

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 Submission 20/01/2022 11:53 (SGT)
Date of Accident 17/01/2022 18:05 (SGT)
Exact Location of Accident 416 Saujana Rd, Block 416, Singapore 670416
Additional Location Information Car park
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number EK9988Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG ENG KHIAM
NRIC No S1214660D
Email Address VACANT82@HOTMAIL.COM
Mobile Phone No (Phone) +65-90467246
Alternative Phone No (Home) +65-90467246

VEHICLE PARTICULARS

Manufacturer BMW
Model M3
Variant -
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 3000

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA568525
Cover Note Number -

DRIVER

Name of Driver NG WEE ONG
Passport No/FIN S8243433Z

| | |
|--|-----------------------|
| Date Of Birth | 21/12/1982 |
| Occupation | Indoor |
| Date Of Driving Pass | 31/07/2003 |
| Driving experience | 18 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90467246 |
| Alt. Phone Number | - |
| Email Address | VACANT82@HOTMAIL.COM |
| Address | 546C SEGAR ROAD |
| Address complement | #14-41 |
| Postcode | 673546 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| 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 Motorcyclist |
| 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? | Yes |
| Was any other vehicle or property damaged? | No |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Bukit Panjang Neighbourhood Police Centre |
| Police Station Address | No.1 Segar Road #01-05 Singapore 677738 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

Refer to the attached police report

ATTACHMENT(S)

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

INJURED PERSONS DETAILS

INJURED 1


| | |
|------------------------------|----------------------|
| Name of injured person | FURKHAN |
| Gender | Male |
| Phone No | (Phone) +65-87487643 |
| Address | - |
| Address Complement | - |
| Post Code | - |

| | |
|---|---------|
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | EK9988Z |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | Yes |

SKETCH PLANIMPORTANT NOTICE

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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 relation to the claims;
 - (ii) investigating the accident and/or my claim;
 - (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 brng 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 Sinagpore, for one or more of the above Purposes.
 - (d) my Personal Information wil 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 othe 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 & Times



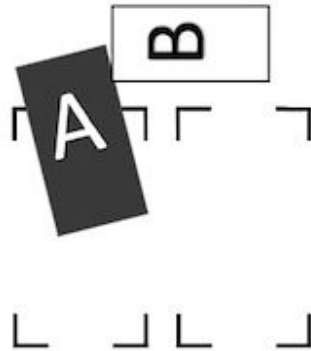
Driver's signature
(if driver is not the policyholder)
Date & Times

Shiang

Reporting Centre Personnel's signature
Name: Heng Choon Shiang
Nric/Fin No:

SKETCH PLAN

CARPARK



A

EK9988Z

B

FBR7104U
Motorcycle

[illegible]

Policyholder's signature
Date & Times

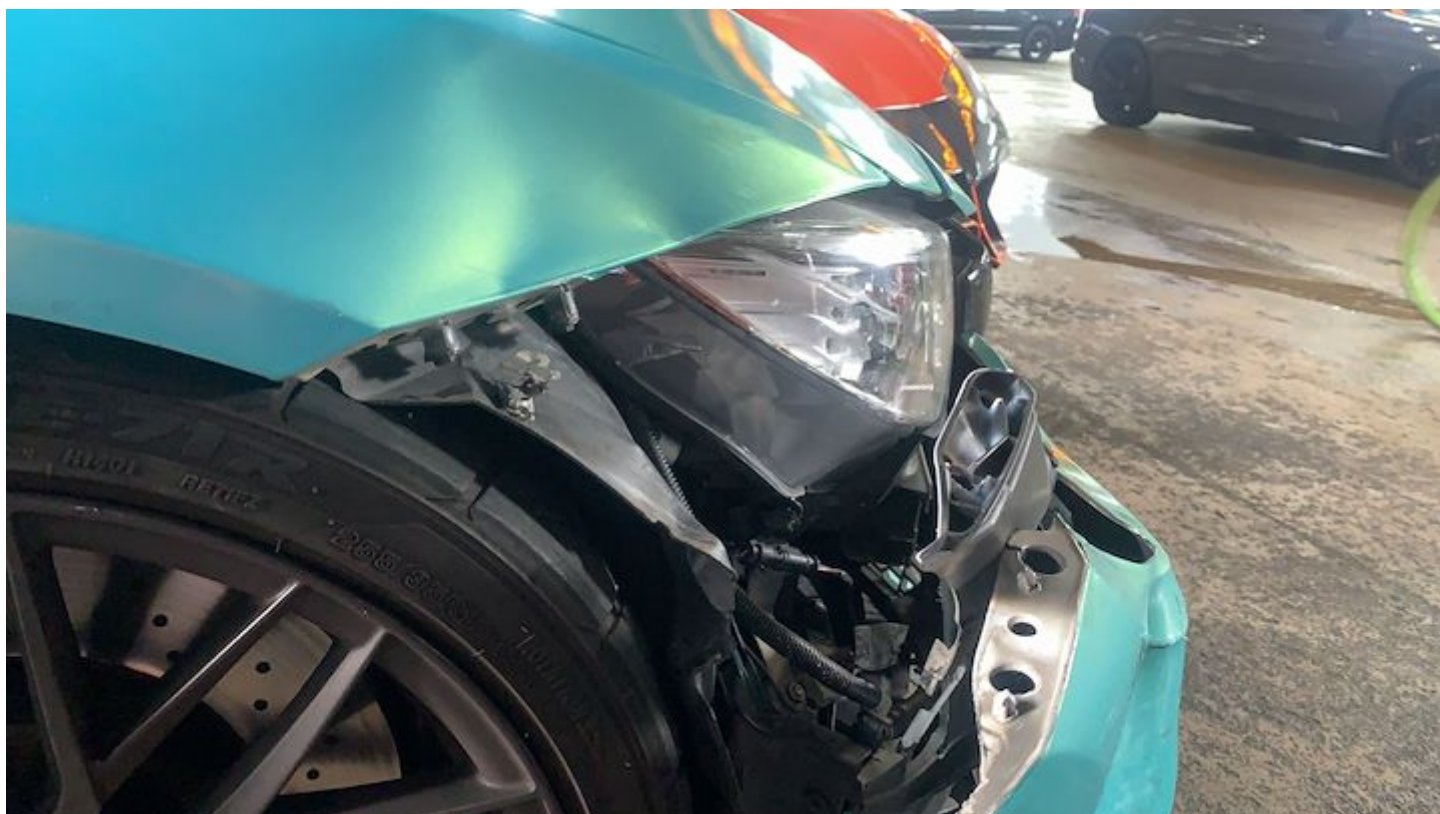
Driver's signature
(if driver is not the policyholder)
Date & Times

Shiang

Reporting Centre Personnel
Name: Heng Choon Shiang
Nric/Fin No:









**SINGAPORE
POLICE FORCE**



T/20220118/2031

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20220118/2031

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------------|--|---|
| Driver | | | |
| Name | NG WEE ONG | | ID No. S8243433Z |
| Related Vehicle | EK9988Z (Car) | | Contact No. 90467246 |
| 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 |
| Rider | | | |
| Name | FURKHAN | | ID No. NIL |
| Related Vehicle | FBR7104U (Motorcycle) | | Contact No. 87487643 |
| 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.

On 17/01/2022 at about 1805hrs, at Blk 416 Saujana Road Open Space Carpark. I was about to drive out from my parking lot (plate no. EK9988Z). As I was about to make a left turn. I checked on my left and my right side to ensure that there was no car. However, on my right side there was a lorry blocking my view.

As I was slowly moving out from my parking lot. There's this motorbike plate no. FBR7104U suddenly dashed into my vehicle's front right side. We then came down from our vehicle and we exchanged particulars. Subsequently, he was conveyed to hospital via ambulance. The traffic police is at scene as well and I was given a case card ref J/20220117/0124. No government damaged.

I did not install any in-car camera in my vehicle. However, I got a video footage from another dash cam who was parked near my car.


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999



T/20220118/2031

1 of 3

Report No. T/20220118/2031

REPORT OF A TRAFFIC ACCIDENT

| | | | |
|--|------------|---|------------------------------|
| Date/Time Report Made: 18/01/2022 12:57 | | Vide Report No.: J/20220117/0124 | Station Diary No.: 43 |
| Informant's Particulars | | | |
| Name of Informant: NG WEE ONG | | Address: APT BLK 546C SEGAR ROAD #14-41 SINGAPORE 673546 | |
| ID Type / ID No.: NRIC NO / S8243433Z | | Contact No.: Home/Office: Mobile: 90467246 | |
| Nationality: SINGAPORE CITIZEN | | Email: VACANT82@HOTMAIL.COM | |
| Sex: Male | Age: 39 | Date of Birth: 21/12/1982 | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: SELF EMPLOYED | | Driving Licence Information: Class: | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|----------------------------------|------------------------------------|--|-------------------------------|
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 17/01/2022 18:05 | Type of Location: Car Park |
| Location: SAUJANA ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | Traffic Volume: No Traffic | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | Anyone conveyed by ambulance: Yes | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|------------------|-----------------|
| EK9988Z | Car | | | | Slightly Damaged | 0 |
| FBR7104U | Motorcycle | | | | Slightly Damaged | 1 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |