

# 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 ..... 14/01/2021 17:47 (SGT)  
Date of Accident ..... 13/01/2021 18:10 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... EXIT 13 JURONG TOWN HALL ROAD JUNCTION  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SCH6622M

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG SIEW LIAN  
NRIC No ..... SXXXX436F  
Email Address ..... c.banleng@gmail.com  
Mobile Phone No ..... (Phone) +65-96250611  
Alternative Phone No ..... +65-96250611

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... ALTIS  
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 ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00177462003  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG SIEW LIAN  
NRIC No ..... SXXXX436F  
Date Of Birth ..... 11/05/1969  
Occupation ..... Indoor

Date Of Driving Pass .....	19/09/1997
Driving experience .....	23 YEARS AND 4 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96250611
Alt. Phone Number .....	+65-96250611
Email Address .....	c.banleng@gmail.com
Address .....	BLK 316 JURONG EAST STREET 32 #08-264
Address complement .....	-
Postcode .....	600316
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 - Major/Minor Rd
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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) .....	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	KER MOI HOI
Gender .....	Female

#### PASSENGER 2

Name .....	HO WEI LIN
Gender .....	Female

#### PASSENGER 3

Name .....	NG LIAN HIONG
Gender .....	Female

#### PASSENGER 4

Name .....	NG AH KAM
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Clementi Division Headquarters
Police Station Phone No .....	(Phone) +65-18007740000
Alt. Police Station Phone No .....	(Fax) +65-67741705
Police Station Address .....	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT D/20210113/7026

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 ..... FBL79L  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Motorcycle  
 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) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... NG SIEW LIAN  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... SCH6622M  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

#### WITNESS DETAILS

##### WITNESS 1

Name ..... MR CHAI  
 Phone ..... (Phone) +65-98562235  
 Email ..... -



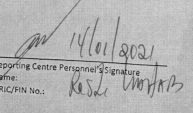
**SKETCH PLAN**

**IMPORTANT NOTICE**

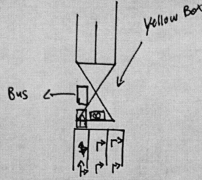
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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:  Date & Time: \_\_\_\_\_  
 Reporting Centre Personnel's Signature:  Date & Time: 14/01/2021  
 Name: R. S. L. V. H. K. B.  
 NRIC/FIN No.: \_\_\_\_\_

SKETCH PLAN



Vehicle A: SCH6622M  
Vehicle B: PBL79L  
Jubong Town Hall Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 1/20210113/7026  
Police Report

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

Policeholder's Signature: *[Signature]*  
Date & Time: *[Signature]*

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

Reporting Centre Person's Signature: *[Signature]*  
Name: *[Signature]*  
NRIC/FIN No.: *[Signature]*





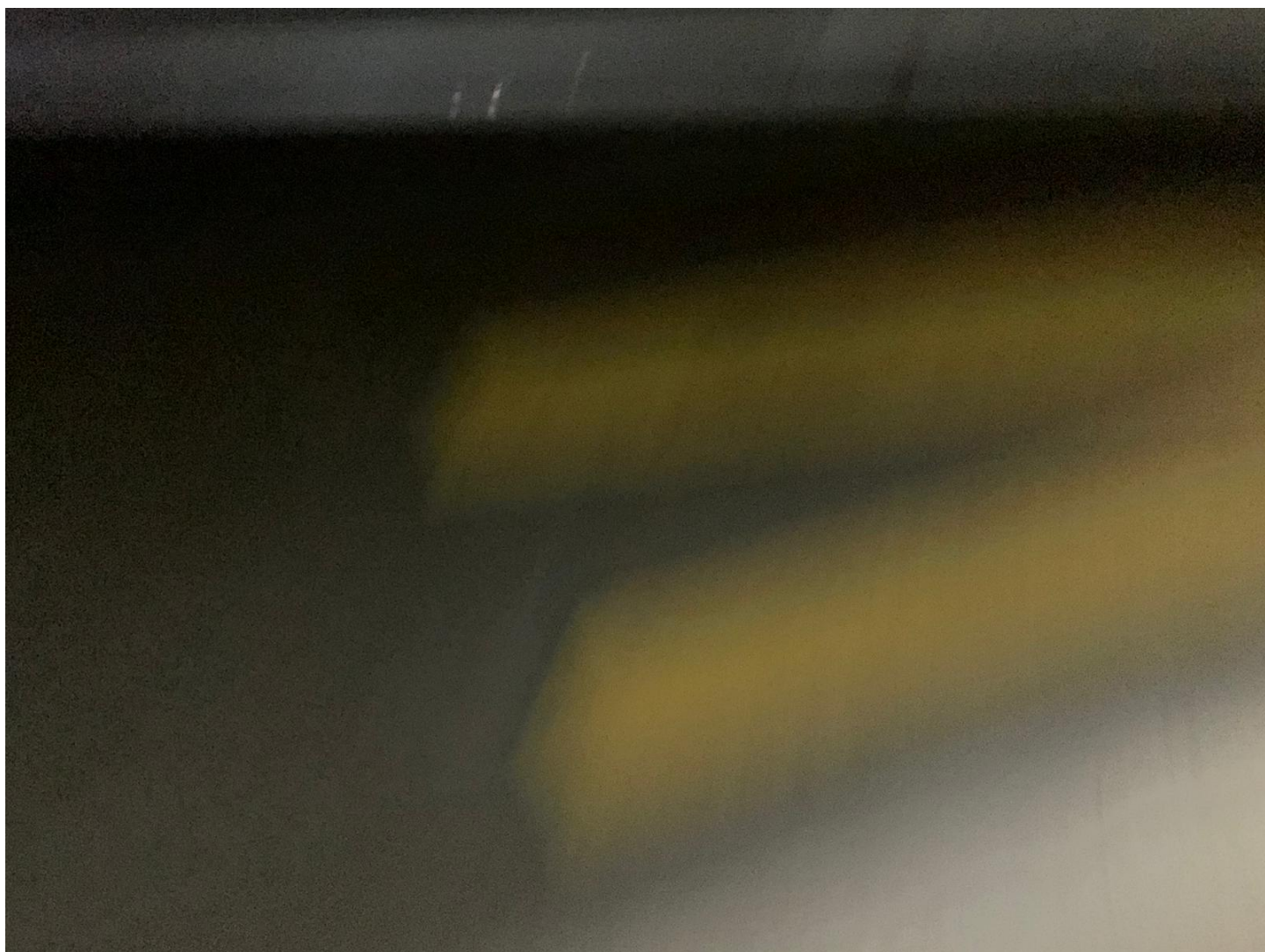
































**SINGAPORE  
POLICE FORCE**



D/20210113/7026

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**POLICE REPORT (NP299)**

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Report No. D/20210113/7026

Date/Time Report Made 13/01/2021 22:02	Vide Report No.	Station Diary No.
Name Of Informant NG SIEW LIAN	Address 316 JURONG EAST STREET 32 #08-269 SINGAPORE 600316	
ID Type / ID No. NRIC NO / S6916436F	Contact No. Home/Office:	Mobile: 96250611
Nationality SINGAPORE CITIZEN	Email Address c.banleng@gmail.com	
Occupation packing	Sex Female	Age 51
Institution/School Name	Date of Birth 11/05/1969	Race Chinese
Date/Time Of Incident 13/01/2021 18:10	Location Of Incident JURONG TOWN HALL ROAD	

**Brief details.**

Case no. D/20210113/0080

On the above mentioned date and time, I was driving my vehicle SCH6622M with 4 passengers on board.

All of us were belted.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/01/2021 22:02
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

SINGAPORE  
POLICE FORCE

D/20210113/7026

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20210113/7026

We are travelling straight i was at along jurong town hall after exit aye exit 13. As I was approaching the junction of jurong town hall road, traffic light was green and as such I proceeded straight past the stop line.

However due to heavy traffic in front, there was not enough time for me to reach the opposite side of the junction.

An SBS bus right in front of me was also stuck in the yellow box when the traffic light on jurong town hall road towards west coast road had turned green.

While i was still stationary and about to move off as the SBS bus in front of me had moved off, i felt a massive impact from my right portion.

The impact was so massive that my vehicle jerked sideways violently.

I alighted to realise that vehicle FBL79L had collided onto my driver side door.

There was a witness by the name of mr chai, phone number 98562235. He told us that he was right behind FBL79L when accident happened.

He had witnessed that the bus and my vehicle was stationary at the yellow box when the rider of FBL79L crashed into my vehicle. He was not looking in front as he was arguing with some people beside him and when he looked in front it was too late for him to avoid my stationary vehicle.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

13/01/2021 22:02

Classification Of Case:

**SINGAPORE  
POLICE FORCE**

D/20210113/7026

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20210113/7026

Later that night, I started feeling soreness on my right arm and chest areas.

As such I went to First care family clinic & surgery at 253 Jurong East Street 24 for treatment and was given 3 days MC.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

13/01/2021 22:02

Classification Of Case: