive my vehice	de e my vehicle 1921 mp
CLARATION		
e declare the foregoing parti	culars are true in every respect.	$\mathcal{M}_{\alpha}$
cyholder's Signature e & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

NRIC/FIN No.:

#### **Police Report**





1 of 2

### POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No:1800-2180000

Report No. F/20190527/7047

Date/Time Report Made 27/05/2019 19:34	Vide Report No.		Station Diary No.	
Name Of Informant	Address			
NIGEL TAY CHYE NGUANG	1 GAMBIR WALK SINGAPORE 538968			
ID Type / ID No. NRIC NO / S9548251A	Contact No. Home/Office: Mobile: 96993319			
Nationality SINGAPORE CITIZEN	Email Address nigeltay@hotmail.com			
Occupation	Sex	Age	Date of Birth	Race
Automation technician	Male	23	28/12/1995	Chinese
Institution/School Name	Language English			
Date/Time Of Incident	Location Of Incident			
25/05/2019 08:15 - 27/05/2019 08:15	1 GAMBIR WALK SINGAPORE 538968			
Brief details.				

On 25/05/2019 8.15am, i Nigel Tay Chye Nguang, ic number S9548251A, was driving to work on queensway road. I was on the left lane going straight when suddenly a trailer turned into my lane forcing me to take evasive action and swerve into magaret drive on my left. I lost control of my car and mounted the kerb. I called traffic police to assist and they told me to lodge an accident and police report. Camera footage has been sent to investigation officer.

Report number : E/20190525/0066

Traffic accident along Magaret drive involving vehicles SGG5792U and MAG1150 on 25/05/19

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2019 19:34
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

### Police Report





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190527/7047

Victim		1000	
Person Name	NIGEL TAY CHYE NGUANG		
ID Type	NRIC NO	ID No	S9548251A
Gender	Male	Age	23
Race	Chinese	Language	English
Occupation	Automation technician	Address Type	
Address	1 GAMBIR WALK SINGAPORE 538968	Mobile No	96993319
Is Informant A Victim?	Yes		
Person Name	NIGEL TAY CHYE NGUANG (Informant)		

Signature Of Officer Recording The Report:	Signature Of Informant:	
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2019 19:34	
Officer In-Charge Of Case:	Classification Of Case:	
Authentication Stamp		

























