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

aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	30/09/2019 19:20
Date Of Accident	29/09/2019 15:30
Exact Location Of Accident	JUNC JURONG TOWN HALL RD & AYE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP6970H
Insured/Policyholder	
Name Of Registered Owner	NG YONG MING GABRIEL
NRIC No	S9319671F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97942624
Alternative Phone No	OFFICE-97942624
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ 1.3L AT
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
If No, Please state action to be taken	
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	5109045262
Cover Note Number	

	١,	

Name of Driver NG YONG MING, GABRIEL

NRIC No S9319671F
Date Of Birth 04/06/1993
Occupation OUTDOOR
Date Of Driving Pass 21/09/2012

Driving Experience 7 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97942624

Fax Number

Contact Number OFFICE-97942624

EMail Address NOEMAIL

Address BLK 321B ANCHORVALE DRIVE

#04-192

Postcode 542321

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 COLLISION - CROSS JUNCTION

Weather Conditions DRIZZLING
Road Surface WET

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?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? 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 TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address 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/20190930/7007.

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

SKD3555U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 25

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME: :

GENDER: :

2

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Accident Sketch Plan

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KETCH PLAN		18
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Mill Mill		
ECLARATION		
	particulars are true in every respect.	٨
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olicyholder's Signature	Driver's Signature	Reporting Centre Personne's Signature
ate & Time:	(if driver is not the policyholder)	Name:

GIARMC SkitchPlanForm_V3

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Police Report





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

1 of 3 Report No. T/20190930/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/09/2019 11:51		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: NG YONG MING, GABRIEL			Address: APT BLK 321B ANCHORVALE DRIVE #04-192 SINGAPORE 542321		
ID Type / ID No.: NRIC NO / S9319671F		71F	Contact No.: Home/Office:	Mobile: 97942624	
National SINGAP	ity: ORE CITIZ	EN	Email: gabrielnym@hotmail.com		
Sex: Age: Date of Birth: 04/06/1993			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Salesperson (door-to-door)		to-door)	Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/09/2019 15:30	Type of Location X-Junction
Weather:	WN HALL ROAD	Road Surface: Wet		Road Speed Limit: 70 Km/h
DIDZZUNN		*****		70 Kileli
Drizzling Traffic Flow: Dual Carriage	e Way	Traffic Control: Traffic Light - Fau		Traffic Volume: Light

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJP6970H	Car	HONDA	JAZZ 1.3L AT	White		0
SKD3555U	Car	BMW			Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP6970H	NTUC Income Insurance Co-Operative Limited	5109045262	26/04/2019	25/04/2020

Police Report





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

2 of 3 Report No. T/20190930/7007

CONTINUATION OF REPORT

Details of Perso	the second secon	LED DIE	ACCOUNT NAME OF THE OWNER,	11/2 9/22		A SHARE WAS A PROPERTY.
Any Pedestrian I	rvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Peo	destriar	Cross	sing: NA
Driver		San San San	STATE OF STREET	1977		
Name	NG YONG MING, GABRIEL			ID No		S9319671F
Related Vehicle	SJP6970H (Car)			Conta	ct No.	97942624
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days gran	ted Medical Leave	Degree of	Injury	NIL		
Driver		Designation of the last of the	Bulletin		I (Ball)	
Name	LIM WEI CHONG			ID No		S7820885F
Related Vehicle	SKD3555U (Car)			Conta	ct No.	93886698
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

I was travelling straight along Jurong Town Hall Road towards Teban Gardens. When approaching AYE Teban Flyover, the traffic lights was faulty and another car who was turning right on the opposite lane crossed in a fast speed and we collided.

TP and LTA was informed and came down to investigate.

No injury was reported at the scene.

Police Report





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

3 of 3 Report No. T/20190930/7007

CONTINUATION OF REPORT

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NP168

Informant is not able to provide sketch plan

The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 30/09/2019 11:51
Classification Of Case:



































