

## 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	29/11/2019 13:39
Date Of Accident	28/11/2019 20:55
Exact Location Of Accident	AMK AVE 1 FILTER LANE TO CTE/SLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV2936D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81669797

### Vehicle Particulars

Manufacturer	HONDA
Model	FREED 1.5G HYBRID A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096971233-01
Cover Note Number	

### Driver

Name of Driver	NG HUNG SIANG KELVIN (HUANG HANXIANG)
NRIC No	S8020101Z
Date Of Birth	13/07/1980
Occupation	OUTDOOR
Date Of Driving Pass	05/10/2004
Driving Experience	15 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96655667
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 487 ADMIRALTY LINK #04-143
Postcode	750487
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

#### 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)
Police Station Address	<b>ROAD:</b> 51 ANG MO KIO AVENUE 9 , <b>POSTCODE:</b> 569929 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2180000 - <b>FAX NO:</b> 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT F/20191129/7015

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### Details of Witness 1

Name	AMIRUL
Phone Number	84980127
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ6154Z
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	NG HUNG SIANG KELVIN (HUANG HANXIANG)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLV2936D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	GRAB PASSENGER
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLV2936D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.:

## Accident Sketch Plan

SKETCH PLAN

CTE

ANK Ave 1

A = SLV 2936D

B = GBJ 6154Z

ANK Ave 1 filter to CTE / SLE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report F/20191129/7015

## DECLARATION

I/We declare that 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**



F/20191129/7015

1 of 2

## POLICE REPORT (NP299)

Report No. F/20191129/7015

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-2180000

Date/Time Report Made 29/11/2019 12:07	Vide Report No.	Station Diary No.
Name Of Informant NG HUNG SIANG KELVIN	Address APT BLK 487 ADMIRALTY LINK #04-143 SINGAPORE 750487	
ID Type / ID No. NRIC NO / S8020101Z	Contact No. Home/Office:	Mobile: 96655667
Nationality SINGAPORE CITIZEN	Email Address Kelvin801307@gmail.com	
Occupation Chauffeur	Sex Male	Age 39
Institution/School Name	Date of Birth 13/07/1980	Race Chinese
Date/Time Of Incident 28/11/2019 20:50	Location Of Incident ANG MO KIO AVENUE 1	

### Brief details.

On Thursday, November 28 2019, at approximately 20:55, while I'm sending a passenger home, my vehicle was hit by a lorry from behind while I'm flittering out to SLE/TPE from Ang Mo Kio Ave 1. The impact was significate that damage my left side of my vehicle from back to front. The whole accident was capture in my car cam as well as there was a witness at the scene which was driving in front of me capture the incident in his car cam too. The accident course me pain in various area especially my right side as I hit again the windscreen on my right. The passenger was also advise to see doctor if she feel uncomfortable as the impact was at the left side as where she was sittid. I had provided details of the

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/11/2019 12:07
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



F/20191129/7015

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20191129/7015

witness below to help in the investigation.

Witness Name: Amirul

Contact Hp: 84980127

<b>Subjects Involved</b>			
<b>Victim</b>			
Person Name	NG HUNG SIANG KELVIN		
ID Type	NRIC NO	ID No	S8020101Z
Gender	Male	Age	39
Race	Chinese	Language	English
Occupation	Chauffeur	Address Type	
Address	APT BLK 487 ADMIRALTY LINK #04-143 SINGAPORE 750487		Mobile No 96655667
Is Informant A Victim?	Yes		
<b>Person Name</b> NG HUNG SIANG KELVIN (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/11/2019 12:07
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo







Accident Photo



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