

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	30/07/2019 11:48
Date Of Accident	29/07/2019 12:30
Exact Location Of Accident	BOON LAY WAY TWD JLN BOON LAY JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCR48H
Insured/Policyholder	
Name Of Registered Owner	NG SOON TIANG
NRIC No	S0714830E
Email Address	TOHKK_90@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92398058
Alternative Phone No	OFFICE-92398058

Vehicle Particulars

Manufacturer	TOYOTA
Model	FIELDER
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MU005866-R02
Cover Note Number	

Driver

Name of Driver	KOLEMUND NG JING EN
NRIC No	T0010638G
Date Of Birth	29/03/2000
Occupation	INDOOR
Date Of Driving Pass	27/08/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92398058
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 670A JURONG WEST ST 65 #10-88
Postcode	641670
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : FRIEND GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLANS

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	SHB2343S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KOLEMUND

Approximate Age

Injuries Sustain

Injured person in which vehicle? SCR48H

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LIM YU CHEN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SCR48H

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

BOON LAY WAY TWO JLN BOON LAY.

Jurong West St 64



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

BOON LAY WAY.

Refer to 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: _____

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





**SINGAPORE
POLICE FORCE**



T/20190729/2159

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20190729/2159

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/07/2019 18:33	Vide Report No.:	Station Diary No.: 79
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Informant's Particulars

Name of Informant: KOLEMUND NG JING EN			Address: APT BLK 670A JURONG WEST STREET 65 #10-88 SINGAPORE 641670		
ID Type / ID No.: NRIC NO / T0010638G			Contact No.:		
Nationality: SINGAPORE CITIZEN			Home/Office: Mobile: 92398058		
Email:					
Sex: Male	Age: 19	Date of Birth: 29/03/2000	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/07/2019 12:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BOON LAY WAY JURONG WEST STREET 64				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCR48H	Car	TOYOTA	Fielder		Seriously Damaged	1
SHB2343S	Car			Yellow	Seriously Damaged	1

Details of Person Involved

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



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Report No. T/20190729/2159

CONTINUATION OF REPORT

Driver			
Name	KOLEMUND NG JING EN		ID No. T0010638G
Related Vehicle	SCR48H (Car)		Contact No. 92398058
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	29/07/2019	Date Discharge	29/07/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SHB2343S (Car)		Contact No. NIL
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 the 29/07/2019 at about 12.32pm, I was driving my vehicle bearing registration number SCR48H and travelling along Boon Lay Way towards Jalan Boon Lay. When I was approaching the Junction of Boon Lay Way and Jurong West St 64, the traffic light was green and was in my favour. I then proceeded to drive pass the junction. Suddenly, a yellow Comfort Delgro bearing registration number SHB2343S make a right turn from Boon Lay Way to Jurong West St 64. As I could not brake in time, the front part of my vehicle collided onto the left side of the taxi.

As a result from the collusion, I blackout for a moment. After a minute, I woke up and alighted from my vehicle to make a check. My passenger and the taxi passenger was injured. I then immediately called for ambulance. Both of them was conveyed to Ng Teng Fong Hospital. I sustain minor neck pain.

My vehicle sustained serious damage on the front part of the vehicle. The taxi sustains serious damage on the left rear side of the vehicle. Shortly after, traffic police arrived and took over the scene. No particulars were exchanged. I then went to Ng Teng Fong Hospital by myself and was given 4 days MC from 29/07/2019 to 01/08/2019.

I wish to state that there was a video camera attached to my vehicle. The SD card was seized by Traffic Police officer. There was a witness namely Mohamad Rashid and he provided me his Handphone number at 96488731.



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CONTINUATION OF REPORT



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Tel No: 1800-8999999



T/20190729/2159

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Report No. T/20190729/2159

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:

D /
Sgt 2 BENJAMIN LEE JIA HUI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID

Contact No.: 65476247

Authentication Stamp

NP168



Signature Of Informant:

Date/Time:

29/07/2019 18:33

Classification Of Case: