

## 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 First Submission .....	23/08/2024 10:57 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	22/08/2024 19:35 (SGT)
Exact Location of Accident .....	Near 18 Anderson Rd, Singapore 259977
Additional Location Information .....	ENTRANCE OF NOUVEL 18
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLJ5921P
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NG BOON WEE
NRIC No .....	SXXXX845B
Email Address .....	boonwee1473@gmail.com
Mobile Phone No .....	(Phone) +65-91003770
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	ODYSSEY 2.4 EXV-S CVT SR
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 - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	2356
Vehicle Fuel .....	Petrol
First Registration Date .....	16/12/2016
Chassis no .....	JHMRC1890GC207122
Effective Date/Time of Ownership .....	14/07/2021 03:07 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company .....	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number .....	23-MQ003114-R02

#### DRIVER

Name of Driver .....	NG BOON WEE
NRIC No .....	SXXXX845B
Date Of Birth .....	15/04/1971
Occupation .....	Indoor
Driving Pass Date .....	06/04/1989
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	35 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91003770
Alt. Phone Number .....	-
Email Address .....	boonwee1473@gmail.com
Address .....	BLK 139 BEDOK NORTH AVENUE 3 10-194 SINGAPORE 460139
Address complement .....	-
Postcode .....	-
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 - Major/Minor Rd
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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON THE STATED DATE & TIME AT THE SAID LOCATION, I OBSERVED VEHICLE B (SNB2395X) WAS STATIONARY HIS VEHICLE IN FRONT OF ENTRANCE WITH HAZARD LIGHT ON TO PICK UP HIS CUSTOMER THEREFORE I CONTINUE DRIVING ON THE OUTER LANE TO TURN INTO THE CONDO. SO I WARN THE DRIVER OF VEHICLE B WITH HORN AND WITH SIGNAL ON WHILE OVERTAKE HIS VEHICLE TO TURNING INTO THE CONDO. WHILE I IN THE MIDST TO TURNING IN, I FELT AN IMPACT FROM MY LEFT AND NOTICED THAT VEHICLE B WAS MOVE FORWARD AND COLLIDED ONTO MY LEFT PORTION OF VEHICLE.

#### 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 ..... SNB2395X  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private hire  
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****IMPORTANT NOTICE**


1. Please report correctly the details of the accident to speed up the claims process.
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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)**

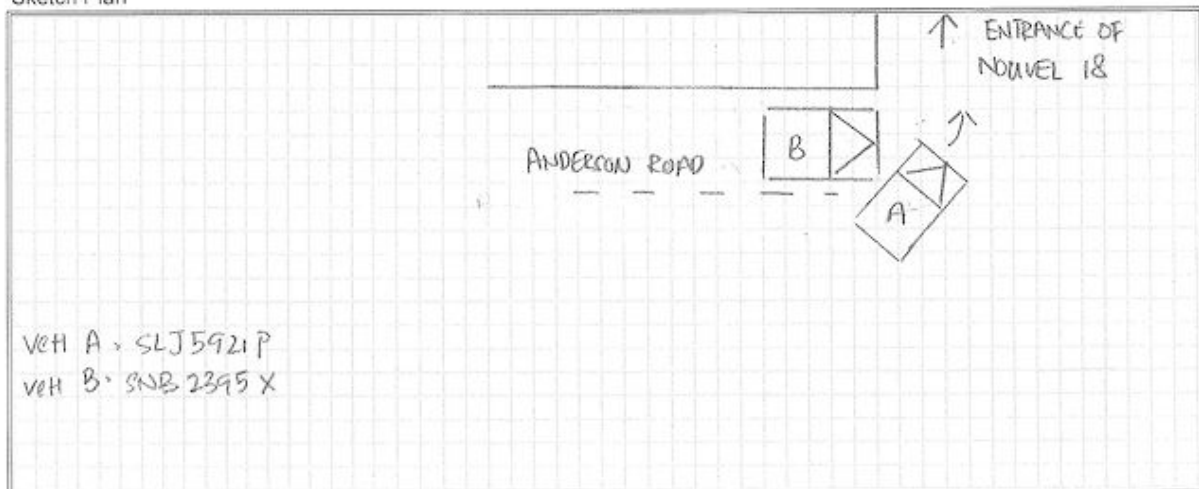
I understand, acknowledge, agree and consent that:

- (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.

  
Policyholder's Signature / Date & Time

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

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

**Sketch Plan**

vJun2022

Describe Circumstance of the Accident	Reporting Only
<p>REFER TO GIA REPORT</p>	<p>Reporting Only</p> <p>Claim OD</p> <p>Claim TP</p> <p>Claim OD/TP at other workshop</p>

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

Policyholder's Signature / Date & Time

Actual 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**



T/20240824/7071

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

1 of 3

Report No. T/20240824/7071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2024 17:30		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: Ng Boon Wee		Address: 139 Bedok North Ave 3 #10-194 SINGAPORE 460139			
ID Type / ID No.: NRIC NO / S7111845B		Contact No.: Home/Office:                      Mobile: 91003770			
Nationality: SINGAPORE CITIZEN		Email: kelic01@yahoo.com			
Sex: Male	Age: 53	Date of Birth: 15/04/1971	Type of Informant: Driver		
Race: Chinese		Language: English			
Occupation: Police officer		Driving Licence Information: Class: 3,4                      Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/08/2024 19:35	Type of Location: Straight Road
Location:  ANDERSON ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLJ5921P	Motor car	HONDA	ODYSSEY 2.4 EXV-S CVT SR	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLJ5921P	TOKIO MARINE INSURANCE SINGAPORE LTD.	MQ003114	16/12/2023	15/12/2024



**SINGAPORE  
POLICE FORCE**



T/20240824/7071

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

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Report No. T/20240824/7071

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Ng Boon Wee	ID No.	S7111845B
Related Vehicle	SLJ5921P (Motor car)	Contact No.	91003770
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	23/08/2024	Date Discharge	23/08/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

**Brief Details.**

On the stated date and time, I was driving along Anderson Road to my destination at Nouvel 18. Along the way, I noticed the vehicle (SNB2395X) was stationary with its hazard lights on by the entrance of the condominium. Due to the vehicle's position on the road, I filtered to the outer lane in preparation of turning into the condominium's entrance. Before making the turn, I honked and turned on my turn signal to alert the driver. When turning into the entrance, I felt an impact on the left side of my car. When I got out of my vehicle to check on the damage, the driver shifted his vehicle (SNB2395X) away before I could take any photo evidence.





**SINGAPORE  
POLICE FORCE**

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



T/20240824/7071

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Report No. T/20240824/7071

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
LOW MENG FATT  
Contact No.: 97577566

NP168

Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time:  
24/08/2024 17:30

Classification Of Case:



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

### ADDENDUM

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

Original Report No: SH0H248NM001-01 Vehicle Registration No: SLJ5921P  
 Name (as shown in NRIC): NG BOON WEE NRIC/FIN/Passport No: S7111845B  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: BLK 139 BEDOK NORTH AVENUE 3 10-194 SINGAPORE Singapore (460139 )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 91003770  
 Email Address: boonwee1473@gmail.com  
 Date of Accident: 22/08/2024 Time of Accident: 19:35 (SGT)  
 Place of Accident: ENTRANCE OF NOUVEL 18  
 Insurance Company: Tokio Marine Insurance Singapore Ltd

**(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:

I WOULD LIKE ATTACHED POLICE REPORT

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

  
 \_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card):  
 Date: