

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	06/02/2020 17:23
Date Of Accident	06/02/2020 08:50
Exact Location Of Accident	AYE TOWARDS ONE NORTH CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG8915R
Insured/Policyholder	
Name Of Registered Owner	NGOW YONG CHO WAI (OUYANG ZUWEI)
NRIC No	SXXXX177I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96413553
Alternative Phone No	OTHERS-96413553

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I45-2.4 ABS AIRBAG 2WD 4DR GAS/D (A)
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1916821900
Cover Note Number	

Driver

Name of Driver	NGOW YONG CHO WAI (OUYANG ZUWEI)
NRIC No	SXXXX177I
Date Of Birth	06/05/1977
Occupation	OUTDOOR
Date Of Driving Pass	25/07/2008
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96413553
Fax Number	
Contact Number	OTHERS-96413553
EEmail Address	NOEMAIL

Address	BLK 436A FERNVALE ROAD #14-186
Postcode	791436
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	COLLISION - CHANGE/CROSS LANE
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?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4529999 - FAX NO: 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200206/2046

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 Witness 1

Name	STEZ CHONG
Phone Number	97694557
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV3128M
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SURATMAN BIN ROSIDI
NRIC/Passport Number	SXXXX560H

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	NGOW YONG CHO WAI (OUYANG ZUWEI)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SKG8915R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

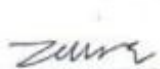
SKETCH PLAN

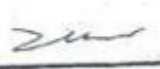
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

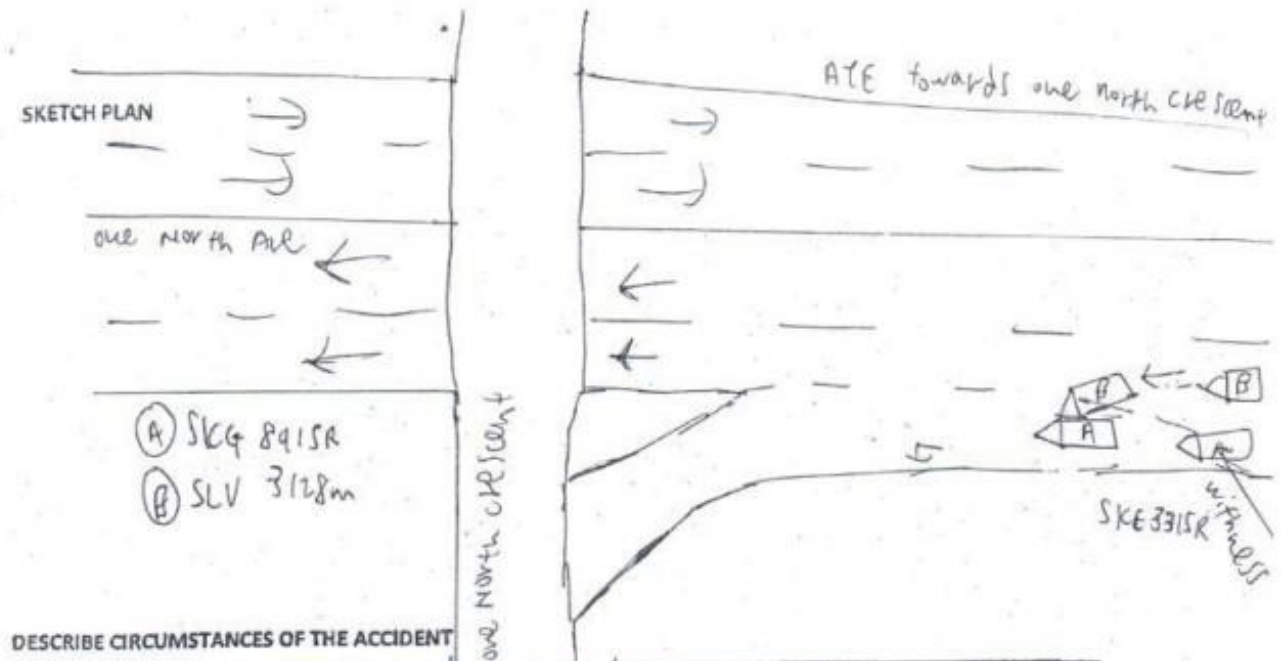
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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.:

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS per Police Report. 1/20200206/2046

[Large empty box for describing the circumstances of the accident, crossed out with a large blue diagonal line.]

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Zany
Policyholder's Signature
Date & Time:

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

06/02/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200206/2046

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20200206/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2020 12:40	Vide Report No.:	Station Diary No.: 12
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Informant's Particulars			
Name of Informant: NGOW YONG CHO WAI		Address: APT BLK 436A FERNVALE ROAD #14-186 SINGAPORE 791436	
ID Type / ID No.: NRIC NO / S77131771		Contact No.: Home/Office: Mobile: 96413553	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 42	Date of Birth: 06/05/1977	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: PRIVATE HIRER DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/02/2020 08:50	Type of Location: T-Junction
Location: Along Road 1 AYER RAJAH AVENUE Towards One-North Avenue, slip road to One- North Crescent, Lamp Post Number: 23F				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SKG8915R	Car	HYUNDAI	I45 2.4 AT ABS AIRBAG 2WD 4DR GAS/D SR	Silver		0
SLV3128M	Car					0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200206/2046

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20200206/2046

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKG8915R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSN19168219 00	01/05/2019	08/05/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	NGOW YONG CHO WAI		ID No.	S77131771
Related Vehicle	SKG8915R (Car)		Contact No.	96413553
Hospital/Clinic	SIN MING CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/02/2020		Date Discharge	06/02/2020
No. of Days granted Medical Leave	07		Degree of Injury	Slight
Driver				
Name	SURATMAN BIN ROSIDI		ID No.	S1199560H
Related Vehicle	SLV3128M (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 6/02/2020 at about 8.50am, I was driving vehicle, SKG8915R along Ayer Rajah Avenue towards One-North Ave. Before the junction of One-North Crescent, I was on the slip road to make a left turn to One-North Crescent when suddenly a vehicle SLV3128M from the right lane tries to cut into my lane and subsequently knocked onto the right-front side of my vehicle.

Due to the collision, my vehicle was damaged on the right front side. There is no passenger on board of my vehicle. There is no in car camera in my vehicle. I wish to state that vehicle SKE3315R was behind me and the driver, Stez Chong, hp: 97694557 witnessed the accident. His vehicle has an in-car camera and I had requested for the footage and he is willing to produce it to me.

I suffered neck, chest and knee injuries from the accident. I had gone to Sin Ming Clinic for medical treatment and was given 7 days MC.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200206/2046

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20200206/2046

CONTINUATION OF REPORT

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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200206/2046

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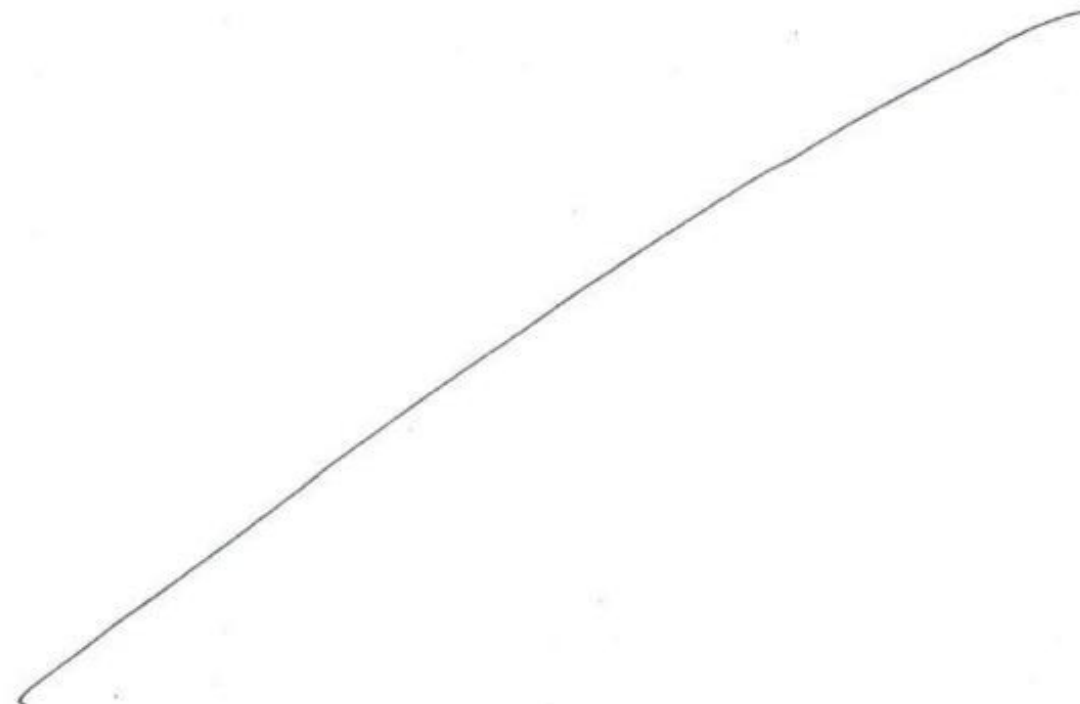
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Report No. T/20200206/2046

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: E / Staff Sgt MUHAMMAD HAFIZ BIN ZUHURI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/02/2020 12:40
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476424	Classification Of Case: SN 070
Authentication Stamp NP168 	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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