

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 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 Report	02/07/2019 11:23
Date Of Accident	01/07/2019 17:30
Exact Location Of Accident	BOUNDARY RD TWDS LOR CHUAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA9310K
Insured/Policyholder	
Name Of Registered Owner	NG PENG GIAM
NRIC No	S1130591A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92988239
Alternative Phone No	OTHERS-92988239

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250CGI
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5070776247-04
Cover Note Number	

Driver

Name of Driver	NG PENG GIAM
NRIC No	S1130591A
Date Of Birth	23/09/1955
Occupation	INDOOR
Date Of Driving Pass	04/02/1978
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92988239
Fax Number	
Contact Number	OTHERS-92988239
Email Address	NOEMAIL

Address	BLK 398 YISHUN RING RD #03-1737
Postcode	760398
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB9095H
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SUN TZE CHENG
NRIC/Passport Number	S1630649E
Contact Number	97497837
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JSR6111
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEE KUAN SOON
NRIC/Passport Number	720807065549
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NG PENG GIAM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKA9310K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

VEHICLE NO.: _____
INSURER : _____
DATE & TIME: _____

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7. By the lodgment 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)

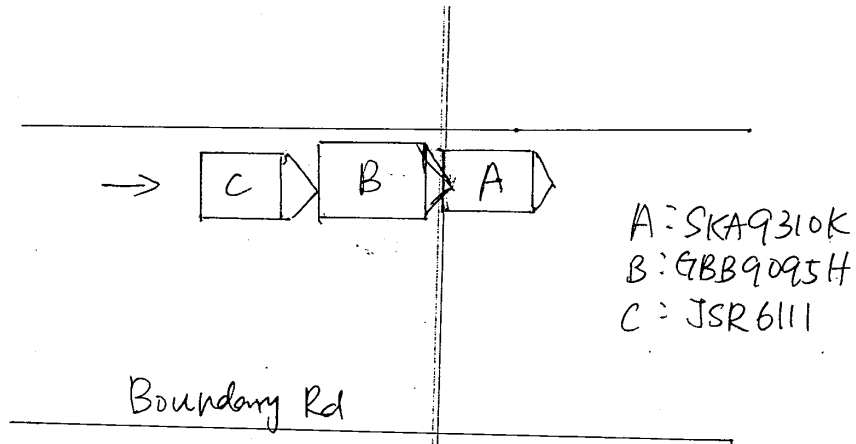
I understand, acknowledge, agree and consent that:

- (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: _____

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

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer Attached Police Report

Note: Please note that your insurer may have 14 days 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

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

Reporting Centre Personnel's Signature
Name

NRIC/ID No

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



**SINGAPORE
POLICE FORCE**



T/20190701/2217

1 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20190701/2217

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/07/2019 23:43	Vide Report No.:	Station Diary No.: 123
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Informant's Particulars

Name of Informant: NG PENG GIAM			Address: APT BLK 398 YISHUN RING ROAD #03-1737 SINGAPORE 760398	
ID Type / ID No.: NRIC NO / S1130591A			Contact No.: Home/Office:	Mobile: 92988239
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 63	Date of Birth: 23/09/1955	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/07/2019 17:30	Type of Location: Straight Road
Location: Along Road 1 BOUNDARY ROAD				
Towards Lorong chuan.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
GBB9095H	Car				Slightly Damaged	1
SKA9310K	Car	MERCEDES BENZ	E 250CGI	Brown	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA9310K	NTUC Income Insurance Co-Operative Limited	5070776247-04	14/04/2019	13/04/2020



**SINGAPORE
POLICE FORCE**



T/20190701/2217

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Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20190701/2217

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SUN TZE CHENG	ID No.	S1630649E
Related Vehicle	GBB9095H (Car)	Contact No.	97497837
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
Driver			
Name	NG PENG GIAM	ID No.	S1130591A
Related Vehicle	SKA9310K (Car)	Contact No.	92988239
Hospital/Clinic	THE FAMILY MEDICAL CENTRE (YISHUN) PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/07/2019	Date Discharge	01/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 01/07/2019 1730hrs, I was driving my car bearing the registration plate number SKA9310K along Boundary Road beside Blk 233 Serangoon Ave 3 towards Lor Chuan before the junction. I was about 75m behind the junction stationary at 2nd center lane near to Blk 233 Serangoon Ave 3 while waiting for the traffic light to clear. I then felt a huge impact from my back and realized the vehicle behind me collided the rear side of my vehicle. I then came out of my vehicle to check on the other driver. No one was injured at the point of time however I felt pain at my back. The van who collided to my car bearing one registration plate number GBB9095H. I also noticed that the a car also collided to the van. Both of us then agreed to exchange particulars and informed to lodge a police report.

I then left and went to the The family medical center for medical check and was given 3 days of medical leave. I have a in-built camera however only captured the front view and I am unsure if the dash cam manage to capture the accident footage. When the accident happen there is no ambulance or police at scene.



**SINGAPORE
POLICE FORCE**



T/20190701/2217

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No. T/20190701/2217

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:

L /

Sgt 3 LUM JUN KAI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

SN 085

Contact No.: 65476151

Authentication Stamp:

NP168

Singapore Police Force

Signature Of Informant:

Date/Time:

01/07/2019 23:43

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

