

# 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 :

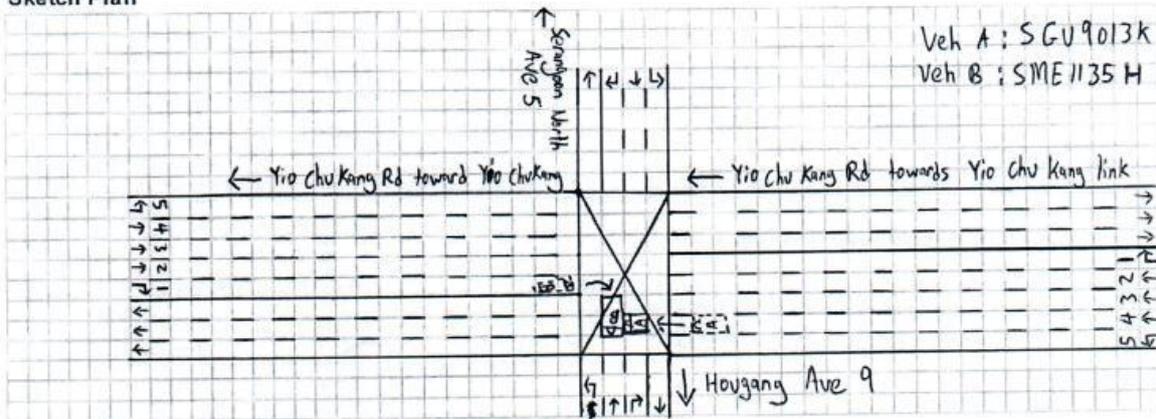
- (i) the processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries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

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

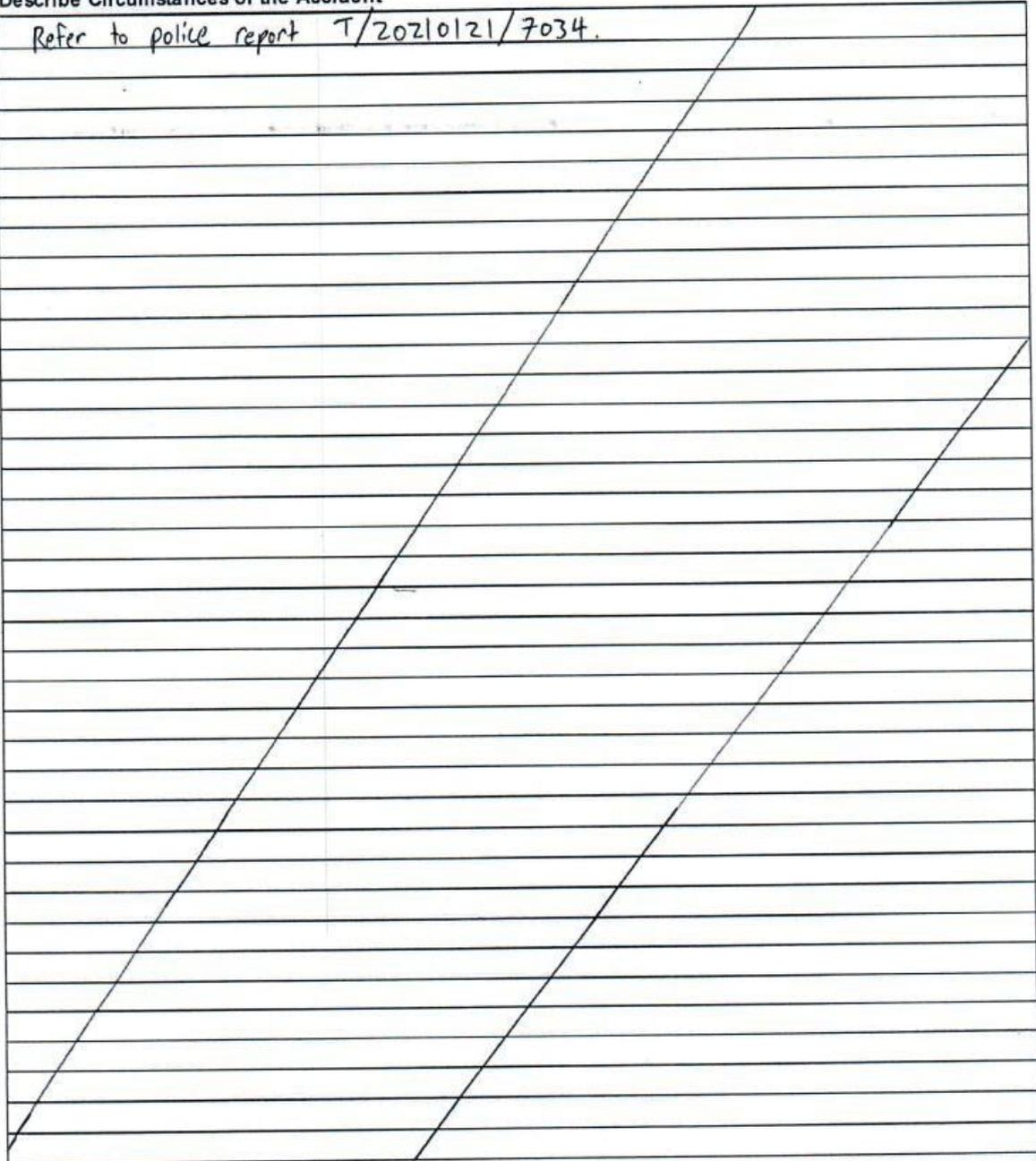
  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

Refer to police report T/20210121/7034.



**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.:
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**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.:	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

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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 intermedical 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

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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:

