

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	18/10/2024 11:51 (SGT)
Reported by	Actual Driver
Date of Accident	17/10/2024 13:45 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG9261B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VINCAR PTE LTD
Company Reg No	200312900K
Email Address	leasingoperation@vincar.com.sg
Mobile Phone No	(Phone) +65-84884081
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Renault
Model	Scenic
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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1461
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124588142-02

DRIVER

Name of Driver	NG CHENG SAN
NRIC No	S1441224G
Date Of Birth	22/02/1960
Occupation	Outdoor
Driving Pass Date	19/04/1978
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	46 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92331311
Alt. Phone Number	-
Email Address	leasingoperation@vincar.com.sg
Address	BLK 438A NORTHSHORE DRIVE #04-1621
Address complement	-
Postcode	821438
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 to Rear
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 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	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO FOOTAGE WILL BE SEND VIA EMAIL

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GU8200T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SOH LAI SENG
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	NG CHENG SAN
Gender	Male
Phone No	(Phone) +65-92331311
Address	BLK 438A NORTHSHORE DRIVE #04-1621
Address Complement	-
Post Code	821438
Approximate Age Years Old	64
Injuries Sustained	OBTAINED 3 DAYS MC
Injured person in which vehicle?	SNG9261B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.




Policyholder's Signature / Date & Time

Sketch Plan



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



Witnessed by Reporting Centre Personnel

Joelle Tan
Amk Autopoint Pte



A = SNG 9261 B

B = GUG 200 T

Refer to Police Report - Report No. T/2024/017/2079

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel: JOELE TAN
AMK AUTOPONT P/L





















**SINGAPORE
POLICE FORCE**



T/20241017/2079

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

1 of 3

Report No. T/20241017/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2024 21:36		Vide Report No.:		Station Diary No.: 76
Informant's Particulars				
Name of Informant: NG CHENG SAN		Address: APT BLK 438A NORTSHORE DRIVE #04-1621 SINGAPORE 821438		
ID Type / ID No.: NRIC NO / S1441224G		Contact No.: Home/Office: Mobile: 92331311		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 64	Date of Birth: 22/02/1960	Type of Informant: Driver	
Race: Chinese		Language:		
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/10/2024 13:40	Type of Location: T-Junction
Location: ANG MO KIO AVENUE 10				
Weather: Clear		Road Surface: Wet		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GU8200T	Motor van	TOYOTA		White	Slightly Damaged	0
SNG9261B	Motor car	RENAULT	GRAND SCENIC	White	Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20241017/2079

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Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

Report No. T/20241017/2079

CONTINUATION OF REPORT

Name	SOH LAI SENG		ID No.	S0164632Z
Related Vehicle	GU8200T (Motor van)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	NG CHENG SAN		ID No.	S1441224G
Related Vehicle	SNG9261B (Motor car)		Contact No.	92331311
Hospital/Clinic	TRINITY MEDICAL (PUNGGOL)		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	17/10/2024		Date Discharge	17/10/2024
No. of Days granted Medical Leave	03		Degree of	Slight

Brief Details.

On the 17th October 2024 at about 1.40 pm, I was driving my vehicle (SNG9261B) along Ang Mo Kio Avenue 1 towards Bishan. As I was approaching the junction of Ang Mo Kio Avenue 10, the traffic light was red in colour and I had stopped my vehicle on the 2nd or 3rd lane of the 4-lane road. Suddenly, there was another vehicle (GU8200T) which collided into the rear of my vehicle. The impact was very hard and the rear windscreen of my vehicle was shattered and the rear of my vehicle was badly damaged. There was no passenger in my vehicle at that point of time.

I had alighted from my vehicle together with the driver of the other vehicle to exchange details. Due to the accident, I felt pain at the back of my neck and lower back area and I also felt giddiness. I had gone to the Trinity Medical clinic at Apt Blk 273C Punggol Place #01-874 S823273 to seek treatment for my injuries and I was given 3 days medical leave. There is a rear camera installed in my vehicle but I am unable to retrieve the footage and it was also badly damaged.



SINGAPORE
POLICE FORCE



T/20241017/2079

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

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Report No. T/20241017/2079

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SR STAFF SGT ALZRIN SHAFIQ
BIN AHMAD TARMIDI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/10/2024 21:36

Officer In Charge Of Case:
TP / AEIT /
INSP (2) LOW MENG FATT
Contact No.: 97577566

Classification Of Case:

NP168

