

## 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	02/09/2019 10:02
Date Of Accident	31/08/2019 15:30
Exact Location Of Accident	TPE(9KM) TWDS PASIR RIS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE2566B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHENG HENG NGOR
NRIC No	S1538105A
Email Address	VICTOR@CURTAINVILLA.COM.SG
Mobile Phone No	(LOCAL) +65-93833302
Alternative Phone No	OTHERS-93833302

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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
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	5071497709-04
Cover Note Number	

### Driver

Name of Driver	CHENG HENG NGOR
NRIC No	S1538105A
Date Of Birth	16/12/1962
Occupation	INDOOR
Date Of Driving Pass	25/09/1990
Driving Experience	28 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93833302
Fax Number	
Contact Number	OTHERS-93833302
EEmail Address	VICTOR@CURTAINVILLA.COM.SG

Address	BLK 174B EDGEDALE PLAINS #05-165
Postcode	822174
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	4
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190902/2060

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CAN'T RETRIEVE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD3639T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TIONG SIENG HUI
NRIC/Passport Number	4 01614052
Contact Number	83183003
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFN8378M  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver OW SIEW NGO  
NRIC/Passport Number S0054014E  
Contact Number 92727985  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLM3037P  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver NORAZMAN BIN ABDUL RAHMAN  
NRIC/Passport Number S6923087C  
Contact Number 97702574  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name CHENG HENG NGOR  
Approximate Age  
Injuries Sustain BACK,NECK & CHEST  
Injured person in which vehicle? SJE2566B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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: 2/9/19

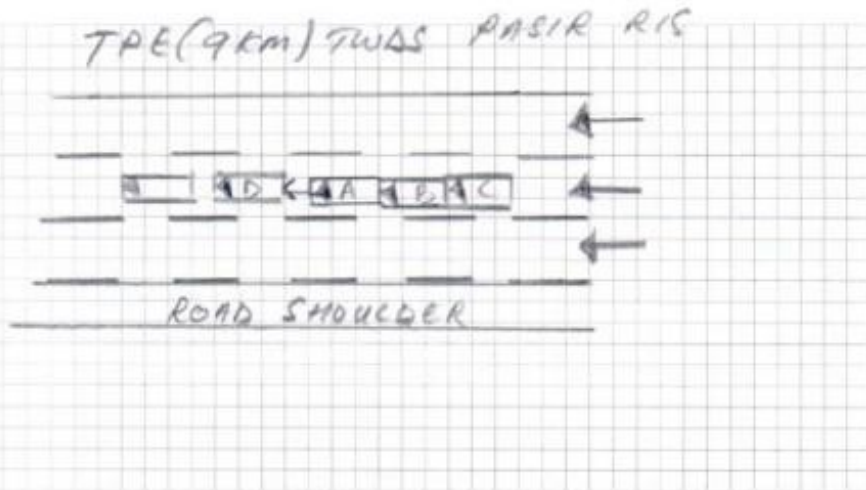
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name: 02/09/19  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

A - SJE2566B  
B - GBD3639T  
C - SFN8378M  
D - SLM3037P



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20190902/2060

## DECLARATION

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

*[Signature]* 2/9/19  
Policyholder's Signature  
Date & Time:

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

*[Signature]* 02/09/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190902/2060

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

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Report No. T/20190902/2060

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHENG HENG NGOR	ID No.	S1538105A
Related Vehicle	SJE2566B (Car)	Contact No.	93833302
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/09/2019	Date Discharge	01/09/2019
No. of Days granted Medical Leave	04	Degree of Injury	NIL
<b>Driver</b>			
Name	NORAZMAN BIN ABDUL RAHMAN	ID No.	S6923087C
Related Vehicle	SLM3037P (Car)	Contact No.	97702574
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 STATED DAY TIME AND LOCATION

I WAS DRIVING MY CAR OF NUMBER PLATE SJE2566B ALONG THE LOCATION STATED. I WAS DRIVING ON A SLOW SPEED ABOUT 10 TO 20KM/H WHEN OUT OF THE SUDDEN THE VEHICLE BEHIND ME OF PLATE NUMBER GBD3639T HIT ONTO MY REAR AND THE IMPACT CAUSES MY CAR TO HIT THE FIRST VEHICLE OF NUMBER PLATE SLM3037P. THE VAN DRIVER OF NUMBER PLATE GBD3639T CLAIM THAT IT WAS THE FOURTH VEHICLE OF NUMBER PLATE SFN8378M THAT HIT ONTO HIM.

I WENT TO HEALTHWAY MEDICAL CLINIC ON THE SECOND DAY AFTER THE ACCIDENT AS IT WAS CLOSED ON THAT DAY. THE CLINIC DOCTOR REFERRED ME TO SENGKANG GENERAL HOSPITAL A&E DEPARTMENT. I WAS GIVEN 4 DAYS OF MC. THAT ALL.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





**Accident Photo**



Accident Photo



Accident Photo



Accident Photo





Accident Photo





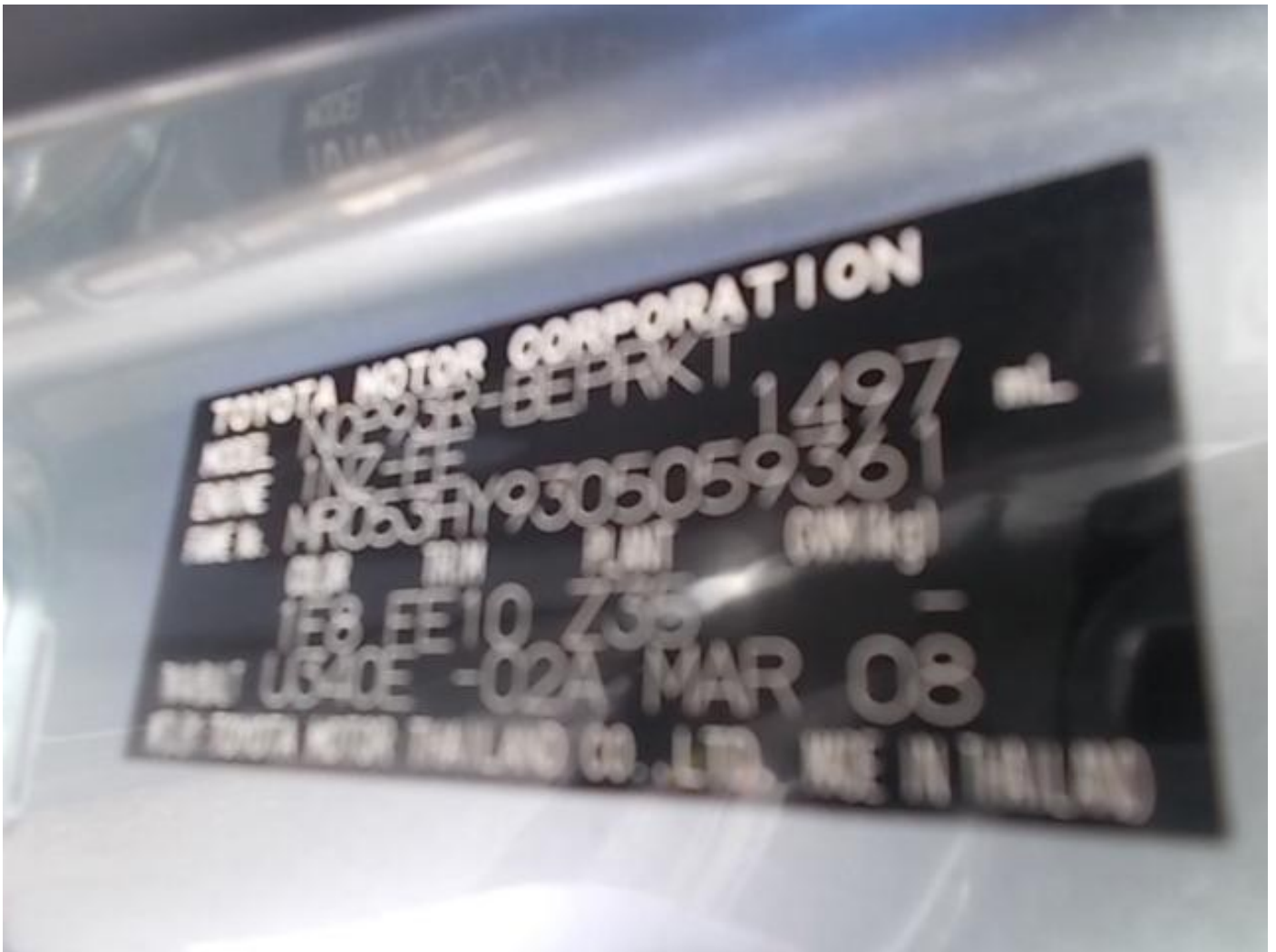
Accident Photo



Accident Photo



Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190902/2060

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

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Report No. T/20190902/2060

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2019 12:19	Video Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: CHENG HENG NGOR	Address: APT BLK 174B EDGEDALE PLAINS #05-166 SINGAPORE 622174		
ID Type / ID No.: NRIC NO / S1538105A	Contact No.:	Mobile: 93833302	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 56	Date of Birth: 16/12/1962	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: SELF EMPLOYED	Driving Licence Information: Class:		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/08/2019 15:30	Type of Location:
Location: Along Road 1 PUNGGOL ROAD  TPE TO PASIR RIS FROM PUNGGOL TPE 9KM				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD3639T	Van	TOYOTA	TOYOTA HIACE VAN TURBO 5 DR MANUAL	White		0
SFN8378M	Car	HONDA	HRV 1.5 DX CVT	Blue		0
SJE2566B	Car	TOYOTA	VIOS E AUTO	Silver		0



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190902/2080

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

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Report No. T/20190902/2080

## CONTINUATION OF REPORT

Driver			
Name	CHENG HENG NGOR	ID No.	S1538105A
Related Vehicle	SJE2566B (Car)	Contact No.	93833302
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/09/2019	Date Discharge	01/09/2019
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Driver			
Name	NORAZMAN BIN ABDUL RAHMAN	ID No.	S6923087C
Related Vehicle	SLM3037P (Car)	Contact No.	97702574
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 STATED DAY TIME AND LOCATION

I WAS DRIVING MY CAR OF NUMBER PLATE SJE2566B ALONG THE LOCATION STATED. I WAS DRIVING ON A SLOW SPEED ABOUT 10 TO 20KM/H WHEN OUT OF THE SUDDEN THE VEHICLE BEHIND ME OF PLATE NUMBER GBD3639T HIT ONTO MY REAR AND THE IMPACT CAUSES MY CAR TO HIT THE FIRST VEHICLE OF NUMBER PLATE SLM3037P. THE VAN DRIVER OF NUMBER PLATE GBD3639T CLAIM THAT IT WAS THE FOURTH VEHICLE OF NUMBER PLATE SFN8378M THAT HIT ONTO HIM.

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# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180902/2060

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

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Report No. T/20190602/2060

## CONTINUATION OF REPORT

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLM3037P	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Silver		0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJE2566B	NTUC Income Insurance Co-Operative Limited	5071497709-04	18/04/2019	17/04/2020

### Details of Person Involved

Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	TIONG SIENG HUI			ID No.	40164052
Related Vehicle	GBD3639T (Van)			Contact No.	63163003
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	OW SIEW NGO			ID No.	50054014E
Related Vehicle	SFN8378M (Car)			Contact No.	92727985
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	

Police Report



SINGAPORE  
POLICE FORCE



T/20190902/2060

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

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Report No. T/20190902/2060

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 65474865 stating the report number as reference.

Signature Of Officer Recording The Report:  
TP /  
EUGENE AW WEI XUAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 YEO GEAK ENG CECILIA  
Contact No.: 65476404

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
02/09/2019 12:19

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature: