

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 Actual 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 Submission	16/11/2022 17:11 (SGT)
Reported by	Driver
Date of Accident	15/11/2022 09:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW4261H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NGEE SENG HING
Company Reg No	03908400X
Email Address	ngeesenghing@gmail.com
Mobile Phone No	(Phone) +65-91553234
Alternative Phone No	+65-96707775

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	CABSTAR
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3153

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05012318

DRIVER

Name of Driver	NGIN SING YENG
Work Permit No	F7070911L
Date Of Birth	02/12/1959
Occupation	Outdoor

Date Of Driving Pass	23/04/2019
Driving experience	3 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91940613
Alt. Phone Number	-
Email Address	ngeesenghing@gmail.com
Address	9 DEFU LANE 5 DEFU IND PARK A (S) 539396
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collided into Property
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS8756H
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)	-

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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

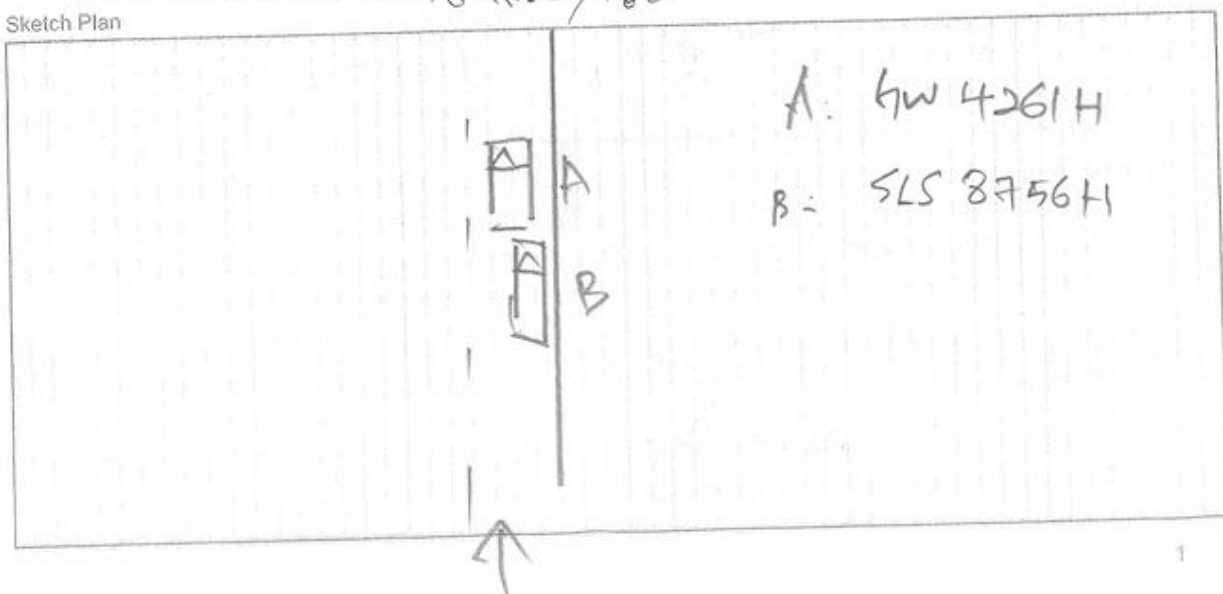
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

義成興
NGEE SENG HING
NO. 9, DEFU LANE 5
SINGAPORE 539396
Policyholder's Signature, Date & Time
6280 7770, 6280 7772

Accident
Driver's Signature (if driver is not the policyholder) / Date
& Time 16.11.22 / 160

WITNESSED BY REPORTING CENTRE PERSONNEL
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

ref to attached police report.

Note: Please note that your insurer may have 14days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Declaration

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

義成興
NGEE SENG HING
NO. 9, DEFU LANE 5
SINGAPORE 539396

Policyholder's Signature / Date 8/5/19 7/2

Alex Ng

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



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



































**SINGAPORE
POLICE FORCE**



J/20221115/2033

1 of 2

POLICE REPORT (NP299)

Report No. J/20221115/2033

Police Station Of Origin
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Date/Time Report Made 15/11/2022 10:27	Vide Report No.	Station Diary No. 33
Name Of Informant NGIN SING YENG	Address 211 BOON LAY PLACE #18-135 BOON LAY PLACE SINGAPORE 640211	
ID Type / ID No. FIN NO / F7070911L	Contact No. Home/Office Mobile 91940613	
Nationality MALAYSIAN	Email Address	
Occupation RENOVATION	Sex Male	Age 62
Institution/School Name	Date of Birth 02/12/1959	Race Chinese
	Language English	
Date/Time Of Incident 15/11/2022 09:15	Location Of Incident PAN-ISLAND EXPRESSWAY SINGAPORE	

Brief details.

On 15/11/2022 at around 0915hrs, I was driving my company's (CN RENOVATION & AIR-CON ENGINEERING) vehicle, V1: GW4261H along PIE, heading towards the City. The traffic ahead was slow moving paced as there is going to be a merge between the two lanes due to on-going construction work. I noticed the vehicle behind me was following me quite closely and did not give way to other moving vehicles however I ignored and continued driving slowly.

While moving slowly, suddenly I felt a knock on my right rear bumper of V1. I stop my vehicle to make a

Signature Of Officer Recording The Report: J / SGT 2 MUHAMMAD SHAHHIDAN AZIM BIN YACOB 	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/11/2022 10:27
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / SI KUAN JIAN MING JEREMY Contact No.: 67928675	Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20221115/2033

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20221115/2033

check and saw a vehicle, V2: SLS8756H had knocked onto the rear of V1.

I did not call for ambulance because no one was injured. The driver and I exchanged particulars and agreed to settle the matter through insurance. There is no camera in my vehicle, and I am unsure if there is any camera in V2. The driver and I do not have any passenger with us. I told the driver that he did not give way however the driver insist that he is going to claim from me.

I am lodging this report for insurance claim purposes. I would like to state that there is a CCTV camera where the incident happened.

Damages of V1 and V2 are as follows:

- Scratches on the rear right bumper on V1
- Broken front bumper of V2

Driver's particulars:

Sivandarass S/O M Sevoo

S2543501A

DOB: 09/10/1962

Blk 986B Buangkok Crescent #11-52

Signature Of Officer Recording The Report:
J / SGT 2 MUHAMMAD SHAHHIDAN
AZIM BIN YACOB

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/11/2022 10:27

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
SI KUAN JIAN MING JEREMY
Contact No.: 67928675

Classification Of Case: