

# 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 Submission ..... 04/12/2020 17:45 (SGT)  
Date of Accident ..... 03/12/2020 18:50 (SGT)  
Exact Location of Accident ..... Claymore Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKE9006T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... OSCARS LEASING PRIVATE LIMITED  
Company Reg No ..... 2XXXXX292N  
Email Address ..... KRIS@OSCARSLEASING.COM.SG  
Mobile Phone No ..... (Phone) +65-91129911  
Alternative Phone No ..... +65-91129911

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... I30  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Private hire

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5109909289-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG CHOON AIK SIMON (HUANG JUNYI)  
NRIC No ..... SXXXX437D  
Date Of Birth ..... 24/01/1977  
Occupation ..... Outdoor

Date Of Driving Pass .....	30/10/1998
Driving experience .....	22 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83335956
Alt. Phone Number .....	-
Email Address .....	SIMON7777@HOTMAIL.COM
Address .....	BLK 220B BEDOK CENTRAL #07-42
Address complement .....	-
Postcode .....	462220
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
Weather Conditions .....	DRIZZLING
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	DEREK
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Batok Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18006659999
Alt. Police Station Phone No .....	(Fax) +65-64252661
Police Station Address .....	21 Bukit Batok East Ave 4 Singapore 659840
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

#### 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 .....	CYCLIST
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Mobile equipment
Name of Driver .....	CHARLES JIN SPENCER
NRIC No .....	TXXXX729B
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### WITNESS DETAILS

##### WITNESS 1

Name .....	DEWIN
Phone .....	(Phone) +65-98471045
Email .....	-

##### WITNESS 2

Name .....	DEREK
Phone .....	(Phone) +65-97354984
Email .....	-

Refer to Police Report 7/20201203 / 2127

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



Witnessed by Reporting Centre  
Personnel

## SKETCH PLAN

### IMPORTANT NOTICE

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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.
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.



*Signature*

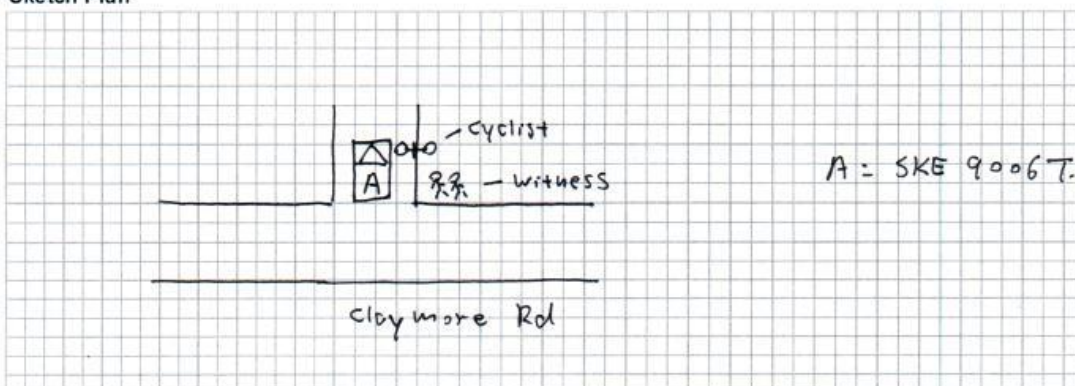
*Signature*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





























**SINGAPORE  
POLICE FORCE**



T/20201203/2127

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

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Report No. T/20201203/2127

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/12/2020 22:43	Vide Report No.:	Station Diary No.: 157
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Informant's Particulars			
Name of Informant: NG CHOON AIK, SIMON		Address: APT BLK 220B BEDOK CENTRAL #07-42 SINGAPORE 462220	
ID Type / ID No.: NRIC NO / S7703437D		Contact No.: Home/Office: Mobile: 83335956	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 43	Date of Birth: 24/01/1977	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 Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 03/12/2020 06:50	Type of Location: Straight Road
Location:  CLAYMORE ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Stationary vehicle and a cyclist			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKE9006T	Car	HYUNDAI		Silver	Slightly Damaged	0

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



**SINGAPORE  
POLICE FORCE**



T/20201203/2127

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21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

Report No. T/20201203/2127

**CONTINUATION OF REPORT**

Driver			
Name	NG CHOON AIK, SIMON		ID No. S7703437D
Related Vehicle	SKE9006T (Car)		Contact No. 83335956
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 03/12/2020 0630hrs at about , I picked up a passenger from 2 Evans Road and headed to Delfi Road. At about 0650hrs when I reached Claymore Road, I proceeded to move in to a small lane (Between Delfi Orchard and Orchard Hotel Galleria). My vehicle (SKE9006T) was at a stationary and I proceeded to drop off my passenger. There were also two pedestrian waiting for my vehicle to move so that they can cross the road. Suddenly a cyclist collided onto my vehicle's right driver door's area. The damages on my car are dents and scratches. My passenger witness the collision, namely, Derek, HP: 97354984. I made a check on the cyclist and he was not injured. I told him to stay put 3 times while I had to move my vehicle so I would not block the pathway. But when I moved my vehicle, the cyclist quickly dashed off. I gave chase and manage to stop him. This was witness by the two earlier pedestrian one namely, Dewin, HP: 98471045. I then asked for the cyclist details. He is namely Charles Jim Spencer, T0690729B, HP: 97804509, Father's HP: 91786825, Mother's HP: 91168836. I had called the Father regarding this matter and he informed to proceed with a Police report.

**SINGAPORE  
POLICE FORCE**

T/20201203/2127

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21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

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Report No. T/20201203/2127

**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:

J /

Sgt 2 MUHAMMAD HANIS BIN IDRIS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/12/2020 22:43

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No: 65476219

Classification Of Case:

Authentication Stamp

NP168



