

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	13/08/2019 18:58
Date Of Accident	09/08/2019 10:15
Exact Location Of Accident	SERDANG TAMAN MUHIBBAH SERI KEMBANGAN SELANGOR
Country/State of Loss	MALAYSIA/SELANGOR DARUL EHSAN

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC5564L
Insured/Policyholder	
Name Of Registered Owner	NG LEE HENG
NRIC No	S1282930B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98564003
Alternative Phone No	OFFICE-98564003

Vehicle Particulars

Manufacturer	BMW
Model	523I
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3052341800
Cover Note Number	-

Driver

Name of Driver	NATALIE NG SHI NI
NRIC No	S8421527I
Date Of Birth	17/07/1984
Occupation	INDOOR
Date Of Driving Pass	22/08/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98808840
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 26 TOA PAYOH EAST #06-168
Postcode	310026
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own 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)	5
Passenger 1	NAME: : DIANNA GENDER: : FEMALE
Passenger 2	NAME: : ANG TENG HONG GENDER: : MALE
Passenger 3	NAME: : NG LEE HENG GENDER: : MALE
Passenger 4	NAME: : ANG YU JUN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20190813/7025

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	SKL2462T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIN MIN HUI
NRIC/Passport Number	S9937573F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NATALIE NG SHI NI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMC5564L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	DIANNA (FEMALE)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMC5564L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	ANG YU JUN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMC5564L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	NG LEE HENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMC5564L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	

Postcode

DETAILS OF INJURED PERSON 5

Name	ANG TENG HONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMC5564L
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.

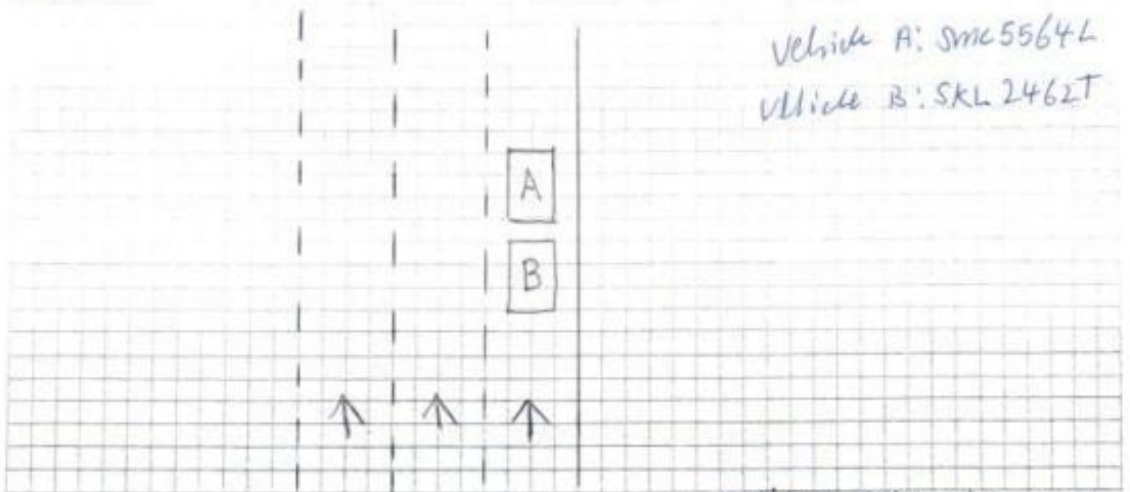
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Serdang, Taman Multi bkaah, Seri Kembangan, Selangor

Refer to Police Report

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/20190813/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No: T/20190813/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2019 15:47	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: NATALIE NG SHI NI			Address: APT BLK 26 TOA PAYOH EAST #06-168 SINGAPORE 310026		
ID Type / ID No.: NRIC NO / S8421527I			Contact No.: Home/Office: Mobile: 98808840		
Nationality: SINGAPORE CITIZEN			Email: enquiry@rico60.com		
Sex: Female	Age: 35	Date of Birth: 17/07/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SENIOR BANK OFFICER			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/08/2019 10:15	Type of Location: Bend
Location: Serdang, Taman Muhibbah, Seri Kembangan, Selangor				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKL2462T	Car					0
SMC5564L	Car	BMW	523i	Grey	Seriously Damaged	4

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC5564L	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN3052341800	02/08/2019	23/11/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190813/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190813/7025

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NATALIE NG SHI NI	ID No.	S8421527I
Related Vehicle	SMC5564L (Car)	Contact No.	98808840
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	13/08/2019	Date Discharge	13/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Passenger			
Name	DIANNA SIA XING YING	ID No.	S9241946J
Related Vehicle	SMC5564L (Car)	Contact No.	98564003
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/08/2019	Date Discharge	13/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Passenger			
Name	NG LEE HENG	ID No.	S1282930B
Related Vehicle	SMC5564L (Car)	Contact No.	81244878
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/08/2019	Date Discharge	13/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190813/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190813/7025

CONTINUATION OF REPORT

Passenger			
Name	ANG YU JUN CAYENNE		ID No. T1234458E
Related Vehicle	SMC5564L (Car)		Contact No. 98808840
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	13/08/2019	Date Discharge	13/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Passenger			
Name	ANG TENG HONG CAYDEN		ID No. T1112078J
Related Vehicle	SMC5564L (Car)		Contact No. 98808840
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	13/08/2019	Date Discharge	13/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

ON THE STATED DATE & TIME, I, VEHICLE A WAS STATIONARY ON THE STATED VENUE DUE TO HEAVY TRAFFIC. SUDDENLY I FELT AN HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE. I THEN REALISE THAT IS VEHICLE B THAT COLLIDED ONTO IT.

I WISH TO STATE THAT I GOT 4 PASSENGERS IN MY VEHICLE & I WAS INJURED.

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20190813/7025

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Report No. T/20190813/7025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
13/08/2019 15:47

Classification Of Case:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S84215271



Name

NATALIE NG SHI NI

黃詩霓

Race

CHINESE

Date of birth

17-07-1984

Sex

F

Country/Place of birth

SINGAPORE



583290



NRIC No. S84215271



Date of issue

27-11-2017

APT BLK 26 TOA PAYOH EAST #06-168

SINGAPORE 310026

NRIC No: S84215271

Date: 08/03/2019

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S 84215271**

Name:

NATALIE NG SHI NI

Birth Date: **17 Jul 1984**

Issue Date: **25 Jul 2018**



002827652D

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$



NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

