

## 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	18/01/2021 22:00 (SGT)
Date of Accident	17/01/2021 16:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVE 5 OPPOSITE ANG MO KIO ITE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME1632P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG PECK LAY
NRIC No	SXXXX341A
Email Address	ashley9567@yahoo.com
Mobile Phone No	(Phone) +65-92292266
Alternative Phone No	+65-9229226

### 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?	No - Claiming third party
Vehicle Category	Private hire

### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5105492407-02 DC
Cover Note Number	20/09/2020 - 19/09/2021

### DRIVER

Name of Driver	ALYF LESLIE VELGE
NRIC No	SXXXX480H
Date Of Birth	04/07/1973
Occupation	Outdoor

Vehicle Registration Number	SLK3903A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

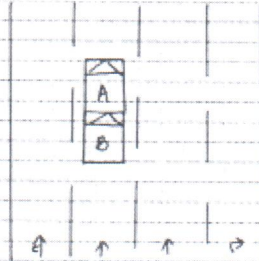
Name of injured person	ALYF LESLIE VELGE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	SME1632P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

Ang Mo Kio Ave 5 opposite Ang Mo Kio ITE

Vehicle A: SME1632P

Vehicle B: SLK 3903A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No : T/20210116/7100

VEHICLE WILL REPAIR AT JUVG INTERNATIONAL P.L.

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:



**SINGAPORE  
POLICE FORCE**



T/20210118/7100

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20210118/7100

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/01/2021 11:27		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: ALYF LESLIE VELGE		Address: 490A CHOA CHU KANG AVENUE 5 #09-261 SINGAPORE 681490		
ID Type / ID No.: NRIC NO / S7323480H		Contact No.: Home/Office: Mobile: 97646454		
Nationality: SINGAPORE CITIZEN		Email: leslievelge@gmail.com		
Sex: Male	Age: 47	Date of Birth: 04/07/1973	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Grab Driver		Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/01/2021 16:35	Type of Location: Straight Road
Location:  ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLK3903A	Car					0
SME1632P	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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T/20210118/7100

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Report No. T/20210118/7100

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	ALYF LESLIE VELGE		ID No. S7323480H
Related Vehicle	SME1632P (Car)		Contact No. 97646454
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	17/01/2021	Date	17/01/2021
No. of Days granted Medical Leave	05	Degree of	Slight
<b>Passenger</b>			
Name	UNKNOWN		ID No. NIL
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Passenger</b>			
Name	OSLEE		ID No. NIL
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

## Brief Details.

ON 17/01/2021 AROUND 1635PM, I WAS DRIVING VEHICLE BEARING NUMBER PLATE (SME1632P) STATIONARY AT ANG MO KIO AVE 5 OPPOSITE ANG MO KIO ITE ON LANE 3. AS THE TRAFFIC LIGHT TURN GREEN VEHICLE INFRONT OF ME STARTED TO MOVE OFF SLOWLY, I FOLLOWED SUIT. SUDDENLY, I FELT AN IMPACT FROM THE REAR PORTION OF MY VEHICLE. I ALIGHTED AND RELISED, VEHICLE BEARING NUMBER PLATE (SLK3903A) COLLIDED ONTO MY REAR PORTION OF MY VEHICLE CAUSING DAMAGES, I THEN FELT UNWELL AND GO TO CONSULT A DOCTOR AT INTEMEDICAL KOVAN, THE DOCTOR HAS GIVEN ME 5 DAYS MC.



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T/20210118/7100

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Report No. T/20210118/7100

**CONTINUATION OF REPORT**


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T/20210118/7100

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Report No. T/20210118/7100

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP1B /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp  
NP168

Signature Of Informant:

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

Date/Time:  
18/01/2021 11:27

Classification Of Case: