

## 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	02/01/2020 17:46
Date Of Accident	01/01/2020 03:05
Exact Location Of Accident	CALTEX PETROL STATION 360 ALEXANDRA RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMM576H
Insured/Policyholder	
Name Of Registered Owner	OH GHIM NGEE
NRIC No	SXXXX295C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87428295
Alternative Phone No	OTHERS-87428295
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VOXY
Exact Purpose for which vehicle was being used at time of accident	STATIONARY(PARKED VEH)
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	5110124630
Cover Note Number	
Driver	
Name of Driver	OH GHIM CHUAN(HU JINQUAN)
NRIC No	SXXXX614C
Date Of Birth	01/10/1980
Occupation	OUTDOOR
Date Of Driving Pass	22/03/2012
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85991660
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 765 WOODLANDS CIRCLE #02-368
Postcode	730765
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	NO
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	QUEENSTOWN N.P.C
Police Station Address	<b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PS REFER TO THE POLICE REPORT: T/20200101/2008

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG1679T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG WEE BENG
NRIC/Passport Number	SXXXX915I
Contact Number	86905126
Address	
Postcode	

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

## Accident Sketch Plan

### SKETCH PLAN

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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.

X

Policyholder's Signature  
Date & Time:

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

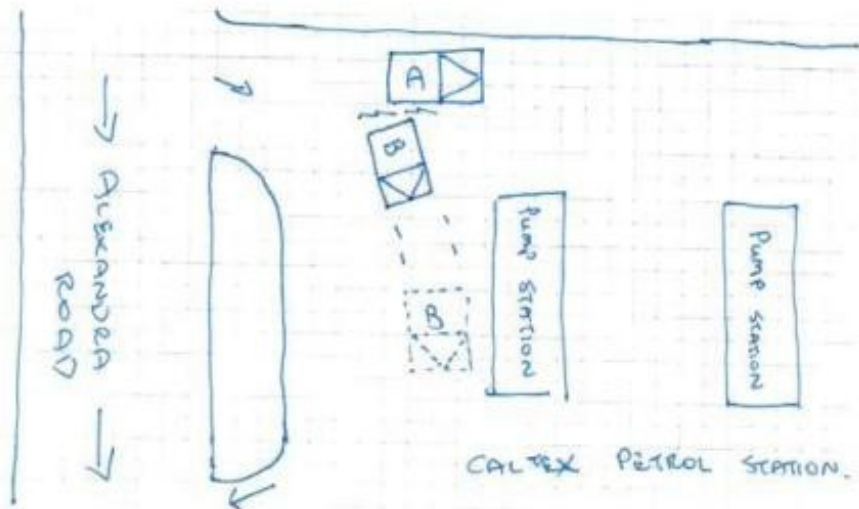
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

Vehicle A  
- SMM 576H

Vehicle B  
- SKG 1679T



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As Per Police Report.

Report Number,  
T/20200101/2008

Vehicle A - SMM 576H

Vehicle B - SKG 1679T

## DECLARATION

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

2

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.:



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20200101/2008

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

2 of 3

Report No. T/20200101/2008

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	NG WEE BENG		ID No. S74249151
Related Vehicle	SKG1679T (Car)		Contact No. 86905126
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
<b>Driver</b>			
Name	OH GHIM CHUAN		ID No. S8031614C
Related Vehicle	SMM576H (Car)		Contact No. 85991660
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 01/01/2020, at about 0300hrs, I had driven my car (SMM576H) into Caltex Petrol Station along Alexandra Road and I had parked my vehicle at the Air Pump lot as I needed to use the washroom. When I came out at 0305hrs, the pump attendant namely: Mr Kali, HP: 82835690 told me that my car had gotten into an accident while I was in the toilet and he told me that the car that had hit onto my car was beside my car.

I then went over to my car and met up with the other driver, and he informed me that earlier, he was reversing his car (SKG1679T) as he needed to wash his car urgently and the rear of his vehicle had collided onto my vehicle's right rear tyre and caused visible damage to my mudguard. The Caltex petrol station has CCTV which captured the incident. I wish to state that my vehicle has in vehicle camera, however it only shows the front and rear of the vehicle. I wish to state that I am unsure if the other party has in-vehicle camera. I am lodging this report for record purposes.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





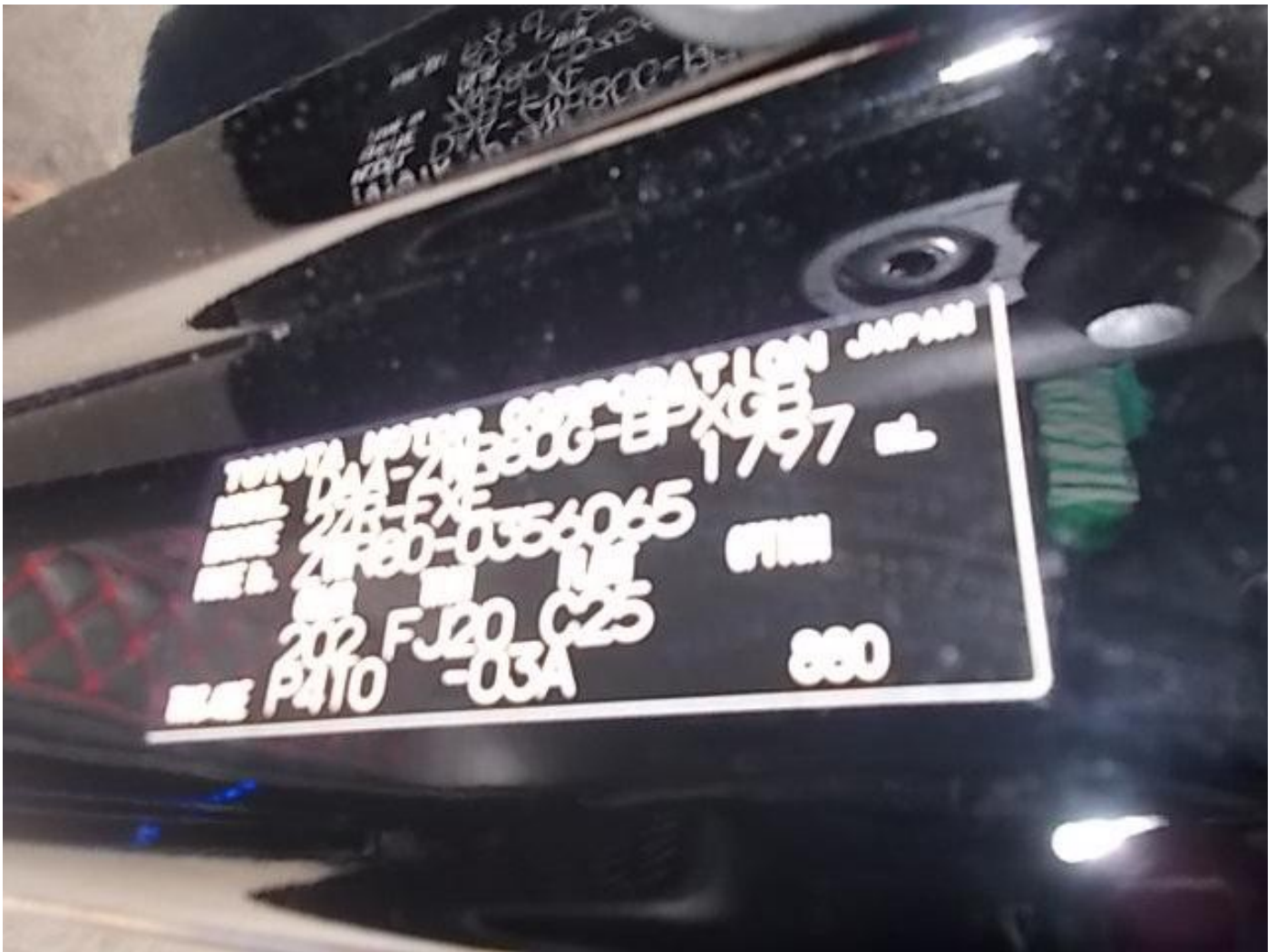
Accident Photo



Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200101/2008

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 2

Report No.: T/20200101/2008

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2020 03:59		Video Report No.:		Station Diary No.: 9	
<b>Informant's Particulars</b>					
Name of Informant: OH GHIM CHUAN			Address: APT. BLK 785 WOODLANDS CIRCLE #02-358 SINGAPORE 730765		
ID Type / ID No.: NRIC NO / 88031614C			Contact No.: Home/Office: Mobile: 85991880		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 01/10/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/01/2020 03:05	Type of Location: Caltex Petrol Station
Location: Along Road 1 ALEXANDRA ROAD				
At 350 Alexandra Road, Caltex, at the air pump lot,				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKG1679T	Car	TOYOTA	Velfire	Black	Slightly Damaged	0
SMM576H	Car	TOYOTA	Voxy	Black	Slightly Damaged	0

## Details of Person Involved

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

# Police Report



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Report No: T/20200101/2008

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	NG WEE BENG	ID No	S74249151
Related Vehicle	SKG1679T (Car)	Contact No	85905128
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
<b>Driver</b>			
Name	OH GHIM CHUAN	ID No	S80316140
Related Vehicle	SMM576H (Car)	Contact No	85991680
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

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POLICE FORCE



T/20200101/2008

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3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No: T/20200101/2008

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 S YIP XUANYU

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/01/2020 03:56

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIED LUI

Contact No: 65476151

Classification Of Case:

Authentication Stamp

NP193