

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	22/09/2020 11:54
Date Of Accident	20/09/2020 19:15
Exact Location Of Accident	CRAWFORD ST TO NORTH BRIDGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP9402A
Insured/Policyholder	
Name Of Registered Owner	NGO ENG NAN
NRIC No	SXXXX295B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81187227
Alternative Phone No	OTHERS-93494752

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5081055731-03
Cover Note Number	

Driver

Name of Driver	NGO PEI SHAN,DEBBIE
NRIC No	SXXXX388Z
Date Of Birth	20/06/1995
Occupation	INDOOR
Date Of Driving Pass	09/07/2015
Driving Experience	5 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93494752
Fax Number	
Contact Number	
Email Address	NGO_DEBBIE@HOTMAIL.COM

Address	BLK 926 HOUGANG STREET 91 #03-83
Postcode	530926
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 - HEAD ON 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	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?	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	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN4808T
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG BENG NAN
NRIC/Passport Number	SXXXX188A
Contact Number	97670864
Address	
Postcode	

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

DETAILS OF INJURED PERSON 1	
Name	NGO PEI SHAN,DEBBIE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKP9402A
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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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:

3:25pm 21/09/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

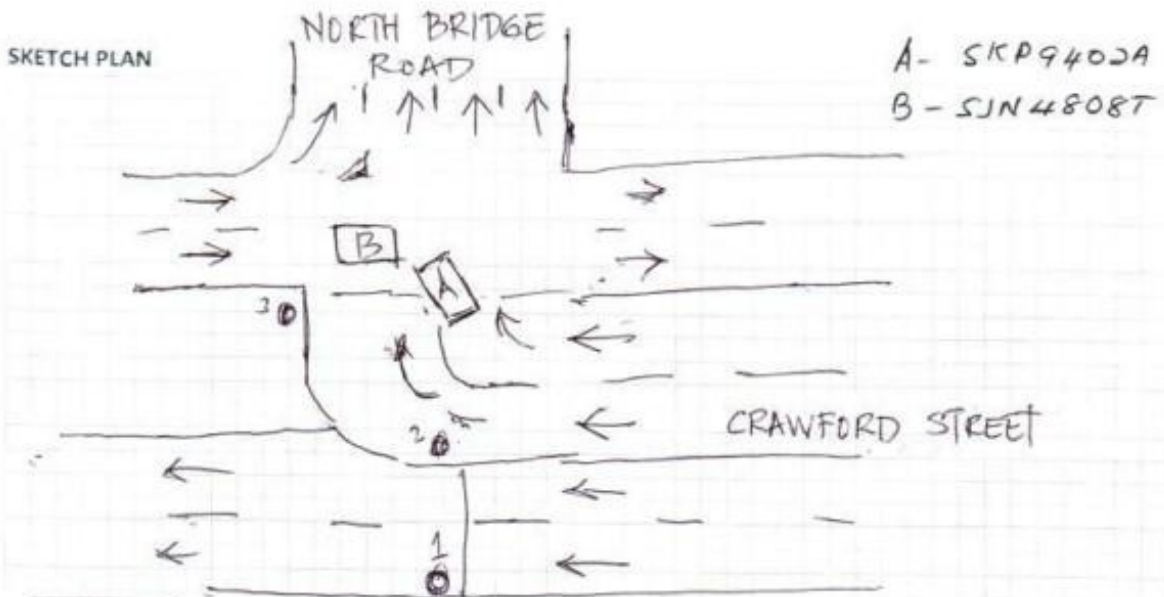
3:15pm 21/09/2020

Report Centre Personnel's Signature

Name:

NRIC/FIN No.:

Individual Statement



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was driving along Crawford Street ready to make a right turn to North Bridge Road. Upon approaching the bend for the right turn, traffic light 1 & 2 was green. I was slowing down, traveling about 10-20km/hour before making the right turn. After I came out of the right turn, traffic light 3 was red. I braked immediately but could not avoid a head to head collision with the oncoming car. The oncoming car proceeded straight to hit a lamp post.

DECLARATION

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

Policyholder's Signature
Date & Time:

21/09/2020 3:25pm

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

21/09/2020 3:25pm

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

21/09/2020

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200921/7000

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

2 of 3

Report No. T/20200921/7000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKP9402A	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG BENG NAN	ID No.	S1830188A
Related Vehicle	SJN4808T (Car)	Contact No.	97670864
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	NGO PEI SHAN, DEBBIE	ID No.	S9521388Z
Related Vehicle	SKP9402A (Car)	Contact No.	93494752
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	20/09/2020	Date	20/09/2020
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

Sd card submitted to police. Saw green light and proceeded to Turn Right" slowly, was close to stopping at the line before turning. Head on collision after turning right with oncoming car. Turning right into North Bridge Road from Crawford street.

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/20200921/7000

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408853
Tel No: 65470000

1 of 3

Report No.: T/20200921/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/09/2020 01:05		Vide Report No.: A/20200920/0099		Station Diary No.:	
Informant's Particulars					
Name of Informant: NGO PEI SHAN, DEBBIE			Address: 928 HOUGANG STREET 91 #03-83 SINGAPORE 530928		
ID Type / ID No.: NRIC NO / S9521388Z			Contact No.: Home/Office: Mobile: 93494752		
Nationality: SINGAPORE CITIZEN			Email: NGO_DEBBIE@HOTMAIL.COM		
Sex: Female	Age: 25	Date of Birth: 20/08/1995	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Accountant			Driving Licence Information: Class: 2B.3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/09/2020 20:40	Type of Location: Turning
Location: CRAWFORD STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SJN480BT	Car	TOYOTA		Silver		0
SKP9402A	Car	HONDA	Civic	Blue	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20200921/7000

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

2 of 3

Report No. T/20200921/7000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKP9402A	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	NG BENG NAN		ID No.	S1830188A
Related Vehicle	SJN4808T (Car)		Contact No.	97670864
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight
Driver				
Name	NGO PEI SHAN, DEBBIE		ID No.	S9521398Z
Related Vehicle	SKP9402A (Car)		Contact No.	93494752
Hospital/Clinic	RAFFLES MEDICAL		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	20/09/2020		Date	20/09/2020
No. of Days granted Medical Leave	03		Degree of	Slight

Brief Details.

Sd card submitted to police. Saw green light and proceeded to Turn Right* slowly, was close to stopping at the line before turning. Head on collision after turning right with oncoming car. Turning right into North Bridge Road from Crawford street.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200921/7000

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

3 of 3

Report No: T/20200921/7000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
JOFILANO BIN MOHAMED ALI
Contact No.: 65476860

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
21/09/2020 01:05

Classification Of Case:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAA120082281 Vehicle Registration No: SKA9402A
Name (as shown in NRIC) : NGO PEI SHAN, DEANIE NRIC/FIN/Passport No : 59521388Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 926 HONGKANG ST 91 # 02-83 Singapore (530926)
Contact (Tel) : _____ Mobile No. : 93494752
Email Address : _____
Date of Accident : 20/09/20 Time of Accident : 19:15
Place of Accident : CRAWFORD ST TO NORTH BRIDGE RD
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND GENDER

Policyholder / Driver's Signature
Date:

Shyne 22/09/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: