

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 Authorised 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 ability.
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 Report	16/07/2018 09:44
Date Of Accident	15/07/2018 22:15
Exact Location Of Accident	SERVICE RD-119 RIVERVALE DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC313Z
Insured/Policyholder	
Name Of Registered Owner	TEE ENVIRONMENTAL PTE. LTD.
Co Reg No	200106873W
Email Address	LAYKENG.LOW@TEEINFRA.COM
Mobile Phone No	
Alternative Phone No	OFFICE-63831703

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER 2.4 CVT AWD S/R FACELIFT
Exact Purpose for which vehicle was being used at time of accident	PVT USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000001120-01-000
Cover Note Number	22/9/17-21/9/18

Driver

Name of Driver	NG KIAN KEONG
NRIC No	S1649607C
Date Of Birth	28/12/1964
Occupation	INDOOR
Date Of Driving Pass	16/07/1982
Driving Experience	35 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90221678
Fax Number	
Contact Number	
Email Address	VINCENT.NG@TEEINFRA.COM

Address	BLK 201B COMPASSVALE DR #11-521
Postcode	542201
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

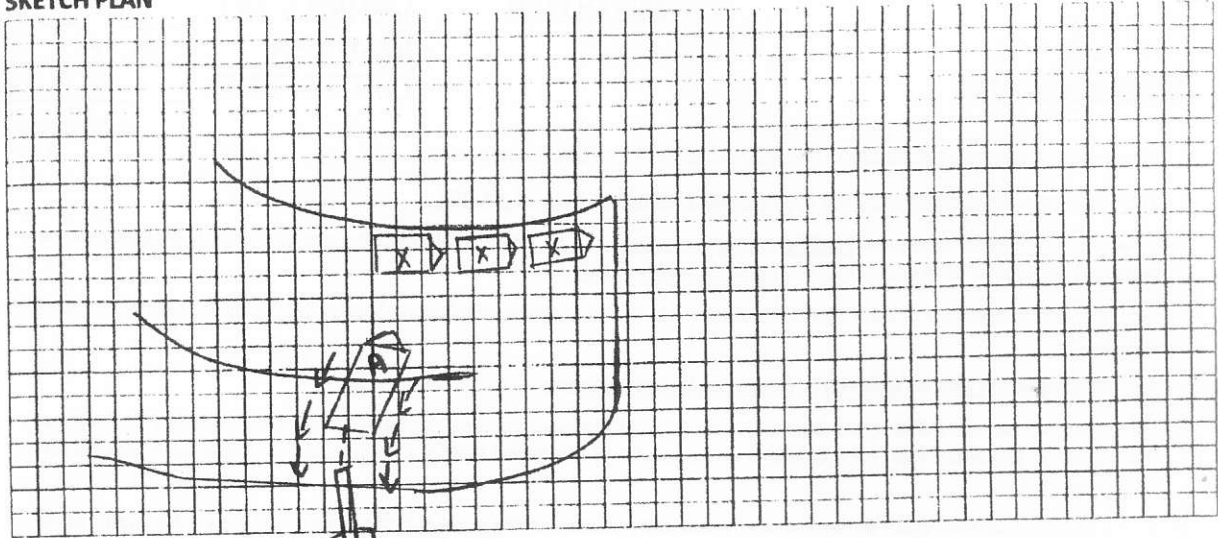
THERE WERE PARKED VEHICLES ALONG THE SERVICE ROAD AT 119 RIVERVALE DR. I HAD TO MAKE A 3 POINT TURN TO EXIT. WHILE REVERSING, I ACCIDENTLY HIT ONTO A LAMP POST OF THE SERVICE ROAD.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

A = 56C 313 Z

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

There were parked vehicles along the service road at 119 Rivervale Dr. I had to make a 3 point turn to exit. While reversing, I accidentally hit onto a lamp post of the service road.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature
Date & Time:

GRABAC SketchPlan form V3



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

Reporting Centre Personnel's Signature
Name: Blada
NRIC/FIN No.:

☒ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☐ Claim OD/TP at other workshop ()



**SINGAPORE
POLICE FORCE**



T/20180717/2158

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20180717/2158

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2018 19:19		Vide Report No.:		Station Diary No.: 144	
Informant's Particulars					
Name of Informant: NG KIAN KEONG			Address: APT BLK 201B COMPASSVALE DRIVE #11-521 SINGAPORE 542201		
ID Type / ID No.: NRIC NO / S1649607C			Contact No.: Home/Office: Mobile: 90221678		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 28/12/1964	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: MANAGER		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident				
Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 15/07/2018 22:15	Type of Location:
Location: Along Road 1 RIVERVALE DRIVE Near Block 119 Rivervale Drive service road.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Lamp Post				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGC313Z	Car				Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180717/2158

CONTINUATION OF REPORT

Driver			
Name	NG KIAN KEONG		ID No. S1649607C
Related Vehicle	SGC313Z (Car)		Contact No. 90221678
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	NIL	Degree of Injury	NIL

Brief Details.

On 15/07/2018 at about 10.15pm, I was driving my vehicle within the service road of Blk 119 Rivervale Drive cluster when I came to a dead end at the end of the service road as such I reversed my vehicle when suddenly I felt an impact coming from the rear of my vehicle and I realized that I have collided onto a blue lamp post.

I came out of my vehicle and noticed that my rear bumper dented and my rear wind screen cracked. There is no damages to the lamp post and it was still upright.

I was not injured.



**SINGAPORE
POLICE FORCE**



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Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 3 TAN WEI XIANG ROY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/07/2018 19:19

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

SN 085

Authentication Stamp

NP168



Signature:

Singapore Police Force