

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	05/12/2024 11:21 (SGT)
Reported by	Actual Driver
Date of Accident	05/12/2024 04:30 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 8, Singapore
Additional Location Information	TOWARDS ANG MO KIO AVENUE 6 BEFORE ANG MO KIO CENTRAL 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNR7475G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CAPITAL CAR LEASING PTE. LTD.
Company Reg No	201629008R
Email Address	capitalcarleasing008@gmail.com
Mobile Phone No	(Phone) +65-96925545
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	SX2 KONA
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1580
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00022582400

DRIVER

Name of Driver	NG BOON WAN
NRIC No	S7722220J
Date Of Birth	07/08/1977
Occupation	Outdoor
Driving Pass Date	24/12/1998
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	26 YEARS
Gender	Male
Mobile Number	(Phone) +65-96925545
Alt. Phone Number	-
Email Address	capitalcarleasing008@gmail.com
Address	BLK 567B CHAMPIONS WAY #10-143
Address complement	-
Postcode	732567
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	Side Swipe
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)	3
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	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

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

PLEASE REFER TO POLICE REPORT T/20241205/7010

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	WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN5410Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	YE ZAR NI TUN
Contact Number	(Phone) +65-92314484
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	UNKNOWN PAX
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SNR7475G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	UNKNOWN PAX
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SNR7475G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	NG BOON WAN
Gender	Male
Phone No	(Phone) +65-96925545
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?

SLIGHT INJURY
SNR7475G
Yes
No

Describe Circumstances of the Accident

As per police Report

Report No: 7/2024/205/19010

A large rectangular area with horizontal lines, intended for a sketch plan. A large, loopy handwritten mark, possibly a stylized 'S' or a signature, is drawn across the entire area.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Handwritten Signature]

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

[Handwritten Signature]
05/12/2024

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20241205/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No. 05470000

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Report No. T/20241205/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2024 09:56		Vide Report No.: F/20241205/0027		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG BOON WAN			Address: 567B CHAMPIONS WAY #10-143 SINGAPORE 732567		
ID Type / ID No.: NRIC NO / S7722220J			Contact No.: Home/Office: Mobile: 96925545		
Nationality: SINGAPORE CITIZEN			Email: ALAN2220@YAHOO.COM.SG		
Sex: Male	Age: 47	Date of Birth: 07/08/1977	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: PRIVATE HIRE CAR DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/12/2024 04:30	Type of Location: Straight Road
Location: ANG MO KIO CENTRAL 2				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNR7475G	Motor car	HYUNDAI	KONA	Black	Seriously Damaged	2
YN5410Y	Lorry	MITSUBISHI	CANTER	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/20241205/7010

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

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Report No. T/20241205/7010

CONTINUATION OF REPORT

Driver			
Name	NG BOON WAN		ID No. S7722220J
Related Vehicle	SNR7475G (Motor car)		Contact No. 96925545
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 (MC)	NIL	Degree of Injury	Slight
Driver			
Name	YE ZAR NI TUN		ID No. M4453219T
Related Vehicle	YN5410Y (Lorry)		Contact No. NIL
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 (MC)	NIL	Degree of Injury	NIL

Brief Details.

AS OF ABOVE DATE & TIME, I WAS DRIVING MY VEHICLE (SNR7475G) ALONG ANG MO KIO AVENUE 8 TOWARDS ANG MO KIO AVE 6 ON THE RIGHT LANE OF A 3 LANE ROAD. BEFORE ANG MO KIO CENTRAL 3, I WAS DRIVING PASS VEHICLE B (YN5410Y) WHICH WAS ON MY LEFT (MIDDLE LANE) , SUDDENLY FILTERED INTO MY LANE WITHOUT WARNING, HITTING ONTO THE LEFT FRONT PORTION OF MY VEHICLE. AFTER THE ACCIDENT, MY VEHICLE WAS UNABLE TO MOVE. 2 OF MY PASSENGERS WERE CONVEYED TO KHOO TECK PUAT HOSPITAL. I AM FEELING DISCOMFORT ON MY RIGHT ARM, LEFT LEG & LOWER BACK AND WILL BE CONSULTING A DOCTOR



**SINGAPORE
POLICE FORCE**

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



T/20241205/7010

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Report No. T/20241205/7010

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2024 09:56
Officer In Charge Of Case: TP / TPIB / MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476083	Classification Of Case:

NP168