

# 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 .....	02/08/2024 16:49 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	02/08/2024 03:50 (SGT)
Exact Location of Accident .....	18 Teow Hock Ave, Singapore 545704
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGR88U
-----------------------------------	--------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NG WEI XIANG STANLEY
NRIC No .....	SXXXX150B
Email Address .....	STANVARDOR18@YAHOO.COM
Mobile Phone No .....	(Phone) +65-90086567
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Volkswagen
Model .....	Sharan
Variant .....	SHARAN 2.0 TSI 7N24MY
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 .....	1984
Vehicle Fuel .....	Petrol
First Registration Date .....	16/10/2019
Chassis no .....	WVWZZZ7NZKV018963
Effective Date/Time of Ownership .....	16/10/2019 00:00 (SGT)

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00136682303

### DRIVER

Name of Driver .....	NG WEI XIANG STANLEY
NRIC No .....	SXXXX150B
Date Of Birth .....	16/08/1983
Occupation .....	Indoor
Driving Pass Date .....	19/09/2002
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	21 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90086567
Alt. Phone Number .....	-
Email Address .....	STANVARDOR18@YAHOO.COM
Address .....	18 TEOW HOCK AVENUE
Address complement .....	-
Postcode .....	545704
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 .....	Collided into Parked Vehicle
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) .....	0
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 .....	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 THE ATTACHED POLICE REPORT.

#### 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 .....	QX3187X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Government
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN**

**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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

**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

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

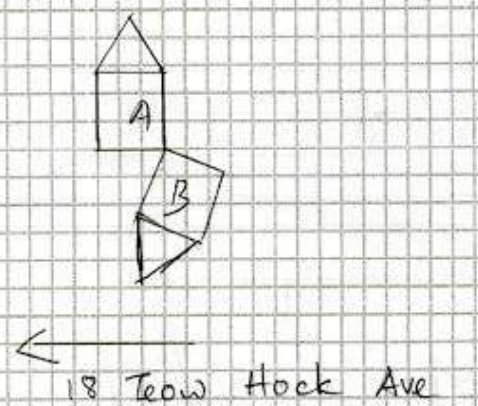
  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**

A: SGR 88U

B: QX3187Y

DOA: 2/8/24 3:50am



18 Teow Hock Ave

Describe Circumstance of the Accident

Refer to the attached police report.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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/20240802/7006

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

1 of 3

Report No. T/20240802/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/08/2024 05:06		Vide Report No.: F/20240802/0043		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: NG WEI XIANG, STANLEY		Address: 18 TEOW HOCK AVENUE SINGAPORE 545704		
ID Type / ID No.: NRIC NO / S8328150B		Contact No.: Home/Office: Mobile: 90086567		
Nationality: SINGAPORE CITIZEN		Email: stanvardor18@yahoo.com		
Sex: Male	Age: 40	Date of Birth: 16/08/1983	Type of Informant: Vehicle Owner	
Race: Chinese		Language: English		
Occupation: Intellectual property manager		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 02/08/2024 03:50	Type of Location: Outside my house
Location:  TEOW HOCK AVENUE			
Weather: Clear	Road Surface: Dry		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SGR88U	Car	VOLKSWAGON	Sharan	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SGR88U	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW00136682 303	16/10/2023	15/10/2024



**SINGAPORE  
POLICE FORCE**



T/20240802/7006

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

2 of 3

Report No. T/20240802/7006

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	NG WEI XIANG, STANLEY	ID No.	S8328150B
Related Vehicle	NIL	Contact No.	90086567
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.**

I received a phone call at about 0350hrs from a Police Officer from Hougang NPC that they have accidentally reversed into the rear right of my vehicle (Silver, Volkswagen Sharan, SGR88U). The Police vehicle that was involved in the accident is QX3187Y. The Police Officer had made a report to Traffic Police and they had came down to take statement from the police officer involved. I have also handover my micro SD card that was retrieved from my vehicle.



**SINGAPORE  
POLICE FORCE**

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



T/20240802/7006

3 of 3

Report No. T/20240802/7006

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / DDGVT /  
NOR FAIZAL BIN YAHYA  
Contact No: 65476198

NP168

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

Date/Time:  
02/08/2024 05:06

Classification Of Case: