

# 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 .....	07/12/2020 11:36 (SGT)
Date of Accident .....	04/12/2020 17:10 (SGT)
Exact Location of Accident .....	CTE, Singapore
Additional Location Information .....	CTIY (ANG MO KIO AVENUE 3)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLN6603E
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	YY HEALTHY FAMILY SERVICE
Company Reg No .....	5XXXX720A
Email Address .....	hengmp68@gmail.com
Mobile Phone No .....	(Phone) +65-90275426
Alternative Phone No .....	(Office) +65-65693479

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Vezel
Variant .....	-
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 - Claiming third party
Vehicle Category .....	Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5090881383-03
Cover Note Number .....	-

### DRIVER

Name of Driver .....	HENG MOK
NRIC No .....	SXXXX949G
Date Of Birth .....	25/05/1968
Occupation .....	Indoor

Date Of Driving Pass .....	26/07/1990
Driving experience .....	30 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90275426
Alt. Phone Number .....	-
Email Address .....	hengmp68@gmail.com
Address .....	BLK 910 #04-283
Address complement .....	JURONG WEST STREET 91
Postcode .....	640190
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Collision - Head to Rear
Weather Conditions .....	Raining
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	ONG CHOW MOY
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

#### 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 .....	GBJ2555B
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Dyna
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	QI RUIQIANG
Work Permit No .....	OXXXXXX0026
Contact Number .....	(Phone) +65-91499847
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	ONG CHOY MOY
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLN6603E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

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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.

Policyholder's Signature: [Signature] Date: 07/12/2020  
Time: 14:04 Driver's Signature (If driver is not the policyholder) / Date: [Signature] / 07/12/2020  
Witnessed by Reporting Centre Personnel

Sketch Plan CTE TOWARDS CHU' NIKAR AMK AVE 3 EXIT

**Describe Circumstances of the Accident**

在 04-12-2020 下午我到了我的朋友 王秋桐 一起去会所 当时  
 下着雨，路上非常滑，我缓慢的行驶在内二线上 在靠 (TE 靠的  
 AMK Ave 3 的出口处的时候，突然听到刹车声，一辆吉利  
 从 右侧 在我前方 停下。

**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

Witnessed by Reporting Centre Personnel

Annex D

Jurong West NPC  
700 Corporation Road  
Singapore 649818  
Tel: 62689999 Fax: 62672438



Traffic Police Department  
Charge Office  
10 Ubi Avenue 3  
Singapore 408865

Traffic Police  
Annex D

NOTICE OF REPORTING

Informant Name : Heng Mok Pheng  
Identity Card No : S6818949G  
Sex / Age / Race : M/52yrs/Chinese  
Address : B/910 Jurong West St 91 #04-283  
Occupation : TCM Physician  
Telephone No : 90275426

This is to confirm that the above informant, has reported to the Police a non-injury traffic accident which occurred along CTE(CITY) near Ang Mo Kio Ave L on 04/12/2020 at 1715 Hrs involving the following vehicles: SLN6603E and GBJ255B.  
2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Issuing Officer	: Sgt Kwan Shyan
Date / Time	: 05/12/2020 @ 1000hrs
Station Diary No	: 32
Police Post	: Jurong West NPC

Signature of Informant	:	
Signature of Issuing Officer	:	

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police

JURONG WEST NPC  
700 Corporation Rd  
Singapore 649818  
Tel : 6268 9999 Fax : 6267 2438











































