# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 22/08/2019 13:16

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 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.

aforesaid.  ACCIDENT STATEMENT		
Date Of Report	21/08/2019 16:35	
Date Of Accident	20/08/2019 17:40	
Exact Location Of Accident	ECP	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMC1820Z	
Insured/Policyholder		
Name Of Registered Owner	MR NG KAY CHEONG	
NRIC No	\$1441058I	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-91835656	
Alternative Phone No	Office-91835656	
Vehicle Particulars		
Manufacturer	MAZDA	
Model	2-1.5 R (M)	
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?	YES	
lf No, Please state action to be taken		
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number		
Cover Note Number		
Driver		
Name of Driver	NG WAN TING	
NRIC No	S9742493D	
Date Of Birth	27/11/1997	

**INDOOR** 

25/07/2016

3 YEARS AND 0 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-96529383

Fax Number

**Contact Number** 

**EMail Address NOEMAIL** 

Address 65 CLOVER CRESCENT

Postcode 579226 Was driver an employee of the Insured's Company NO

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

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

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Passenger 1 Name: : KEEFE ROBIN SIM

3

NO

NO

NO

2

NO

NO

Gender: : Male

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

#### SEE SKETCH PLAN

#### 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 SLK7670U

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category Name of Driver SIM PENG SHIN NRIC/Passport Number Contact Number S7325696H

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SLH8026P

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver JUSTIN LONG

NRIC/Passport Number S7245375A

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Sketch Plan**

KETCH PLAN	
ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT LICENSE PLATE NO:
ACCIDENT DATE:	CONTACT NUMBER:
ACCIDENT TIME:	EMAIL:
LOCATION:	CIVII VIC.
ECOATION.	
IOTE: PLEASE NOTE THAT YOUR INSUR	R MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY PLEASE CHECK YOUR POLICY FOR MORE INFORMATION
LEASE STATE: ( ) CLAIM OW	
CLARATION We declare the foregoing particular	s are true in every respect.
icyholder's Signature	Driver's Signature Reporting Centre Bersonney's Signature
te & Time: 21/8/2018	(If driver is not the policyholder)  Date & Time:  NRIC/FIN No.:

GIARNIC SketchFlanForm\_V3

#### 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)

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:
  - 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:

Name: NRIC/FIN No.:

Reportin

-4-1206

Dear Mdm/Sir,

I, Ng Wan Ting, S9742493D, give full authorisation to Mr Ng Kay Cheong, S1441058I to make the accident report on my behalf as I have school and will not be able to leave during school hours.

On 20 August 2019, at 5.40pm, the accident occurred on ECP. The accident involved three cars. The first being a Lexus, SLH8026P belonging to Mr Justin Long Foo Song, S7245375A. The second car involved was a BMW, SLK7670U belonging to Mr Sim Peng Shin, S7325696H. The third being the Mazda, SMC1820Z belonging to me. None of the drivers or passengers were injured in this accident.

According to Mr Justin Long Foo Song, a taxi in front of him braked abruptly which caused him to also brake in this emergency. The taxi drove off without stopping and was not damaged. Mr Justin Long was a Grab driver and said that he had a passenger in the car that was uninjured.

Mr Sim Peng Shin subsequently had to brake as well in this emergency and as a result hit the car belonging to Mr Justin Long.

Subsequently, I had to perform an emergency brake to avoid hitting Mr Sim Peng Shin's car. However, my car skidded forward and hit Mr Sim Peng Shin's car.

The damage can be seen in the photos I submitted online.

Both Mr Long and Mr Sim subsequently drove off the ECP expressway and I moved my car to the side to wait for a tow truck.

Above are the exact details of the incident. I sincerely thank you for taking the time to read this letter.

Regards,

1100





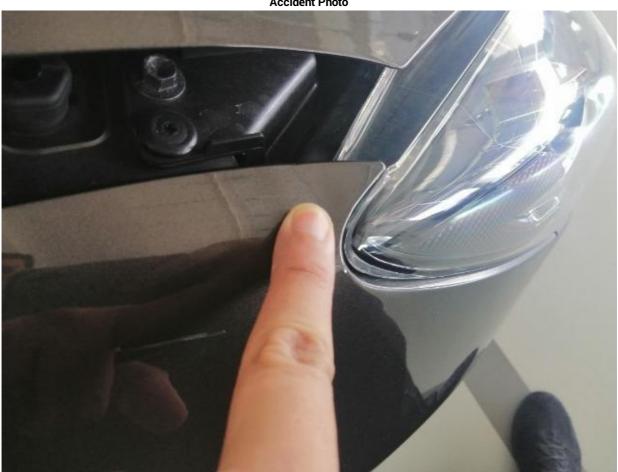








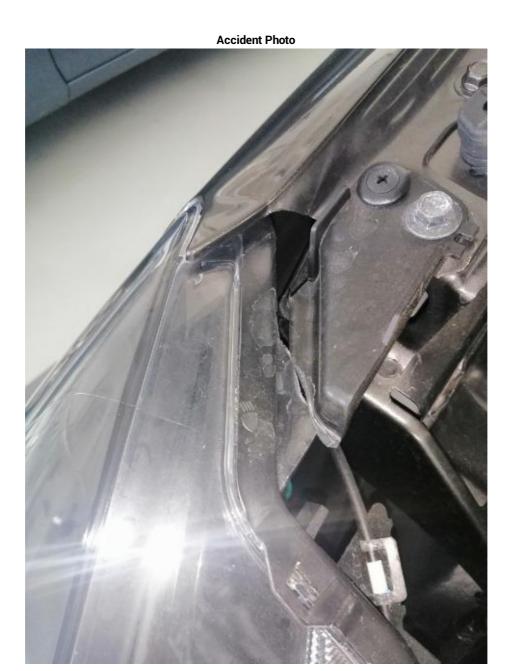












**Accident Photo** 













