

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	23/07/2024 18:03 (SGT)
Reported by	Actual Driver
Date of Accident	23/07/2024 11:55 (SGT)
Exact Location of Accident	Alps Ave, Singapore
Additional Location Information	TOWARDS LOYANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBD988E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BG SERVICES PTE. LTD
Company Reg No	202124389W
Email Address	BG.SALES@BG-S.COM
Mobile Phone No	(Phone) +65-96834469
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
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	0

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00074782400

DRIVER

Name of Driver	NG SOO TECK
NRIC No	S7402300B
Date Of Birth	15/01/1974
Occupation	Outdoor

Driving Pass Date	20/03/2002
Driving experience	22 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96834469
Alt. Phone Number	-
Email Address	BG.SALES@BG-S.COM
Address	29 PASIR RIS LINK #01-22
Address complement	-
Postcode	518152
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	JOSEPH
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

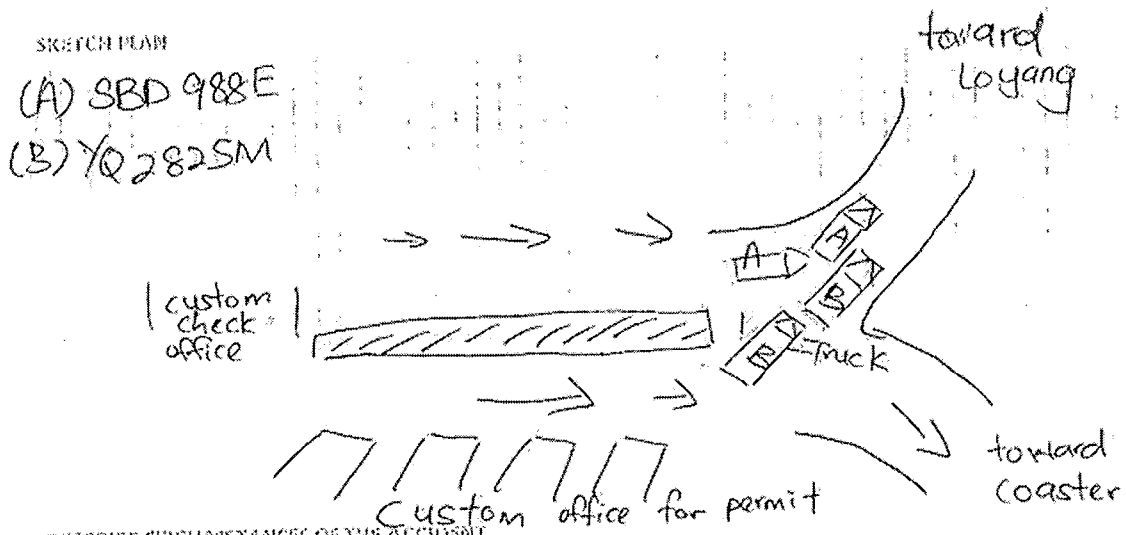
Vehicle Registration Number	YQ2825M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	S KAVIRAJ
NRIC No	S9714860J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

$$\frac{d}{dt} \left(\frac{\partial L}{\partial \dot{x}} \right) = \frac{\partial L}{\partial x}$$

- [illegible]

[illegible][illegible][illegible]



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am driving existing ALPS AVE turning left and sudden one of the truck bang into my car right side rear door and immediate turn swift to the left side incident happen on 23 July 2024 @ 11:55am

☐	Claim own policy
☐	Claim third party
☒	Claim OD / TO / other workshop
☐	For record purposes only
Policy No.	DMP CSN X100674782400
Insurer	Chia
	Van No. SBD 988E

DECLARATION

I/we declare the foregoing particulars are true in every aspect

Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the undersigned)
Date & Time:

Witnessing Centre Person (if applicable)
Name:
IPIC/NTIC:























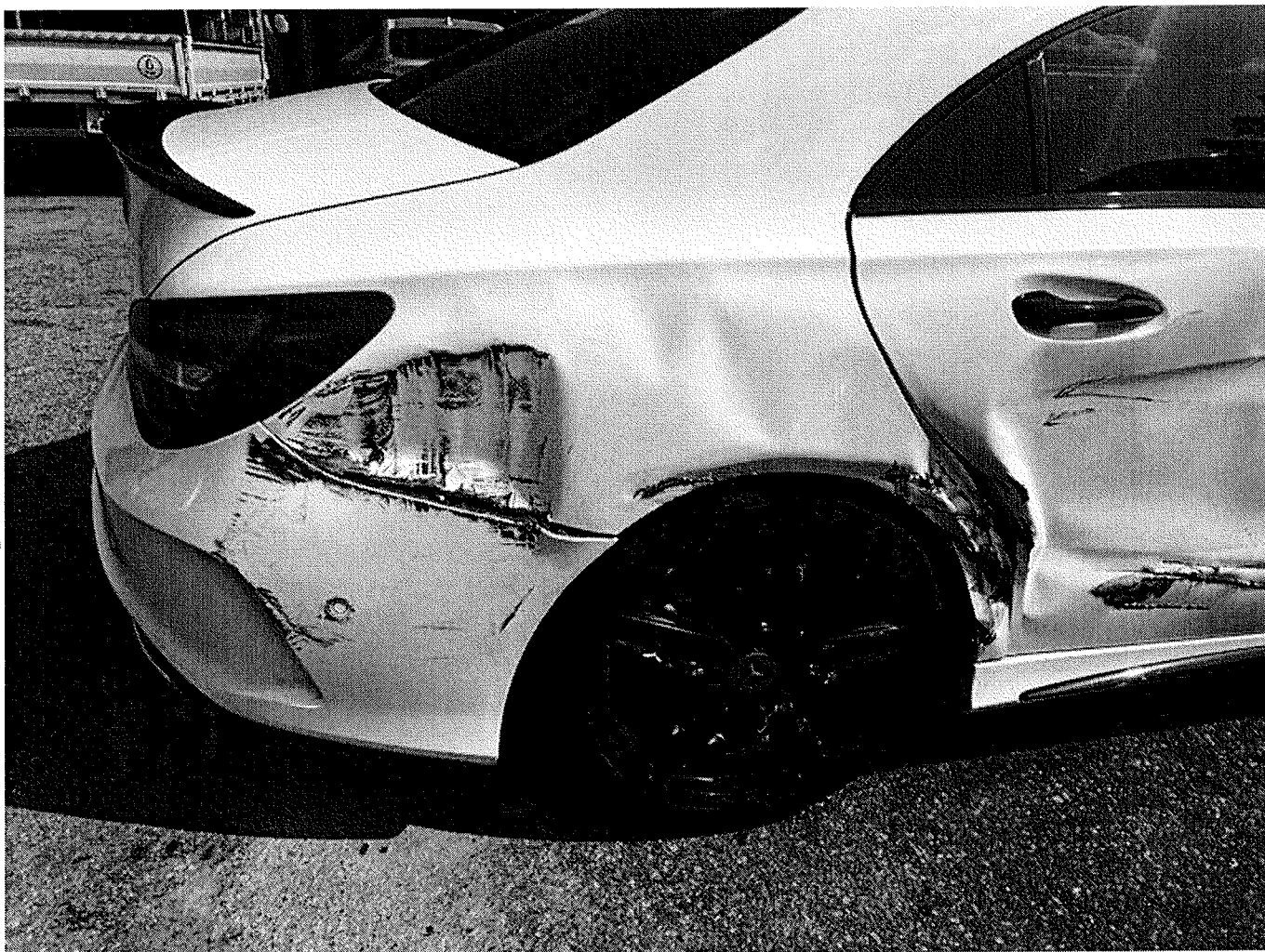




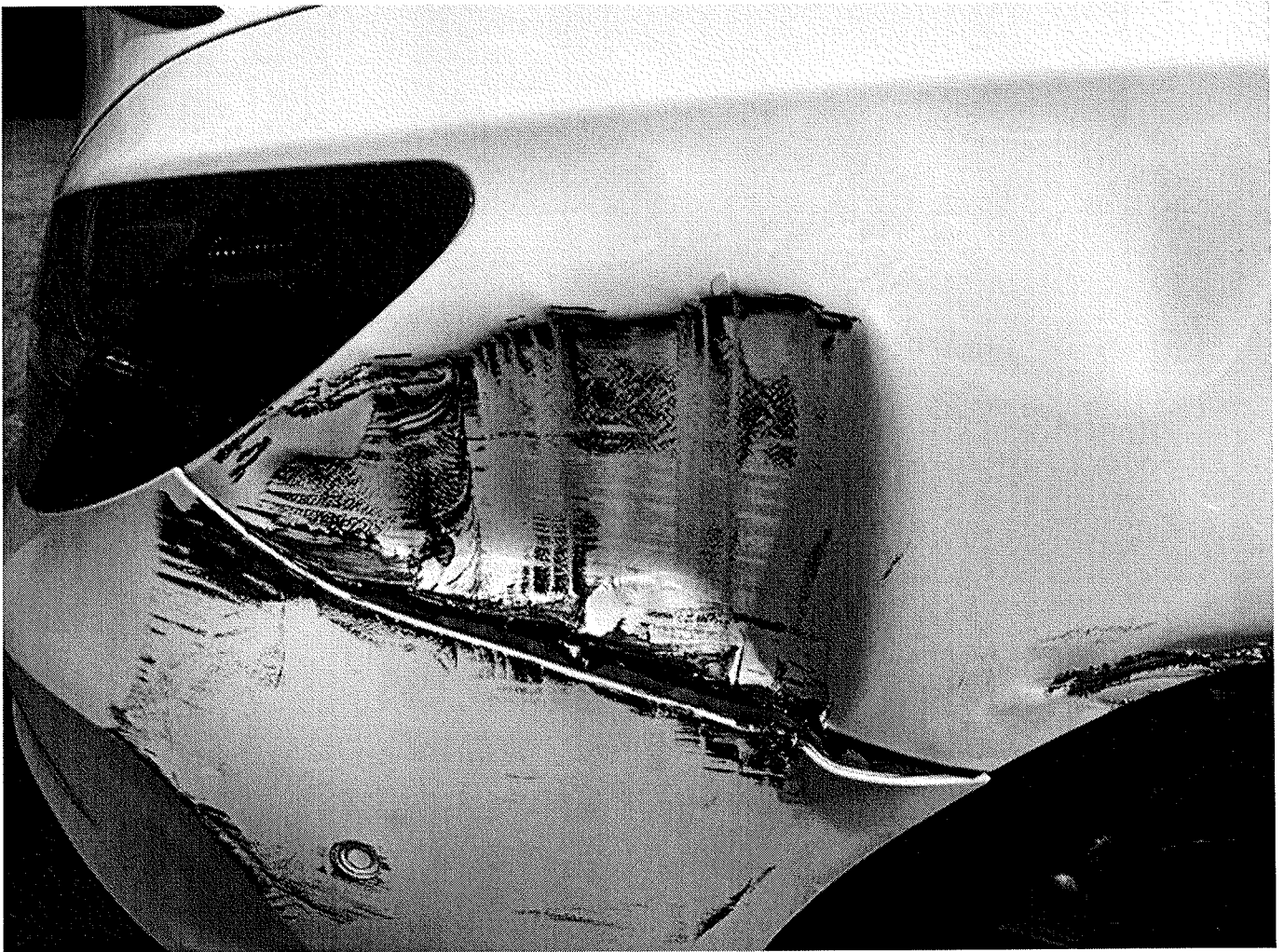


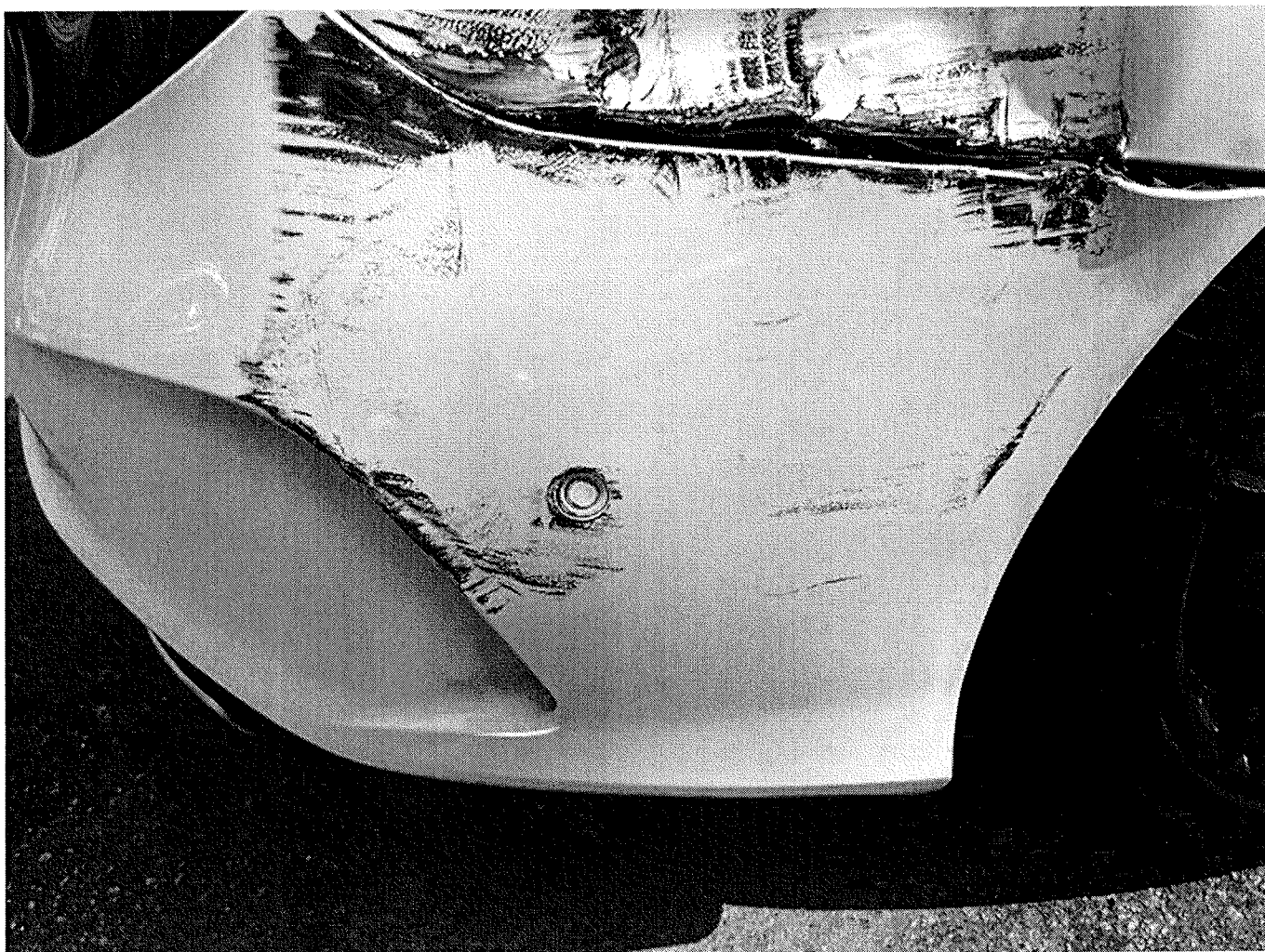










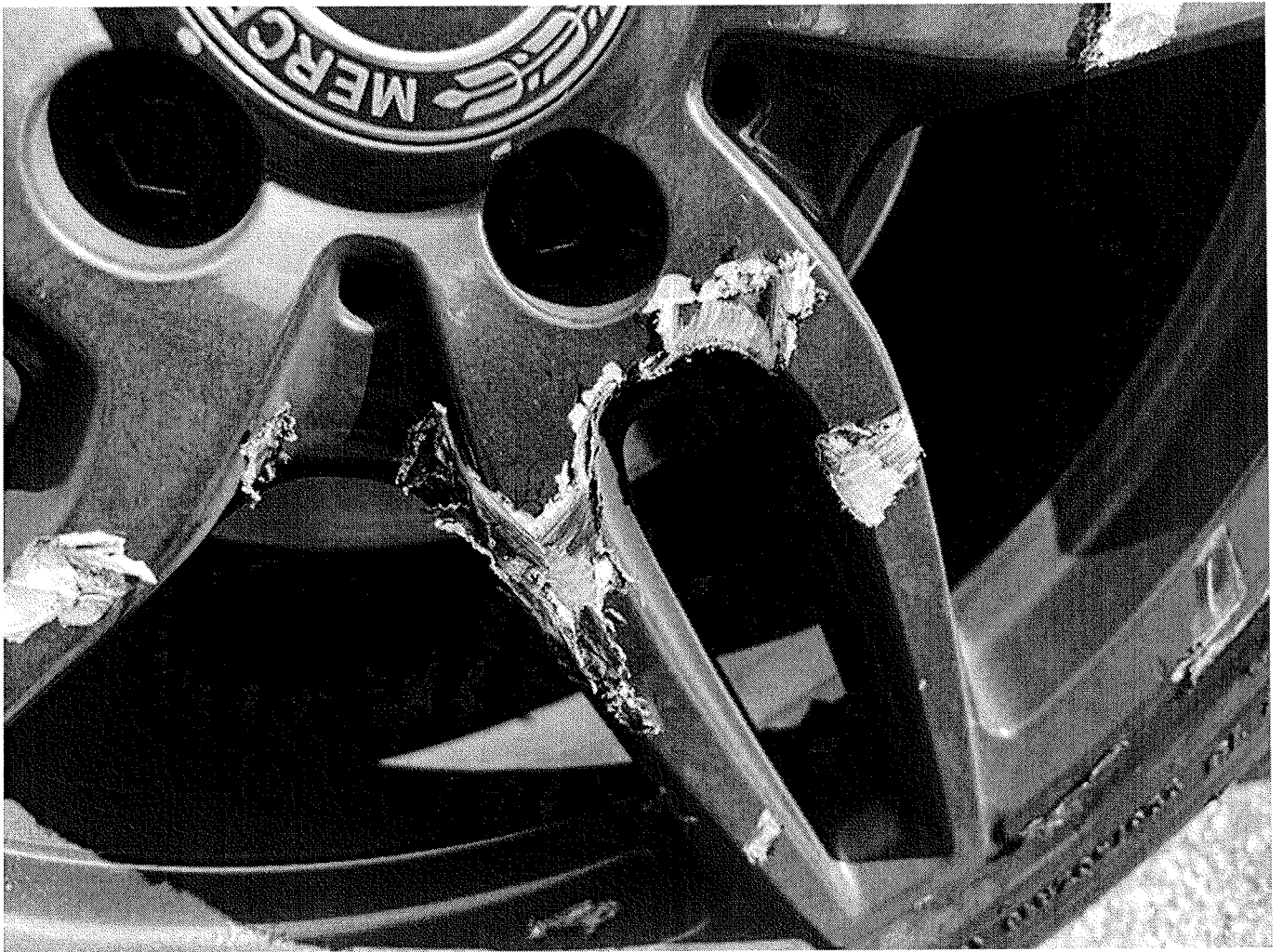


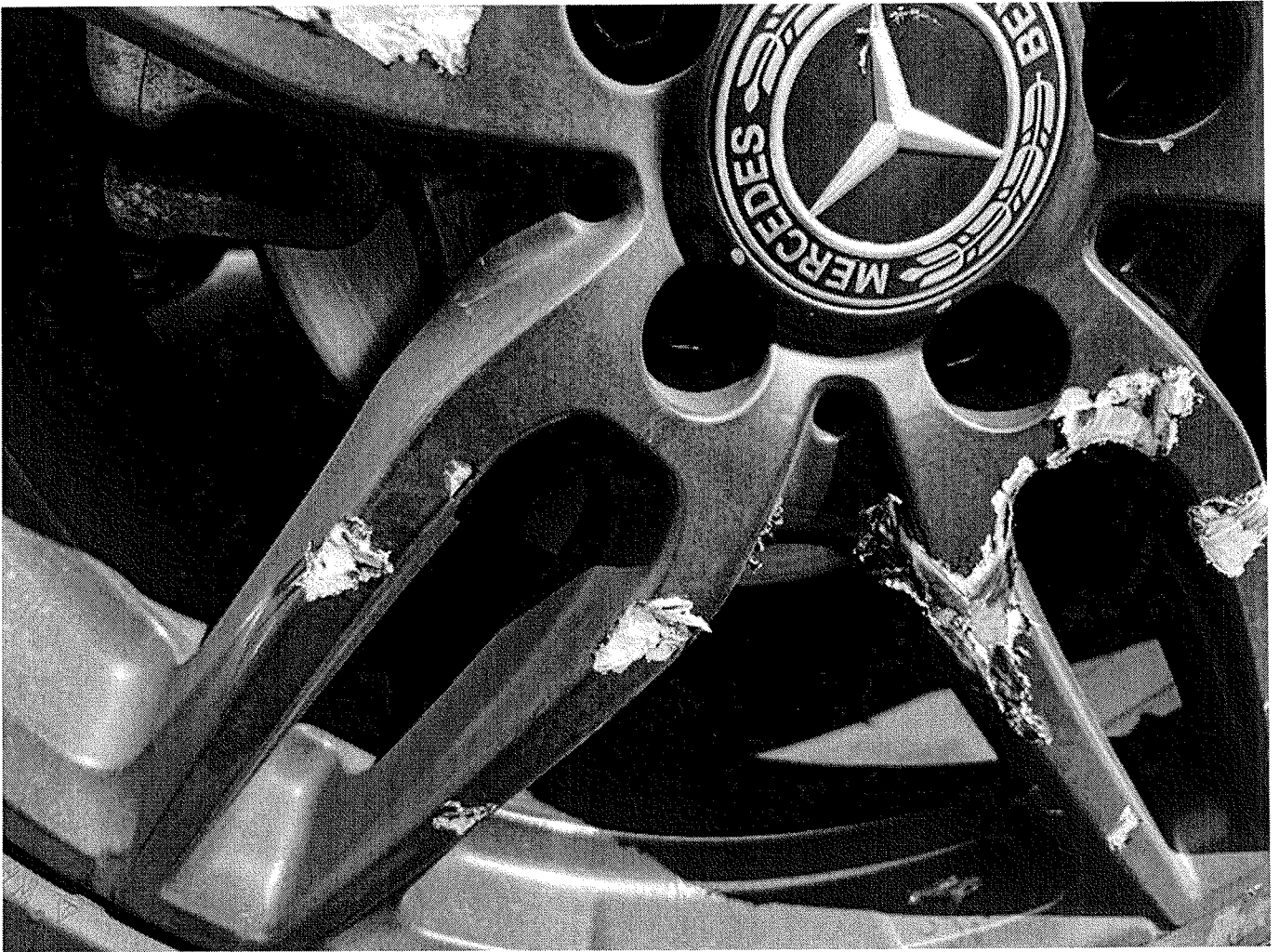






























To: Vision Law LLC
Advocates & Solicitors
133 New Bridge Road
#25-03/05
Singapore 059413
Attn: Jennifer

PD only

WARRANT TO ACT

ACCIDENT INVOLVING _____ & _____ ON _____
ALONG _____

1. I, owner of vehicle number _____ hereby appoint you to act for me to recover my damages sustained in the above accident.

Please recover the following:

- (a) Costs of Repairs
- (b) Loss of Use/ Rental Fees

I confirm that I was not injured and that I have no personal injury claim.

I understand that separate Writs cannot be issued for Property Damage claim and Personal Injury claim where the claimant is the same person.

2. You have my full authority to send a letter of demand to the third party driver and/or his insurers and to negotiate a settlement of my claim as well as to do all things necessary to protect my interest in this matter including to commence legal proceedings against the third party driver and/or his employers, if necessary.
3. I hereby authorise you, M/S VISION LAW LLC to collect all compensation monies due to me from the 3rd Party and/or the insurance company in relation to the above accident.
4. Upon settling my claim, you have my authority to apply the settlement monies towards payment of all charges due from me to my motor workshop, namely, **V-TECH AUTO SERVICE**.
5. In the event, for whatsoever reasons, the third party's insurers send the cheque for the settlement sum directly to me, I will pay your legal costs and disbursements, failing which I understand you will have the liberty to commence legal action against me to recover the same.
6. Please take note that all legal inquiries should be directed only to lawyers and not secretaries.
7. Unless I revoke your authority in writing or instruct you otherwise in writing, you have my authority to have full conduct of my claim without the need to seek my approval for each step of my claim.
8. In the event that the said claim is unsuccessful, I will pay your legal costs and disbursements and also that of the opponents' legal costs and disbursements.

Signature: _____

Date: _____

Name: Ng Seng Teck

NRIC No: S710230013

(Company stamp, if applicable)

Address: 101K 29, Bona Vista Link #01-22 (VTECH)

Contact: 96834469

Email: Ng.sengteck@bg-y.com



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **S7402300B**

Name: **NG SOO TECK (HUANG SHUDE)**

Birth Date: **15 Jan 1974**

Issue Date: **18 Feb 2003**

000212140A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO: **S7402300B**

Name: **NG SOO TECK (HUANG SHUDE)**

Race: **CHINESE**

Date of birth: **15-01-1974** Sex: **M**

Country of birth: **SINGAPORE**

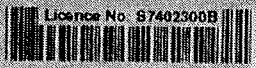


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor Cars and Motor Tractors (the weight of which unladen does not exceed 2500 kilograms)

PASS DATE: **20 Mar 2007**

License No: **S7402300B**



000212140A



NRIC No: **S7402300B**

Date of issue: **31-01-2004**

28 PASIR RIS LINK #01-22 SINGAPORE 518152

NRIC No: **S7402300B** Date: **30/09/2015 (R)**