

## 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	14/10/2020 16:54
Date Of Accident	14/10/2020 13:40
Exact Location Of Accident	JURONG WEST AVENUE 1 TRAFFIC LIGHT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM1296J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG RI HUA
NRIC No	SXXXX616A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90107030
Alternative Phone No	OTHERS-90107030

### Vehicle Particulars

Manufacturer	LAND ROVER
Model	DISCOVERY S14 SPORT
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5118523144
Cover Note Number	

### Driver

Name of Driver	NG RI HUA
NRIC No	SXXXX616A
Date Of Birth	04/11/1984
Occupation	INDOOR
Date Of Driving Pass	17/10/2007
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90107030
Fax Number	
Contact Number	OTHERS-90107030
Email Address	NOEMAIL

Address	BLK 405 JURONG WEST STREET 42 #10-613
Postcode	640405
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 - 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: : KIEW YEAN CHING GENDER: : FEMALE
Passenger 2	NAME: : ANDERS NG YI MING GENDER: : MALE
Passenger 3	NAME: : AURORA NG SHI WEI GENDER: : FEMALE
Passenger 4	NAME: : TAN AH KHIM GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO 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	SLF6189B
Vehicle Make/Model/Colour	JAGUAR XE
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	ONG THIAM HUAT
NRIC/Passport Number	SXXXX879I
Contact Number	92305589
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	NG RI HUA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMM1296J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

Veh A: SMM 1296 J

Veh B: SLF 6189 B

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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.

\*\* I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature

Date & Time: 11/01/2020

15:45

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN

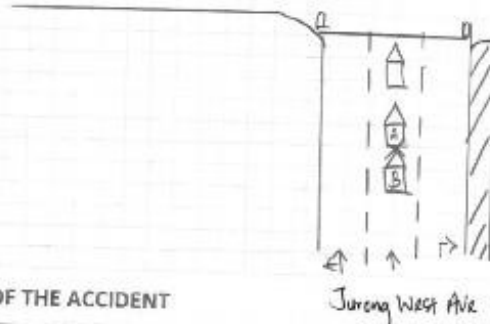
Veh A: SHM 1246J

Veh B: SLF 6189B

Jurong Central

Jurong Green  
Community Club

Jurong West St 42



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While i stationary at the traffic junction wait for traffic light turn green.  
Suddenly Vehicle B bang onto my rear of vehicle.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 14/10/2020

15:45

Driver's Signature

(if driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

**RafflesMedical**  
Your Trusted Partner for Health

## MEDICAL CERTIFICATE

NRIC : S8436616A  
NAME : NG RI HUA ALAN

VISIT DATE : 14 Oct 2020 (16:54)  
VISIT NO : G00920017180

This is to certify that the above mentioned has been given;

OUTPATIENT SICK LEAVE for 2 days from 14 Oct 2020 to 15 Oct 2020

DOCTOR : SARALA DEVI SANKARAN NAIR (M02738C)  
CLINIC : Jurong Point

ADDRESS : 1 JURONG WEST CENTRAL 2 LEVEL -B1A-19D JURONG POINT SHOPPING CENTRE

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.  
\*This certificate is electronically generated. No signature is required.

Printed: 14 Oct 2020, 05:11PM



Raffles Connect

Download RafflesConnect to:

- Teleconsult with our GP Doctor
- Request eQueue before coming to GP clinic
- Book an appointment for GP phone consult
- More features ...



Medicine Delivery

Medicine Delivery Service:

- Scan QR Code to request online

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 - 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No.: MVA420090013 Vehicle Registration No.: SWN 1246 J  
Name (as shown in NRIC): Ng K. Hua NRIC/FIN/Passport No.: S 8436616 A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: Blk 405 Jurong West St 42 # 10 - 613 Singapore (640405)  
Contact (Tel): \_\_\_\_\_ Mobile No.: 90107030  
Email Address: \_\_\_\_\_  
Date of Accident: 14.10.2020 Time of Accident: 1340 HRS  
Place of Accident: Jurong West Ave 1 Traffic Light  
Insurance Company: NIC

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Owner got injury. FOR NG RI HUA BURAI  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date: \_\_\_\_\_

Reporting Centre Personnel's Signature  
Name: Rold. M. H. H.  
NRIC/FIN No.: \_\_\_\_\_  
Date: 15/10/2020