

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 17:48 (SGT)
Date of Accident 07/03/2021 18:10 (SGT)
Exact Location of Accident Race Course Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GT1010B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GALLANT EVENTS PTE LTD
Company Reg No 2XXXXX958E
Email Address NG_WEI_SEN@HOTMAIL.COM
Mobile Phone No (Phone) +65-97395302
Alternative Phone No +65-97395302

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00109122000
Cover Note Number -

DRIVER

Name of Driver NG WEI SEN
NRIC No SXXXX557H
Date Of Birth 03/01/1995
Occupation Indoor

Date Of Driving Pass	24/05/2017
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97395302
Alt. Phone Number	-
Email Address	NG_WEI_SEN@HOTMAIL.COM
Address	BLK 660C JURONG WEST ST 64 #05-368
Address complement	-
Postcode	643660
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	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	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210308/2042

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	SMT7589M
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) -

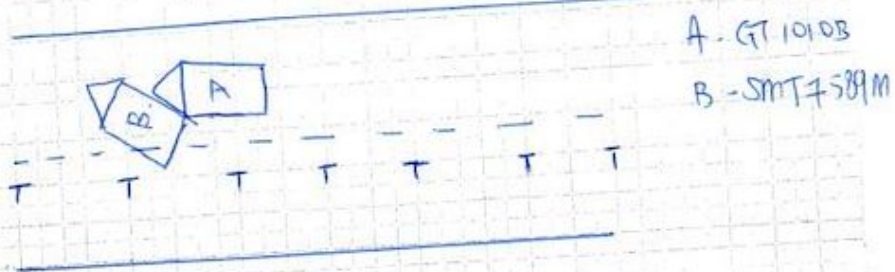
INJURED PERSONS DETAILS

INJURED 1

Name of injured person NG WEI SEN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? GT1010B
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

Race Course Rd



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report. 7/2021 0308/2042

DECLARATION

I/We declare the foregoing particulars are true in every respect.



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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





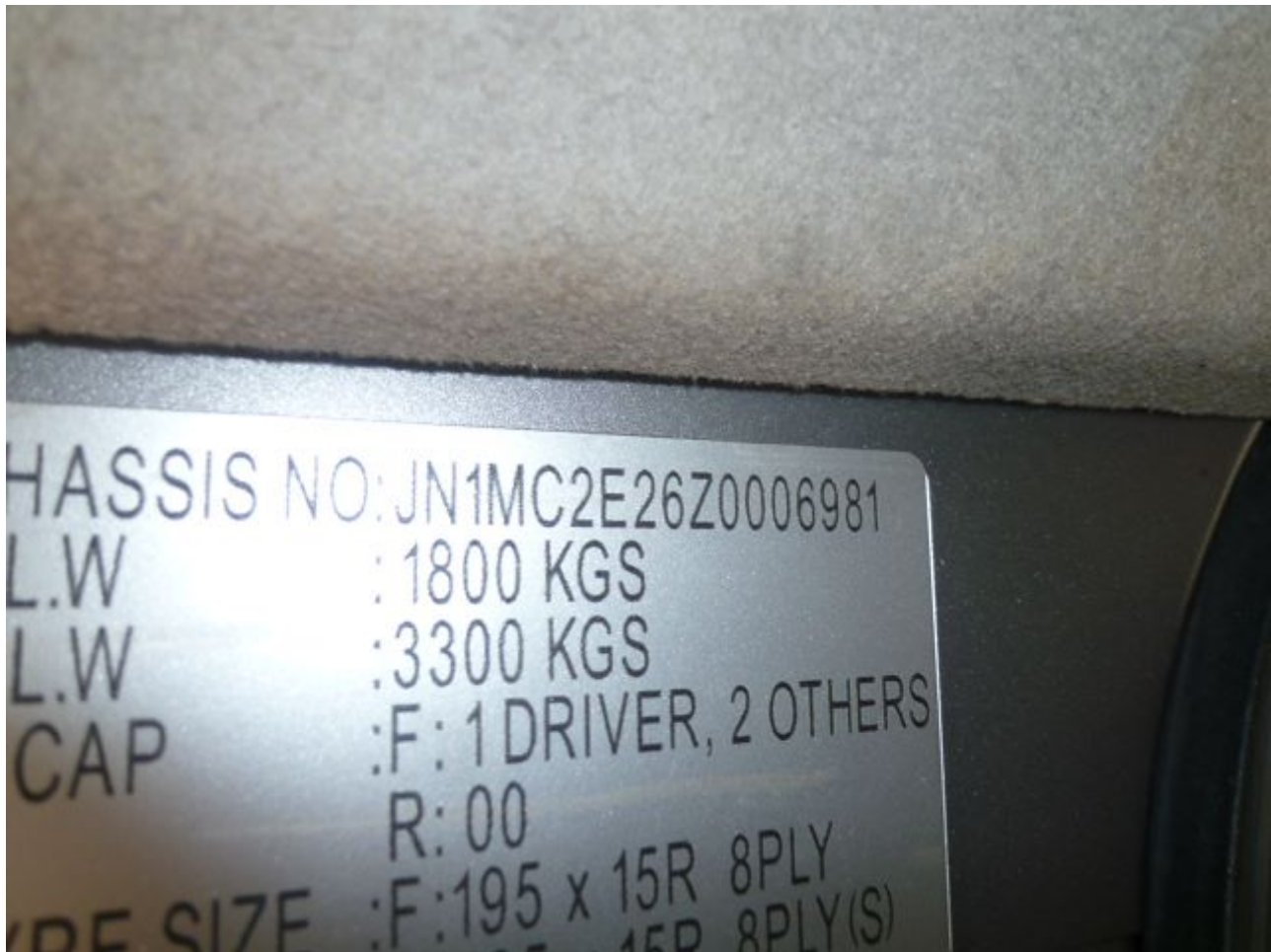














**SINGAPORE
POLICE FORCE**



T/20210308/2042

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No: T/20210308/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2021 12:49	Vide Report No.:	Station Diary No.: 68
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Informant's Particulars

Name of Informant: NG WEI SEN			Address: APT BLK 660C JURONG WEST STREET 64 #05-368 SINGAPORE 643660		
ID Type / ID No.: NPIC NO / S9500557H			Contact No.: Home/Office: Mobile: 97395302		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 03/01/1995	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Events Coordinator			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: 07/03/2021 18:10	Type of Location: Straight Road
Location: RACE COURSE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GT1010B	Van	NISSAN		Grey	Seriously Damaged	1
SMT7589M	Car	HONDA		Silver	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GT1010B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSNW001091 22000	15/11/2020	14/11/2021



**SINGAPORE
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T/20210308/2042

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Police Station Of Origin:
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Report No: T/20210308/2042

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG WEI SEN	ID No.	S9500557H
Related Vehicle	GT1010B (Van)	Contact No.	97395302
Hospital/Clinic	SIN MIN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/03/2021	Date Discharge	08/03/2021
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Driver			
Name	TAN TIEN SEK	ID No.	S0161325A
Related Vehicle	SMT7589M (Car)	Contact No.	97638012
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/03/2021 at about 1810hrs, I was driving my vehicle along Race Course Rd towards Bukit Timah Road at the utmost right lane when suddenly, a vehicle which was parked in a parallel position on the left lane of the road decided to turn out onto my lane without due consideration. I was travelling at a safe speed but the accident happened too abruptly thus even though I honked and high-beamed the driver, we still collided into each other. As far as I know, no parties were injured or conveyed to the hospital.

My vehicle suffered damages on the left headlight and lower left bumper while the other party suffered a dent on the right rear frame of his vehicle. We then exchanged particulars and left the scene.

However, the next day, on 08/03/2021, I woke up with a stiff neck which I believe was due to the accident as such, I made a visit to Sin Min Clinic and was given 7 days of medical leave.

I have a dash cam unfortunately, it was not working due to a faulty SD card.

I am making this report for record and investigation purposes.



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CONTINUATION OF REPORT



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T/20210308/2042

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Report No T/20210308/2042

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / SCSGT(1) CHEN JUNSONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/03/2021 12:49
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476229	Classification Of Case: SN 061
Authentication Stamp NP168	 SIGNATURE