

# 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 .....	02/02/2021 10:32 (SGT)
Date of Accident .....	18/12/2020 09:15 (SGT)
Exact Location of Accident .....	Yio Chu Kang, Singapore
Additional Location Information .....	MRT STATION DROP OFF POINT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGF541R
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	JACKSON LAM WAN PENG
NRIC No .....	SXXXX006D
Email Address .....	JACKSONLAM8888@GMAIL.COM
Mobile Phone No .....	(Phone) +65-89337409
Alternative Phone No .....	+65-89337409

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Corolla
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 - Reporting only
Vehicle Category .....	Private hire

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5112402922
Cover Note Number .....	-

### DRIVER

Name of Driver .....	NUNG SOON FATT
NRIC No .....	SXXXX842C
Date Of Birth .....	03/08/1972
Occupation .....	Outdoor

Date Of Driving Pass .....	10/08/2005
Driving experience .....	15 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88509656
Alt. Phone Number .....	-
Email Address .....	JACKSONLAM8888@GMAIL.COM
Address .....	BLK 204 SERANGOON CENTRAL #11-106
Address complement .....	-
Postcode .....	550204
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 - Opening Door of Vehicle
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Serangoon North Neighbourhood Police Post
Police Station Address .....	Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT AND POLICE REPORT F/20210113/2097

#### ATTACHMENT(S)

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 .....	GBF4898U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

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

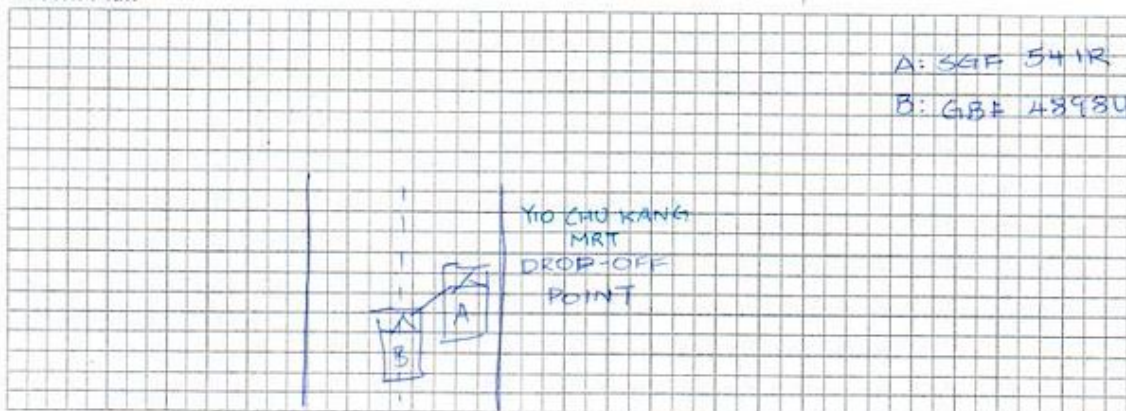
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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' 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

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

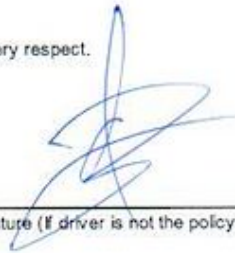
On stated date and time, I was dropping a passenger at Yio Chu Kang MRT drop-off point. The passenger alighted from the left side of my vehicle (SGF 541R). Vehicle B (GBF 48934) knocked onto the left door of my vehicle.

**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



Witnessed by Reporting Centre Personnel




















**SINGAPORE  
POLICE FORCE**


F/20210112/2097

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**POLICE REPORT (NP299)**

Report No. F/20210112/2097

Police Station Of Origin  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

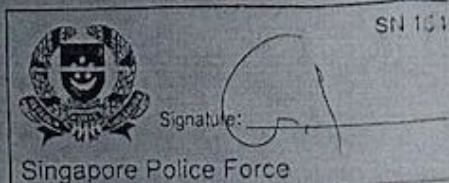
Date/Time Report Made 12/01/2021 20:04	Vide Report No.	Station Diary No. 28
Name Of Informant NUNG SOON FATT	Address APT BLK 204 SERANGOON CENTRAL #11-106 SINGAPORE 550204	
ID Type / ID No. NRIC NO / S7226842C	Contact No. Home/Office	Mobile 88509656
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Driver	Sex Male	Age 48
Institution/School Name	Date of Birth 03/08/1972	Race Chinese
Date/Time Of Incident 18/12/2020 09:30	Location Of Incident 3000 ANG MO KIO AVENUE 8 YIO CHU KANG MRT STATION SINGAPORE 569813	

**Brief details.**

I am a Gojek driver. On 18/12/2020 @0930, I had sent a female Chinese passenger in her 20's to Yio Chu Kang MRT station. Upon reaching the destination, the passenger who was seated at the rear passenger seat had opened the left rear passenger door and alighted from my vehicle. When the said passenger was opening the door, the vehicle's door had hit onto another van (GBF4898U) front right portion who was travelling on the next lane and dented marks could be seen on the said vehicle. The said female passenger then just closed my car's door and left. I was then approached by the van driver and

Signature Of Officer Recording The Report: F / SI ABDUL RASHID BIN ABDULLAH	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 12/01/2021 20:04
Officer In-Charge Of Case: F / Serangoon N.P.C / SI ABDUL RASHID BIN ABDULLAH Contact No.: 64880999	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**

F/20210112/2097

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210112/2097

we decided to settle the matter thru insurance claiming. I have already reported the matter to my company. I was then informed by the owner of the vehicle that the other party had sent a letter of insurance claiming to him and the owner forwarded the letter to me to settle the matter as I was the one driving the vehicle on the day of the incident. I wish to state that I was not the one who had caused the damaged to the van and the passenger should be the one bear the responsibility. I had brought up the matter to my company and was advised to lodge a police report regarding the matter before they could release the details of the passenger to me.

Signature Of Officer Recording The Report:

F / SI ABDUL RASHID BIN ABDULLAH

Signature Of Interpreter:  
Not applicableOfficer In-Charge Of Case:  
F / Serangoon N.P.C /  
SI ABDUL RASHID BIN ABDULLAH  
Contact No.: 64880999

Authentication Stamp



Signature:

Singapore Police Force

SN 151

Signature Of Informant:

Date/Time:  
12/01/2021 20:04

Classification Of Case:

