

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	01/11/2024 14:35 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/10/2024 17:40 (SGT)
Exact Location of Accident	Compassvale Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDR2929R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NGO WEI MING JOSEPH
NRIC No	S8608271C
Email Address	JOSECA5740@GMAIL.COM
Mobile Phone No	(Phone) +65-87971139
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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 car
Transmission	Auto
CC	1800
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP203058872-01

DRIVER

Name of Driver	NGO WEI MING JOSEPH
NRIC No	S8608271C
Date Of Birth	04/03/1986
Occupation	Outdoor
Driving Pass Date	22/11/2006
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	17 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87971139
Alt. Phone Number	-
Email Address	JOSECA5740@GMAIL.COM
Address	523 SERANGOONNORTH AVE 4 #07-42
Address complement	-
Postcode	550523
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 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?	No
Number of Passengers (Including Driver)	6
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	-

PASSENGER 1

Name	LEE SIN LING
Gender	Female

PASSENGER 2

Name	LEE WEI JIAN
Gender	Male

PASSENGER 3

Name	NGO JIA SHENG
Gender	Male

PASSENGER 4

Name	NGO JIA CHAI CHARLOTTE
Gender	Female

PASSENGER 5

Name	NGO JIA CHEN CALEB
Gender	Male



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

REFER POLICE REPORT - T/20241101/7041

ATTACHMENT(S)

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person NGO WEI MING JOSEPH
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SDR2929R
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person LEE SIN LING
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? -
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

INJURED 3

Name of injured person LEE WEI JIAN
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? -
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

INJURED 4

Name of injured person NGO JIA SHENG
 Gender Male



Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? -
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

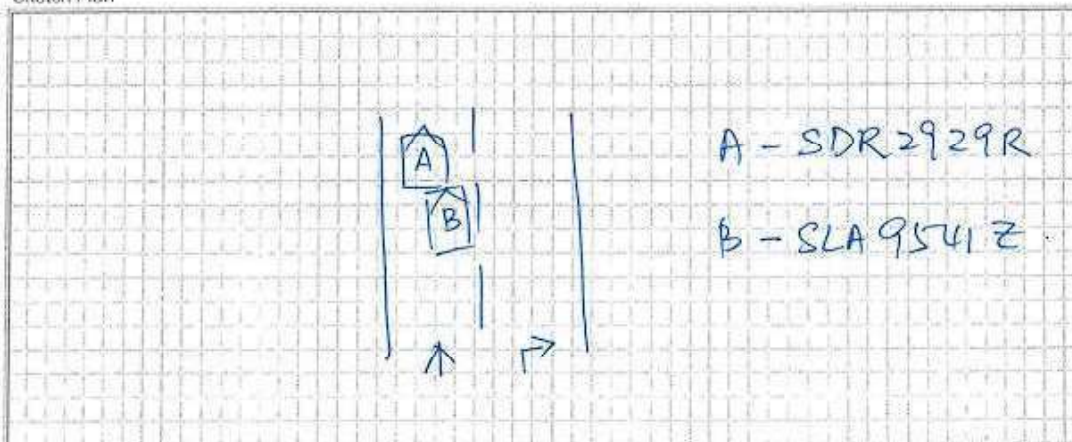
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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

My Vehicle was travelling along Compassvale Drive, driving in a normal speed.
Suddenly I felt an impact, vehicle B have collided onto my rear portion of my vehicle.

Declaration

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/20241101/7041

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

Report No. T/20241101/7041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2024 13:05		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ngo wei ming joseph			Address: 523 serangoon north avenue 4 #07-42 SINGAPORE 550523		
ID Type / ID No.: NRIC NO / S8608271C			Contact No.: Home/Office: Mobile: 87971139		
Nationality: SINGAPORE CITIZEN			Email: joseca5740@gmail.com		
Sex: Male	Age: 38	Date of Birth: 04/03/1986	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car 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: 30/10/2024 17:40	Type of Location: Straight Road
Location: COMPASSVALE DRIVE				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SDR2929R	Motor car	TOYOTA	NOAH HYBRID 1.8X CVT	Black		6
SLA9541Z	Sedan car		Cerato K3	White	Slightly Damaged	3

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective Date	Expiry Date
SDR2929R	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2030578872	22/04/2024	21/04/2025



**SINGAPORE
POLICE FORCE**



T/20241101/7041

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

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Report No. T/20241101/7041

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ngo wei ming joseph	ID No.	S8608271C
Related Vehicle	SDR2929R (Motor car)	Contact No.	87971139
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	31/10/2024	Date Discharge	31/10/2024
No. of Days granted Medical Leave (MC)	04	Degree of Injury	Slight
Passenger			
Name	NGO JIA SHENG CAIUS	ID No.	T1407592A
Related Vehicle	SDR2929R (Motor car)	Contact No.	87971139
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	31/10/2024	Date Discharge	31/10/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Passenger			
Name	LEE WEI JIAN	ID No.	S9440152F
Related Vehicle	SDR2929R (Motor car)	Contact No.	88688986
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	31/10/2024	Date Discharge	31/10/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20241101/7041

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

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Report No. T/20241101/7041

CONTINUATION OF REPORT

Passenger			
Name	LEE SIN LING		ID No. S9124896D
Related Vehicle	SDR2929R (Motor car)		Contact No. 81341188
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	31/10/2024		Date Discharge 31/10/2024
No. of Days granted Medical Leave (MC)	03		Degree of Injury Slight

Brief Details.

I was driving along Sengkang Square towards a traffic junction when a vehicle Kia Cerato K3 (SLA9541Z) rear ended my vehicle on the rear right.

**SINGAPORE
POLICE FORCE**

T/20241101/7041

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

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Report No. T/20241101/7041

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
CHUA SOON KEONG
Contact No.: 65476030

NP168

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

Date/Time:
01/11/2024 13:05

Classification Of Case: