

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	15/02/2021 18:13 (SGT)
Date of Accident	13/02/2021 18:20 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TWDS SLE AFT BRADDELL EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR954Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RICHARD PNG SIOW HONG
NRIC No	SXXXX439G
Email Address	bearofkel_92@hotmail.com
Mobile Phone No	(Phone) +65-88668229
Alternative Phone No	+65-88668229

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla250
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	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120427184
Cover Note Number	-

DRIVER

Name of Driver	RICHARD PNG SIOW HONG
NRIC No	SXXXX439G
Date Of Birth	02/09/1992
Occupation	Outdoor

Date Of Driving Pass	19/02/2013
Driving experience	8 YEARS
Gender	Male
Mobile Number	(Phone) +65-88668229
Alt. Phone Number	+65-88668229
Email Address	bearofkel_92@hotmail.com
Address	BLK 428B YISHUN AVE 11
Address complement	#06-160
Postcode	762428
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 - Change/cross lane
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SHEILA NG WEI TING
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

PLS REFER TO THE POLICE REPORT:T/20210213/7014

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	SMR7080Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WAN CHUAN SEAH
NRIC No	SXXXX330C
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	RICHARD PNG SIOW HONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SKR954Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SHEILA NG WEI TING
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SKR954Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
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 (insurer(s) who have insured vehicle(s) involved in this accident and 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

 15/02/21
Witnessed by Reporting Centre Personnel

Sketch Plan



A: SKR954Y

B: SMR7080Z

Refer to Police Report
T/20210213/7014

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210213/7014

2 of 3

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

Report No. T/20210213/7014

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKR954Y	NTUC Income Insurance Co-Operative Limited	5120427184	30/12/2020	15/01/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	SHEILA NG WEI TING		ID No.	S9526247C
Related Vehicle	SKR954Y (Car)		Contact No.	88136055
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Slight
Driver				
Name	RICHARD PNG SIOW HONG		ID No.	S9232439G
Related Vehicle	SKR954Y (Car)		Contact No.	88668229
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Slight

Brief Details.

On 13 February 2021 at about 1820 hrs , I was driving my vehicle SKR954Y travelling straight along CTE towards SLE after bradell exit on lane 3. Suddenly i felt a huge double impact (one from the front left and one from the rear left) of the side of my vehicle. I got down my vehicle and realised that a vehicle SMR7080Z had collided onto the side of my vehicle.

I sustained injuries from the above mentioned accident and was given 3 days of MC.





























SINGAPORE POLICE FORCE



T/20210213/7014

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

1 of 3

Report No. T/20210213/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2021 19:44		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: RICHARD PNG SIOW HONG			Address: 428B YISHUN AVE 11 #06-160 SINGAPORE 762428		
ID Type / ID No.: NRIC NO / S9232439G			Contact No.: Home/Office: Mobile: 88668229		
Nationality: SINGAPORE CITIZEN			Email: BEAROFKEL_92@HOTMAIL.COM		
Sex: Male	Age: 28	Date of Birth: 02/09/1992	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/02/2021 18:20	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKR954Y	Car	MERCEDES BENZ	CLA250 SPORT (R18 BI SR)	White		1
SMR7080Z	Car					1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20210213/7014

2 of 3

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

Report No. T/20210213/7014

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKR954Y	NTUC Income Insurance Co-Operative Limited	5120427184	30/12/2020	15/01/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	SHEILA NG WEI TING	ID No.	S9526247C
Related Vehicle	SKR954Y (Car)	Contact No.	88136055
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	RICHARD PNG SIOW HONG	ID No.	S9232439G
Related Vehicle	SKR954Y (Car)	Contact No.	88668229
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 13 February 2021 at about 1820 hrs, I was driving my vehicle SKR954Y travelling straight along CTE towards SLE after bradell exit on lane 3. Suddenly i felt a huge double impact (one from the front left and one from the rear left) of the side of my vehicle. I got down my vehicle and realised that a vehicle SMR7080Z had collided onto the side of my vehicle.

I sustained injuries from the above mentioned accident and was given 3 days of MC.

**SINGAPORE
POLICE FORCE**

T/20210213/7014

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

3 of 3

Report No. T/20210213/7014

CONTINUATION OF REPORTSketch 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 / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

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:
13/02/2021 19:44

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66580020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN09212F000U Vehicle Registration No: SKR9547
Name(as shown in NRIC) : RICHARD ANG SIOW LIONG NRIC/FIN/Passport No : SXXXX439G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 428B YISHUN AVE 11 #06-160 Singapore(762418)
Contact (Tel) : _____ Mobile No. : 88668229
Email Address : _____
Date of Accident : 13/02/21 Time of Accident : 1820
Place of Accident : CTE TWAS SLE AFT BRADDELL EXIT
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND TP VEH NO

Policyholder / Driver's Signature
Date:

shym 16/02/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: