

# 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 ..... 08/03/2021 16:49 (SGT)  
Date of Accident ..... 06/03/2021 12:35 (SGT)  
Exact Location of Accident ..... Carpmal Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKD3979E

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... BESTE CAR LEASING PTE. LTD.  
Company Reg No ..... 2XXXXX844M  
Email Address ..... AARONIU3088@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-84608808  
Alternative Phone No ..... +65-84608808

### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A3  
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 ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5118037465  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG ENG WEE  
NRIC No ..... SXXXX554I  
Date Of Birth ..... 15/06/1981  
Occupation ..... Outdoor

Date Of Driving Pass .....	23/11/2015
Driving experience .....	5 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87843260
Alt. Phone Number .....	-
Email Address .....	AARONIU3088@GMAIL.COM
Address .....	BLK 913 JURONG WEST ST 91 #11-224
Address complement .....	-
Postcode .....	640913
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 - Major/Minor Rd
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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/20210308/7008

#### 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 .....	SDB3345C
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 WEE
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SKD3979E
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.

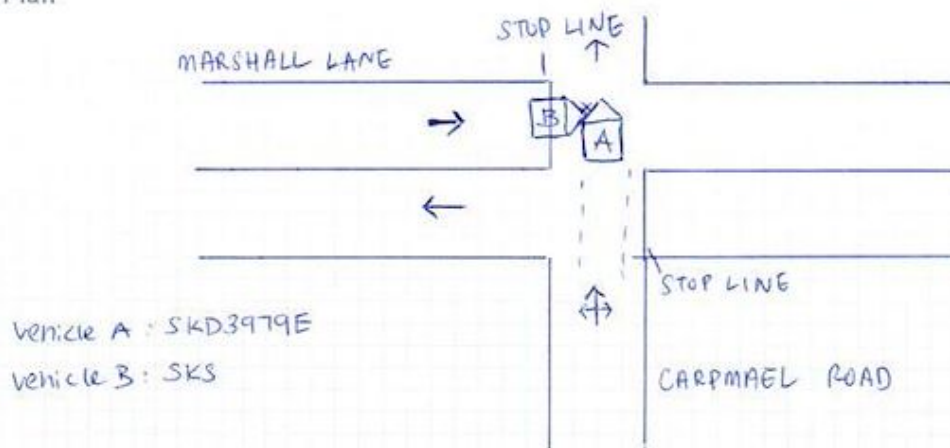


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

Please refer to police report 7/2021 03 08 17008

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*

Witnessed by Reporting Centre Personnel





































**SINGAPORE  
POLICE FORCE**



T/20210308/7008

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

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Report No. T/20210308/7008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/03/2021 11:31		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NG ENG WEE			Address: 913 JURONG WEST STREET 91 #11-224 SINGAPORE 640913		
ID Type / ID No.: NRIC NO / S8118554I			Contact No.: Home/Office: Mobile: 87843260		
Nationality: SINGAPORE CITIZEN			Email: chrismao204@gmail.com		
Sex: Male	Age: 39	Date of Birth: 15/06/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/03/2021 12:35	Type of Location: T-Junction
Location:  MARSHALL LANE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
SDB3345C	Car	NISSAN	sylyphy		Seriously Damaged	0
SKD3979E	Car	AUDI	A3		Seriously Damaged	0



**SINGAPORE  
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T/20210308/7008

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

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Report No. T/20210308/7008

**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 WEE	ID No.	S81185541
Related Vehicle	SKD3979E (Car)	Contact No.	87843260
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	06/03/2021	Date	06/03/2021
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

On 6/3/2021 at around 1235pm I was travelling along Carpmael road towards Marshall Lane going straight. Suddenly a vehicle bearing SDB3345C car plate coming from my left from Marshall Lane dash out and collided onto my vehicle front left portion. I alighted and saw there was a stop line but the vehicle did not stop and went straight and collided onto my vehicle. We exchange particulars and the driver of the said vehicle did apologise and claim he was at fault. We proceed to file for insurance claims, however after the accident I felt pain and sore and consulted a doctor at Lee Family clinic and was given 3 days mc.



**SINGAPORE  
POLICE FORCE**



T/20210308/7008

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

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Report No. T/20210308/7008

## 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 /  
BOON YEN KIAN  
Contact No.: 65476172

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:  
08/03/2021 11:31

Classification Of Case:

