

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 23/01/2021 11:13 (SGT)
Date of Accident 21/01/2021 20:10 (SGT)
Exact Location of Accident Yio Chu Kang Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGU9013K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG ENG BENG
NRIC No SXXXX879F
Email Address WT9998PM@GMAIL.COM
Mobile Phone No (Phone) +65-91053528
Alternative Phone No +65-91053528

VEHICLE PARTICULARS

Manufacturer Nissan
Model Latio
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 - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5109432210-01
Cover Note Number -

DRIVER

Name of Driver NG ENG BENG
NRIC No SXXXX879F
Date Of Birth 28/04/1973
Occupation Outdoor

Date Of Driving Pass	27/02/1998
Driving experience	22 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91053528
Alt. Phone Number	+65-91053528
Email Address	WT9998PM@GMAIL.COM
Address	BLK 341 UBI AVE 1 #07-913
Address complement	-
Postcode	400341
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 - Cross Junction
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHAN DONG YAT
Gender	Male

PASSENGER 2

Name	WEE KIM LI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210122/7032

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME1135H
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	NG ENG BENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SGU9013K
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 :

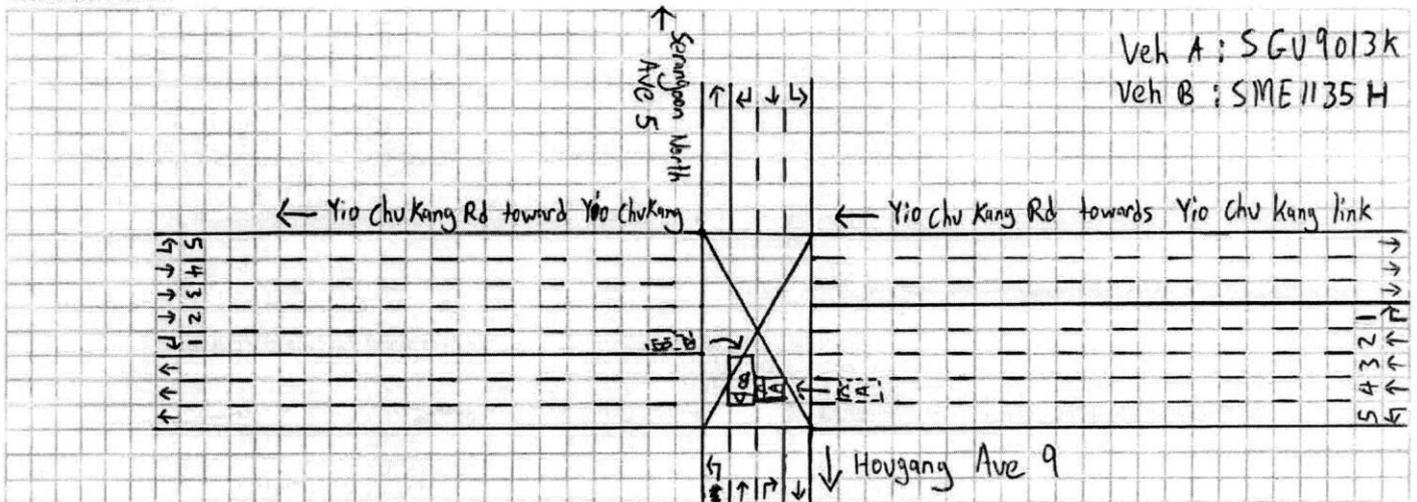
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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 / Date & Time

Witnessed by Reporting Centre Personnel

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

Sketch Plan



Describe Circumstances of the Accident

Refer to police report T/20210121/7034.

[The remainder of the form is crossed out with diagonal lines.]

Declaration

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



**SINGAPORE
POLICE FORCE**



T/20210122/7032

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

1 of 3

Report No. T/20210122/7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/01/2021 17:12		Vide Report No.: F/20210121/0163		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG ENG BENG			Address: 341 UBI AVENUE 1 #07-913 SINGAPORE 400341		
ID Type / ID No.: NRIC NO / S7315879F			Contact No.: Home/Office:		Mobile: 91053528
Nationality: SINGAPORE CITIZEN			Email: WT5000PM@GMAIL.COM		
Sex: Male	Age: 47	Date of Birth: 28/04/1973	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:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/01/2021 20:10	Type of Location: X-Junction
Location: YIO CHU KANG ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 70 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGU9013K	Car	NISSAN	LATIO 1.5L A	Black	Seriously Damaged	3

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGU9013K	NTUC Income Insurance Co-Operative Limited	5109432210-01	29/05/2020	28/05/2021



**SINGAPORE
POLICE FORCE**



T/20210122/7032

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

2 of 3

Report No. T/20210122/7032

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG ENG BENG	ID No.	S7315879F
Related Vehicle	SGU9013K (Car)	Contact No.	91053528
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On the stated time and date, I was driving my vehicle (SGU9013K) sending my passenger, while I am on Yio Chu Kang road towards Yio Chu Kang Link on lane 4 and the traffic light is showing green light. A Car turning right from the opposite lane hit onto my car and caused a huge impact on my car that left the airbag on. I alighted my vehicle and realised (SME1135H) had bang my vehicle. Traffic police came and ask tow truck to move our vehicle infront to avoid congestion. After which I went to intemedical located at kovan as I was feeling pain at my neck, chest and abrasion on my left forearm and received 5 days of MC.



**SINGAPORE
POLICE FORCE**



T/20210122/7032

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

3 of 3
Report No. T/20210122/7032

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 / TPIB /
SYED MUHAMMAD BIN SYED FARID ALBAR
Contact No.: 65476200

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:
22/01/2021 17:12

Classification Of Case:

Date of Accident : 21/01/2021 Accident Time: 20:07 (24-HR-Format)
 Accident Place : Yio Chu Kang Road towards Yio Chu Kang Link
 Vehicle No. (Car Plate No.) : ~~S~~ SGU9013K Make/Model: Nissan / Latio 1.5L A
 Insurance Company : NTUC Income Policy No: 5109432210-01
 Owner or Company Name /IC No. : Ng Eng Beng / 51315879F
 Owner or Company Contact No. : 9105 3528 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Ng Eng Beng / 51315879F
 DRIVER'S Date Of Birth : 28/4/1973 DRIVER'S License Pass Date 27 Feb 1998
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: _____
 DRIVER'S Address : Block 341 Ubi Avenue 1 #07-913 S(400841)
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
 Email Address : wt9998pm@gmail.com
 Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 03

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at time of accident: Private use Work Purpose
 Any Injury (If YES, Pls state): Neck, Chest and abrasion on forearm (left)

Other Party Driver's Particular (if any)

Vehicle. No: <u>SME 1135H</u>	Vehicle. No: _____
Vehicle Make \Model: <u>Toyota Vios</u>	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* **NEW – Passenger's name & gender:**

Chan Dong Yat (Male)

Kim Wee (Female)

Wee Kim Li