

## 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	31/03/2020 09:58
Date Of Accident	30/03/2020 10:15
Exact Location Of Accident	JALAN BESAR TWDS SIM LIM TOWER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN5489M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR NG KOK HENG
NRIC No	SXXXX187E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98569975
Alternative Phone No	OFFICE-98569975

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ACCENT (RB) 1.4 CVT
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	DMPCSN3087621900
Cover Note Number	

### Driver

Name of Driver	NG KOK HENG
NRIC No	SXXXX187E
Date Of Birth	29/10/1961
Occupation	INDOOR
Date Of Driving Pass	18/02/1983
Driving Experience	37 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98569975
Fax Number	
Contact Number	OFFICE-98569975
EEmail Address	NOEMAIL

Address	BLK 21 EUNOS CRESCENT #09-2983
Postcode	400021
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	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	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 629 BEDOK RESERVOIR ROAD #01-1620 , <b>POSTCODE:</b> 470629 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4439999 - <b>FAX NO:</b> 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200330/2048.

#### 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	SHD8593L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MOHAMED ANVERDEEN S/O ABDUL HAMEED
NRIC/Passport Number	SXXXX169Z
Contact Number	92950371
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHA8602K

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 NG KOK HENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMN5489M

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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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. 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:

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

A= SMN 5489M

B= SHD 859B L

C= SHN 8602K



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No - T/20200330/2048

### 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.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200330/2048

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

1 of 4

Report No. T/20200330/2048

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2020 13:51	Vide Report No.:	Station Diary No.: 28
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### Informant's Particulars

Name of Informant: NG KOK HENG	Address: APT BLK 21 EUNOS CRESCENT #09-2983 SINGAPORE 400021		
ID Type / ID No.: NRIC NO / S1503187E	Contact No.:	Mobile: 98569975	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 58	Date of Birth: 29/10/1961	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: ENGINEER	Driving Licence Information: Class: 2B,3	Date of Expiry:	

### General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 30/03/2020 10:15	Type of Location: Straight Road
Location: Along Road 1 JALAN BESAR				
Along Jalan Besar towards Sim Lim Tower				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA8602K	Car				Slightly Damaged	0
SHD8593L	Car				Slightly Damaged	0
SMN5489M	Car	HYUNDAI	ACCENT (RB) 1.4 CVT	Silver	Slightly Damaged	0



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200330/2048

Police Station Of Origin:

Eunos NPP

620 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

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Report No. T/20200330/2048

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMN5489M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30876219 000	16/12/2019	15/12/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED ANVERDEEN S/O ABDUL HAMEED	ID No.	S2178169Z
Related Vehicle	SHD8593L (Car)	Contact No.	92950371
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 KOK HENG	ID No.	S1503187E
Related Vehicle	SMN5489M (Car)	Contact No.	98569975
Hospital/Clinic	THE CIVIC CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	30/03/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On the 30/03/2020 at about 1015hrs, I was driving my vehicle SMN5489M along the rightmost lane of Jalan Besar. There was quite a number of vehicles but all were moving at normal speed. As I continued straight, a taxi SHD8593L travelling beside me, suddenly attempted to come into my lane in front of me without signaling, and the front right portion of the taxi collided lightly with the front left portion of my vehicle. After the collision, the taxi attempted to move back into the left lane however when doing so collided with another taxi SHA8602K that was travelling in front of it.

After the accident, all the drivers stopped and alighted from the vehicles. I exchanged particulars with the driver of SHD8593L. None of the vehicles involved had passengers and no one was visibly injured. We agreed to settle via insurance claims and moved off.

Shortly after, while I was at work, I started to felt some pain from my neck, shoulder and back due to the accident, as such went to see a doctor at The Civic Clinic. I was given a medical certificate of 3 days.

Police Report



**SINGAPORE  
POLICE FORCE**



T/20200330/2042

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

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Report No. T/20200330/2043

CONTINUATION OF REPORT



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200330/2048

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Report No. T/20200330/2048

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

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:

G /

Sgt 3 LIM WEI SIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/03/2020 13:51

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo

