

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	19/07/2024 17:09 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/07/2024 11:45 (SGT)
Exact Location of Accident	Choa Chu Kang Ave 1, Singapore
Additional Location Information	CARPARK BETWEEN BLK 204 & 203
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW811M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG ENG HWA
NRIC No	S1750219J
Email Address	FABIAN.8895@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91918895
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5114938229-04

DRIVER

Name of Driver	NG ENG HWA
NRIC No	S1750219J
Date Of Birth	29/12/1966
Occupation	Indoor

Driving Pass Date	03/08/1984
Driving experience	39 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91918895
Alt. Phone Number	-
Email Address	FABIAN.8895@HOTMAIL.COM
Address	BLK 511 CHOA CHU KANG STREET 51 #07-245
Address complement	-
Postcode	680511
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?	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	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

REFER TO POLICE REPORT: T/20240719/2037.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FU6508G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

⑧ 

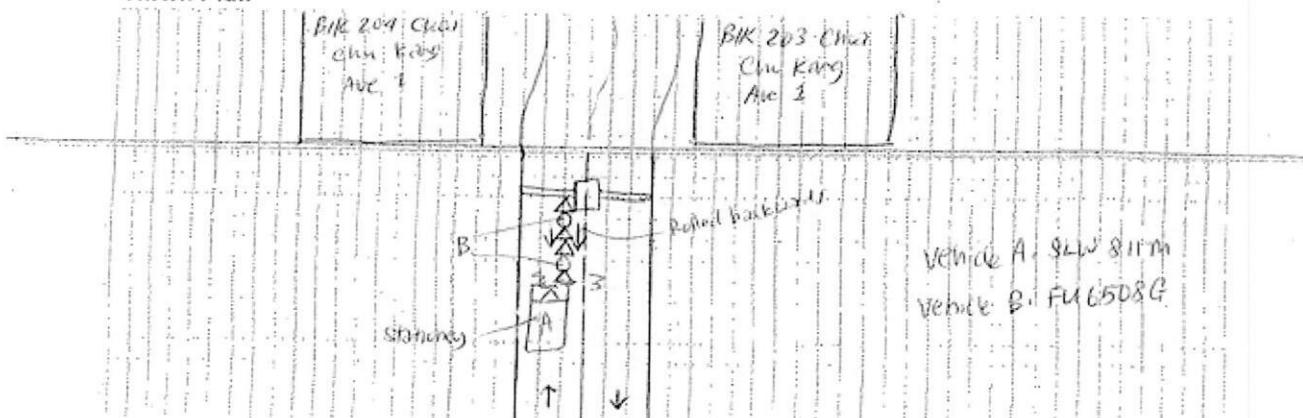
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

As per police Report

Report No : 7/202407/9/2037

Declaration

We declare the foregoing particulars are true in every respect.

⑦

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel


**SINGAPORE
POLICE FORCE**


T/20240719/2037

1 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20240719/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/07/2024 13:22	Vide Report No.:	Station Diary No.: 55
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Informant's Particulars

Name of Informant: NG ENG HWA			Address: 511 CHOA CHU KANG STREET 51 #07-245 SINGAPORE 680511	
ID Type / ID No.: NRIC NO / S1750219J			Contact No.:	Mobile: 91918895
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 57	Date of Birth: 29/12/1966	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: Private-hire car driver			Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 19/07/2024 11:45	Type of Location: Straight Road
Location: CHOA CHU KANG AVENUE 1				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
FU6508G	Motorcycle	HONDA	FS150F	Orange	Slightly Damaged	0
SLW811M	Motor car	TOYOTA	SIENTA 1.5G A	Red	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20240719/2037

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20240719/2037

CONTINUATION OF REPORT

Driver			
Name	NG ENG HWA	ID No.	S1750219J
Related Vehicle	SLW811M (Motor car)	Contact No.	91918895
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 19/07/2024 at 1142hours, I was driving my vehicle bearing registration number SLW811M along Choa Chu Kang Avenue 1, turning to Carpark of 204 Choa Chu Kang Ave 1 cluster to drop off a passenger. I noticed a motorcycle bearing registration number FU6508G was in front of me, attempting to enter the said Carpark. However, the said motorcycle was on the slope and it rolled back resulting to collide onto vehicle (front portion). My in car camera had the footage. Nobody was injured in the accident. No Traffic Police or Ambulance were activated. I am lodging this report for insurance claim purposes.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20240719/2037

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Report No. T/20240719/2037

CONTINUATION OF REPORT

Signature of Officer Recording The
J /
SGT 3 LIM CEHANG, HERMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
INSP (1) BOON YEN KIAN
Contact No.: 65472079

Signature Of Informant:

Date/Time:
19/07/2024 13:22

Classification Of Case:

NP168