# **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 witholding 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 23/12/2020 09:53 (SGT) Date of Accident 22/12/2020 11:10 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SGT1243X

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner GILSELLE WONG SZE QI NRIC No. SXXXX581B Email Address ALOYSIUS.NGUAN@GMAIL.COM Mobile Phone No (Phone) +65-96502872 Alternative Phone No +65-96502872

#### VEHICLE PARTICULARS

Manufacturer Honda Model Fit 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? Yes Vehicle Category Private car

### INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5120246965 Cover Note Number

#### DRIVER

Name of Driver NGUAN KANG WEI ALOYSIUS NRIC No SXXXX876B Date Of Birth 21/07/1986 Occupation Outdoor

Date Of Driving Pass 27/07/2018 Driving experience 2 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-90608524 Alt. Phone Number Email Address ALOYSIUS.NGUAN@GMAIL.COM Address BLK 288C COMPASVALE CRESCENT #12-347 Address complement Postcode 543288 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Nο 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 Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name WIFF Gender Female PASSENGER 2 Name SON Gender Male **DETAILS OF POLICE ACTION** 

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Phone No

(Fax) +65-62447258

Police Station Address

30 Bedok North Road Singapore 469676

Was notice of intended Prosecution given?

If yes, against whom?

#### CIRCUMSTANCES OF ACCIDENT

### REFER TO POLICE REPORT T/20201222/2089

#### ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SHA877L
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Taxi
Name of Driver	_
Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

#### SKETCH PLAN

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 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' law yers/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")

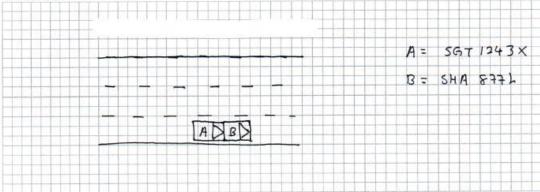
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

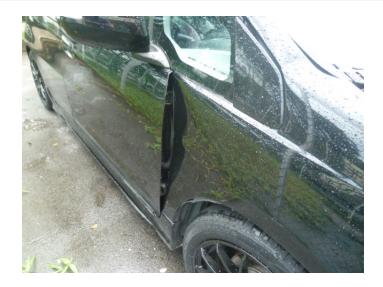


Refer	to Police	Report	7/20201222	12.89
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eration eclare the foregoing pa	articulars are true in ever	y respect.		
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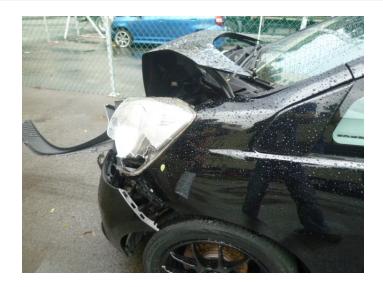


















Police Station Of Origin: Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

1 of 4 Report No. T/20201222/2089

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/12/2020 16:27			Vide Report No.: E/20201222/0078	Station Diary No.: 68		
Informa	nt's Partic	ulars				
Name of Informant: NGUAN KANG WEI, ALOYSIUS			Address: APT BLK 97 BEDOK NORTH AVENUE 4 #23-1509 SINGAPORE 460097			
ID Type / ID No.: NRIC NO / S8619876B			Contact No.: Home/Office: Mobile: 90608524			
National SINGAP	lity: PORE CITIZ	ŒN.	Email:			
Sex: Age: Date of Birth: Male 34 21/07/1986		Type of Informant: Driver				
Race: Chinese		Language: English	Institution / School Name:			
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 2B.3  Date of Expiry:				

Seneral Inform	mation of the Accident			EC 1000	Mark State of the last
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/12/2020 11:10		Type of Location EXPRESSWAY
Weather:	EXPRESSWAY	Road Surface:	20	Roa	d Speed Limit:
		Dry		Traffic Volume:	
		Traffic Control: Not Controlled		Heavy	
Type of Collis Between Mov	sion: ring Vehicles - Head To R	ear	10 H	11 10 10 10 10 10 10 10	one conveyed by ulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SGT1243X	Car	HONDA	FIT	Black	Seriously Damaged	
SHA877L	TAXI	HYUNDAI		Yellow	Slightly Damaged	1

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



T/20201222/2089

2 of 4 Report No. T/20201222/2089

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

CONTINUATION OF REPORT

Driver						
Name	NGUAN KANG WEI, ALOYSIUS			ID No.		S8619876B
Related Vehicle	SGT1243X (Car)			Conta	ct No.	90608524
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc			
No. of Days granted Medical Leave NIL		NIL	Degree of Injury Slight			
Driver						
Name	ONG ENG YIM			ID No		S1623561Z
Related Vehicle	SHA877L (TAXI)			Contact No.		96370115
Hospital/Clinic	NIL			Class Drivin Licen- Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date			harge	NIL	N.
No. of Days granted Medical Leave NIL			Degree of Injury NIL			

# Brief Details.

On 22nd December 2020 at about 1110hrs, I was driving my vehicle bearing registration plate number SGT1243X along Pan Island Expressway towards Tuas. I had two passengers with me ( My Wife ( 31YO) and my Son (4.5YO) sitted at the back seat. The road was dry and traffic was heavy at that point of time. I was travelling at the extreme right lane ( 1st lane )

At the said expressway, (12.5km mark), there was a yellow colored taxi bearing registration plate number SHA877L who suddenly come to a stop. I tried to break but could not stop in time. As such, a head to rear collision occurred. The impact was great causing massive damage at the front portion of my vehicle

Traffic police and ambulance came to scene reference (E/20201222/0078). We managed to exchange particulars before leaving the accident scene. My son and the other party's passenger was being conveyed to hospital.

Due to the accident, I strained my neck. However, I have not seen the doctor. My son was also fine with slight abrasion at the neck area.

There is an in car camera in my vehicle. The traffic police at scene already took the SD card for follow up. That's all.





3 of 4 Report No. T/20201222/2089

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

CONTINUATION OF REPORT





4 of 4

Report No. T/20201222/2089

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

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.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: G / Sgt 3 AHMAD BIN HASHIM	Signature Of Informanty
Signature Of Interpreter: Not applicable	Date/Time: 22/12/2020 16:27
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp NP168 POLICE FORCE	