

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 15:11
Date Of Accident	20/09/2020 19:40
Exact Location Of Accident	CRAWFORD ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN4808T
Insured/Policyholder	
Name Of Registered Owner	LA RENTALS PTE LTD
Co Reg No	2XXXXX059Z
Email Address	JOEL@LAYAUTO.COM
Mobile Phone No	
Alternative Phone No	OFFICE-93874666

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMHCSNA00000451900
Cover Note Number	

Driver

Name of Driver	NG BENG NAN
NRIC No	SXXXX188A
Date Of Birth	27/04/1967
Occupation	OUTDOOR
Date Of Driving Pass	21/08/1986
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97670864
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 608 CLEMENTI WEST STREET 1 #06-78
Postcode	120608
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
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	CLEMENTI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 427 CLEMENTI AVENUE 3 , POSTCODE: 120427 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7759999 - FAX NO: 67764246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200921/2118

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	SKP9402A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NGO PEI SHAN, DEBBIE
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 BENG NAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJN4808T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.



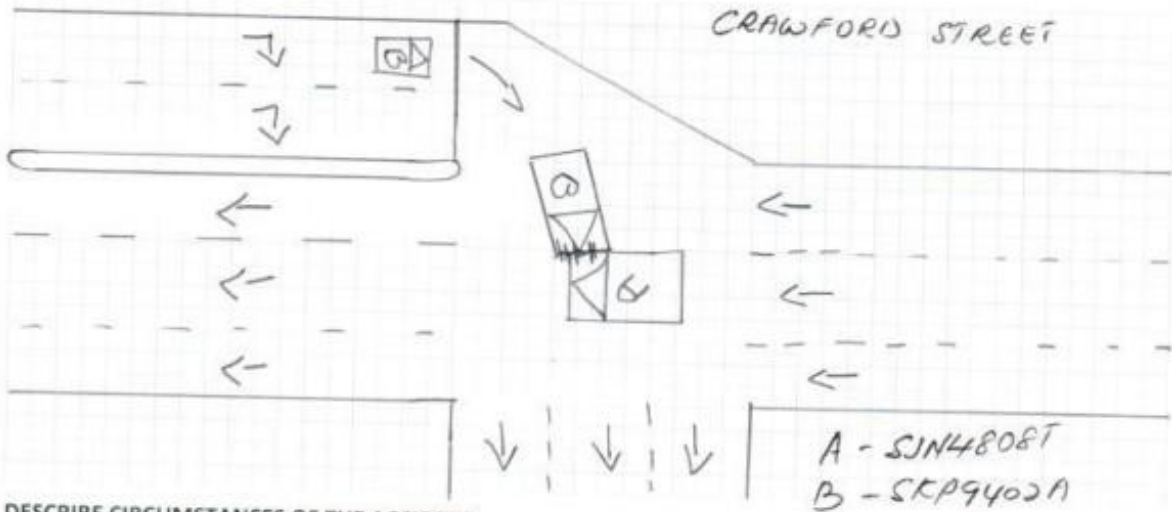
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached with police report. T/20200921/2118

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No. 1800-7759999



T/20200921/2118

2 of 4

Report No. T/20200921/2118

CONTINUATION OF REPORT

Driver			
Name	NG BENG NAN	ID No	S1830188A
Related Vehicle	SJN4808T (Car)	Contact No.	97670864
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class 2B, 2A, 3 Date of Expiry: NIL
Date Treatment	20/09/2020	Date Discharge	21/09/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	NGO PEI SHAN, DEBBIE	ID No	S9521388Z
Related Vehicle	NIL	Contact No.	93494752
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 2B, 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 20/09/2020 at about 1940hrs I was driving my Grab car (SJN4808T) along Crawford St towards Lavender St. I could not remember which lane I was at. While approaching the traffic junction of Crawford St and North Bridge Rd, the traffic lights was green. Thus I continued to drive through. While driving through the traffic junction, suddenly another car (SKP9402A) from the opposite lane which was executing a right turn into North Bridge Rd collided into my car.

The front of the other car had collided at the front right side of my car nearer to the wheel area including a portion of the driver's door. Due to the impact, my car was being pushed to the left and as a result knocked onto a lamp post.

After the accident, the impact had caused me to be in a daze for awhile. After sometime I then slowly opened my car door and alighted. The other driver was already out of her car. I remember some passerby called for police and ambulance who attended to us subsequently. I was then also being conveyed to Tan Tock Seng Hospital.

My car was badly damaged at the front and front-right side. The other car was mainly damaged at the front part. The other driver did not complaint of any injuries and was not attended by paramedics. I felt chest pain and some abrasion to my left forearm. I was only discharge from Tan Tock Seng hospital on 21/9/2020 at 1147hrs and was given 2 days medical leave.

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



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Clementi NPP
427 Clementi Avenue 3 #01-459
SINGAPORE 120427
Tel No: 1800-7789999



1 of 4
Report No: 100200010918

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
21/08/2020 17:39

Vehicle Report No:

Station Diary No:
40

Informant's Particulars

Name of Informant

NG BENG NAN

Address

APT BLK 808 CLEMENTI WEST STREET 1 #08-78
SINGAPORE 120608

ID Type / ID No

NRIC NO / S1830188A

Contact No

Home/Office

Mobile: 97670864

Nationality

SINGAPORE CITIZEN

Email

Sex

Male

Age

53

Date of Birth

27/04/1967

Type of Informant

Driver

Race

Chinese

Language

English

Institution / School Name

Occupation

GRAB DRIVER

Driving Licence Information

Class: 2B, 2A, 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 19:40	Type of Location: T-Junction
Location: CRAWFORD STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN4808T	Car				Seriously Damaged	0
SKP9402A	Car				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Clementi NPP
427 Clementi Avenue S #01-455
SINGAPORE 120427
Tel No: 1800-7756000



2 of 4
Report No: 110020000103116

CONTINUATION OF REPORT

Driver			
Name	NG BENG NAN	ID No	S1830108A
Related Vehicle	SJN4808T (Car)	Contact No	97670854
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B 2A, 3 Date of Expiry: NIL
Date Treatment	20/09/2020	Date Discharge	21/09/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	NGO PEI SHAN, DEBBIE	ID No	58521388Z
Related Vehicle	NIL	Contact No	93494752
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 3 Date of Expiry: NIL
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No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

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Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999



Report No: T000000210118

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 3 CHONG ZHEN LOON

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/09/2020 17:39

Officer In Charge Of Case
TP / GIT /
Sr Staff Sgt JOFILIANO BIN MOHAMED ALI
Contact No: 65476960

Classification Of Case:

Authentication Stamp

SIN 40