

Date of Accident : 28.11.2019 Accident Time: 19.36 (24-HR-Format)
 Accident Place : Sims Avenue.
 Vehicle No. (Car Plate No.) : SJQ 8181 A Make/Model: Toyota Harrier
 Insurance Company : Etiqa Policy No: MA004564
 Owner or Company Name /IC No. : Ng Phean Hai, Nicholas (S8123755G)
 Owner or Company Contact No. : - Owner's Hp 90629328 Company Tel
 DRIVER'S Name / IC No. : as above
 DRIVER'S Date Of Birth : 02.08.1981 DRIVER'S License Pass Date 22.01.2001
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : 7 Pasir Ris Rise #07-15 Singapore 518083
 DRIVER'S Contact No./ Alt No. : 1) - 2) -
 DRIVER'S Occupation : ~~INDOOR~~ \ OUTDOOR (e.g. working inside or outside office)
 Email Address : -
 Weather & Road Surface : CLEAR & DRY \ ~~RAINING~~ & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ ~~Claim Other Party~~ \ Claim Own Insurance
 Number of Passengers (Including Driver): 1 Driver
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: ~~Private use~~ \ Work purpose
 Any Injury (If YES, Pls state): Yes (Neck & Back)

Other Party Driver's Particular (if any)

Vehicle No: SKL 8804B	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

SKETCH PLAN

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. 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.
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.:

SKETCH PLAN



A: SJQ 8181 A

B: SKL 8804 B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Refer the attached Police Report No: T/2019/1128/7039

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2019 21:47		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG PHEAN HAI, NICHOLAS			Address: 7 PASIR RIS RISE #7-15 SEA HORIZON SINGAPORE		
ID Type / ID No.: NRIC NO / S8123755G			Contact No.: Home/Office: Mobile: 90629328		
Nationality: SINGAPORE CITIZEN			Email: nyzero@singnet.com.sg		
Sex: Male	Age: 38	Date of Birth: 02/08/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Management executive			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/11/2019 19:36	Type of Location: Straight Road
Location: SIMS AVENUE				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: moving car hit my stationary car				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ8181A	Car	TOYOTA	harrier	Black	Slightly Damaged	1
SKL8804B	Car	MERCEDES BENZ		Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ8181A	ETIQA INSURANCE BERHAD			



**SINGAPORE
POLICE FORCE**



T/20191128/7039

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

2 of 4

Report No. T/20191128/7039

CONTINUATION OF REPORT

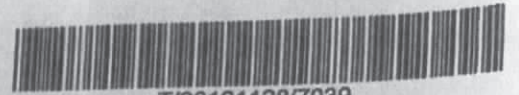
Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG PHEAN HAI, NICHOLAS	ID No.	S8123755G
Related Vehicle	SJQ8181A (Car)	Contact No.	90629328
Hospital/Clinic	SHENTON MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/11/2019	Date Discharge	28/11/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	NG PHEAN HAI NICHOLAS	ID No.	S8123755G
Related Vehicle	SJQ8181A (Car)	Contact No.	90629328
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/11/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM SWEE HONG	ID No.	S
Related Vehicle	SKL8804B (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

At main road beside kallang mrt station, car stationary await traffic light, moving rear car collided hit my car at the rear. Impact caused me to head onto the steering wheel cause nose bleed and neck strain. went to see doctor and got 5 days MC. Driver exchanged information and done his insurance report as informed by whatsapp message. Doctor and Car advisor informed me to lodge report.



**SINGAPORE
POLICE FORCE**



T/20191128/7039

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

3 of 4

Report No. T/20191128/7039

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20191128/7039

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

4 of 4

Report No. T/20191128/7039

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 / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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:
28/11/2019 21:47

Classification Of Case: