Your NCD will be affected due to late reporting

ⒼⒾⒶ SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE
1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
3. Information provided must be as truthful and accurate 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.
<u>**5. Any false reporting may be referred to the Police for investigation.**</u>
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 Submission	12/05/2021 13:27 (SGT)
Date of Accident	10/05/2021 18:50 (SGT)
Exact Location of Accident	130 Tg Rhu Rd, Singapore 436918
Additional Location Information	PEBBLE BAY CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP830H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JAMESON NG JUN MIN (HUANG JUNMIN)
NRIC No	SXXXX821J
Email Address	RYDERAUTOWORKSHOP@GMAIL.COM
Mobile Phone No	(Phone) +65-92716511
Alternative Phone No	+65-92716511

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Esquire
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00005222000
Cover Note Number	-

DRIVER

Name of Driver	JAMESON NG JUN MIN (HUANG JUNMIN)
NRIC No	SXXXX821J

Date Of Birth	04/11/1989
Occupation	Outdoor
Date Of Driving Pass	10/03/2015
Driving experience	6 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92716511
Alt. Phone Number	+65-92716511
Email Address	RYDERAUTOWORKSHOP@GMAIL.COM
Address	BLK 659A PUNGGOL EAST
Address complement	-
Postcode	#02-769
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head on collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SANDHYA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

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	SMG640L
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	JAMESON NG JUN MIN (HUANG JUNMIN)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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.

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.
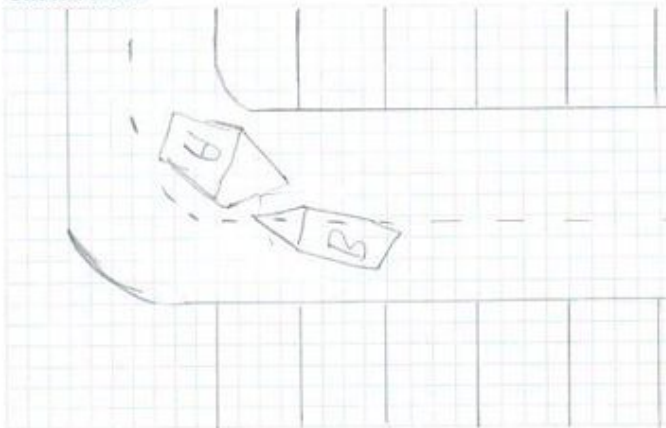
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SMP8304I

B: SMG640L

Pebble Bay carpark

Describe Circumstances of the Accident

On 10/05/2021 at 6.50 pm I was driving my Vehicle A (SMP830H) IN Pebble bay Carpark as I was about to finish my left turn I saw Vehicle B (SMG640L) approaching I slow down my Vehicle and almost come to a STOP. When Vehicle B saw my Vehicle She did not slow down and cut into my lane and hit on to my front driver Side.

After the accident I went to INTEMEDICAL KOVAN and was Given 4 days MC (MC: OD-KV0000100024).

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

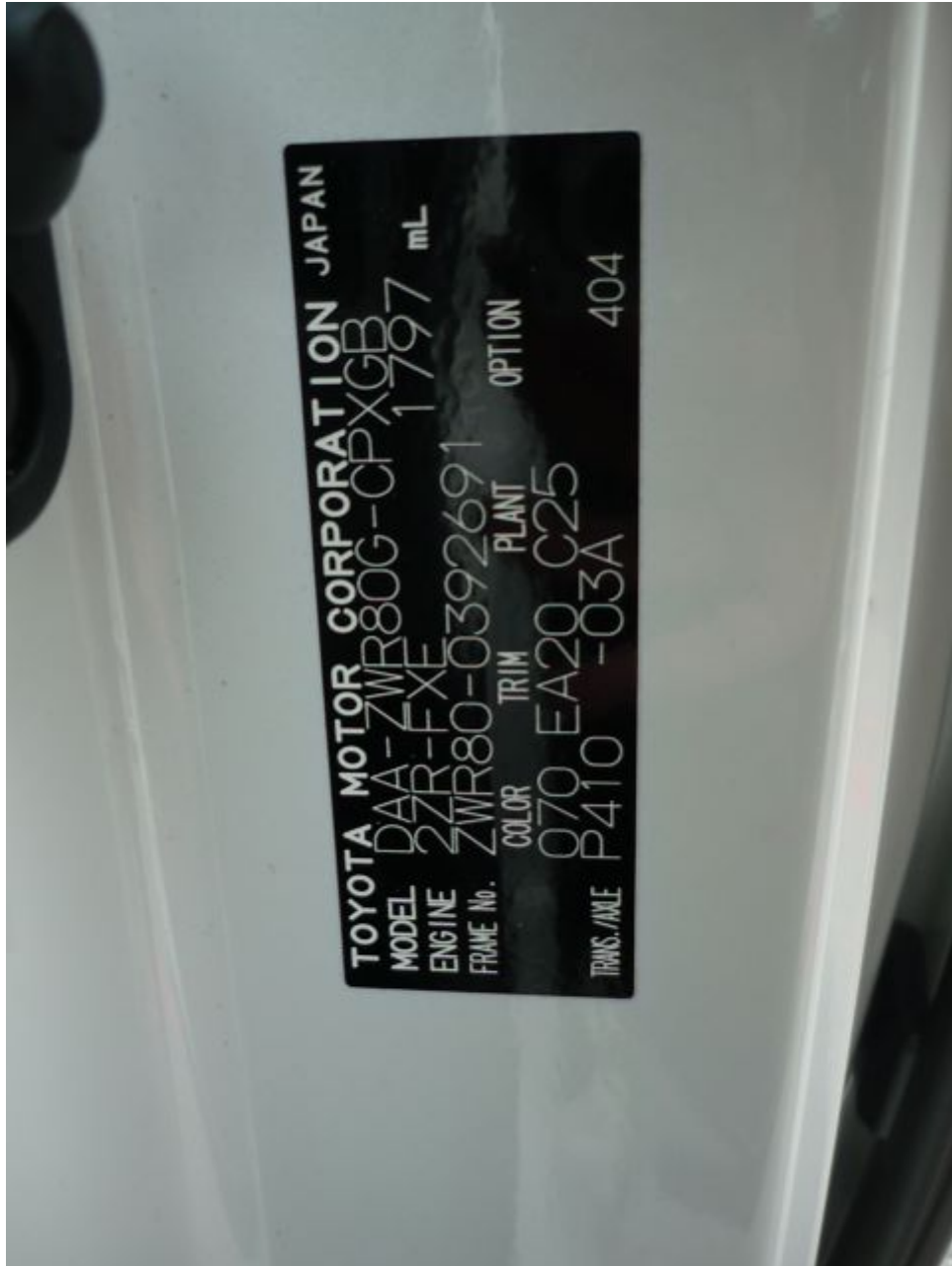Witnessed by Reporting Centre Personnel

SINGAPORE POLICE FORCE

POLICE REPORT (NP299)

Report No. G/20210511/7025

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 11/05/2021 13:01	Vide Report No.	Station Diary No.
Name Of Informant JAMESON NG JUN MIN	Address 659A PUNGGOL EAST #02-769 SINGAPORE 821659	
ID Type / ID No. NRIC NO / S8940821J	Contact No. Home/Office: Mobile: 92716511	

Nationality SINGAPORE CITIZEN	Email Address jameson5688@gmail.com			
Occupation Grab Driver	Sex Male	Age 31	Date of Birth 04/11/1989	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 10/05/2021 18:50 - 10/05/2021 18:55	Location Of Incident 130 TANJONG RHU ROAD PEBBLE BAY SINGAPORE 436918			

Brief details.

on 10/05/2021 at 6.50pm i was driving my vehicle A (SMP830H) in pebble bay carpark as i was about to finish my left turn, i saw vehicle B (SMG640L) approaching i slow down my vehicle and almost come to a STOP.when vehicle B saw my vehicle she did not slow down and cut into my lane and hit on to my front driver side.

after the accident i went to intermedical kovan and was given 4 days MC (MC:OD-KV000010024)

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: 11/05/2021 13:01
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	