

# 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 .....	23/02/2021 11:27 (SGT)
Date of Accident .....	22/02/2021 19:50 (SGT)
Exact Location of Accident .....	740 Upper E Coast Rd, Singapore 465549
Additional Location Information .....	The Baycourt Condo
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SBK1122T
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NGOOI YOKE SIAM
NRIC No .....	S2554247I
Email Address .....	SURREALSPORE@GMAIL.COM
Mobile Phone No .....	(Phone) +65-88333948
Alternative Phone No .....	(Home) +65-69663371

### VEHICLE PARTICULARS

Manufacturer .....	Skoda
Model .....	Superb
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? .....	Yes
Vehicle Category .....	Private car

### INSURANCE COMPANY

Name of Insurance Company .....	Axa
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	-
Cover Note Number .....	CN091502

### DRIVER

Name of Driver .....	CHUANG TING QUAN
NRIC No .....	S8734468A
Date Of Birth .....	06/10/1987
Occupation .....	Indoor

Date Of Driving Pass .....	18/07/2007
Driving experience .....	13 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98625962
Alt. Phone Number .....	-
Email Address .....	SURREALSPORE@GMAIL.COM
Address .....	25 SIMEI STREET 4
Address complement .....	#09-05
Postcode .....	529874
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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 .....	Collided into Motorcyclist
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? .....	Yes
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 .....	MAXINBE NGOOI
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002449999
Alt. Police Station Phone No .....	(Fax) +65-62447258
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

refer to police report

#### 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 .....	AK999Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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 .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	AK999Z
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

# SKETCH PLAN

## IMPORTANT NOTICE

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



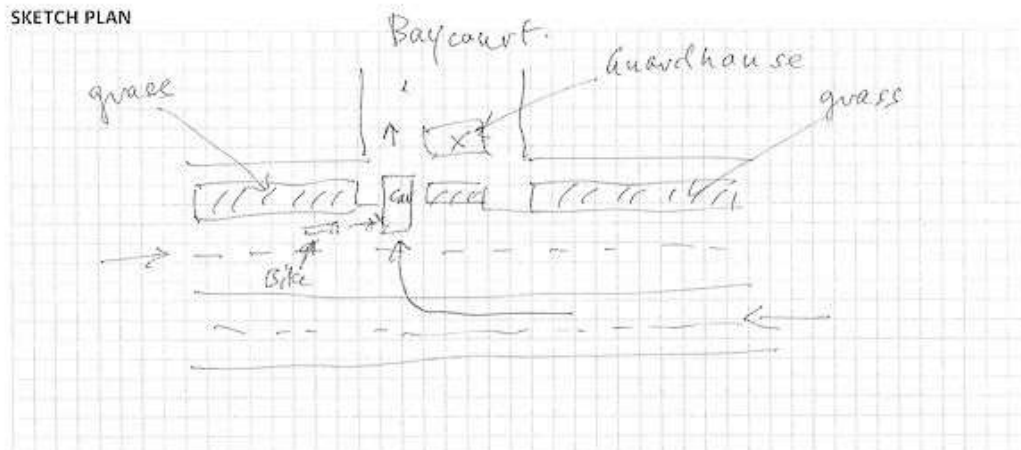
Policyholder's Signature  
Date & Time:

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

Tang Shu Shi  
Insurance Advisor  
Tel: 6307 7299 Ext: 502  
Tel: 6386 7833  
Fax: 6205 8620

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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



Refer to police report

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: \_\_\_\_\_

Tang Shu Shi  
Insurance Advisor  
Tel: 8365 7298 FAX: 8312  
• M/F: 9 183 7 180  
F 183 7 180

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.: \_\_\_\_\_

















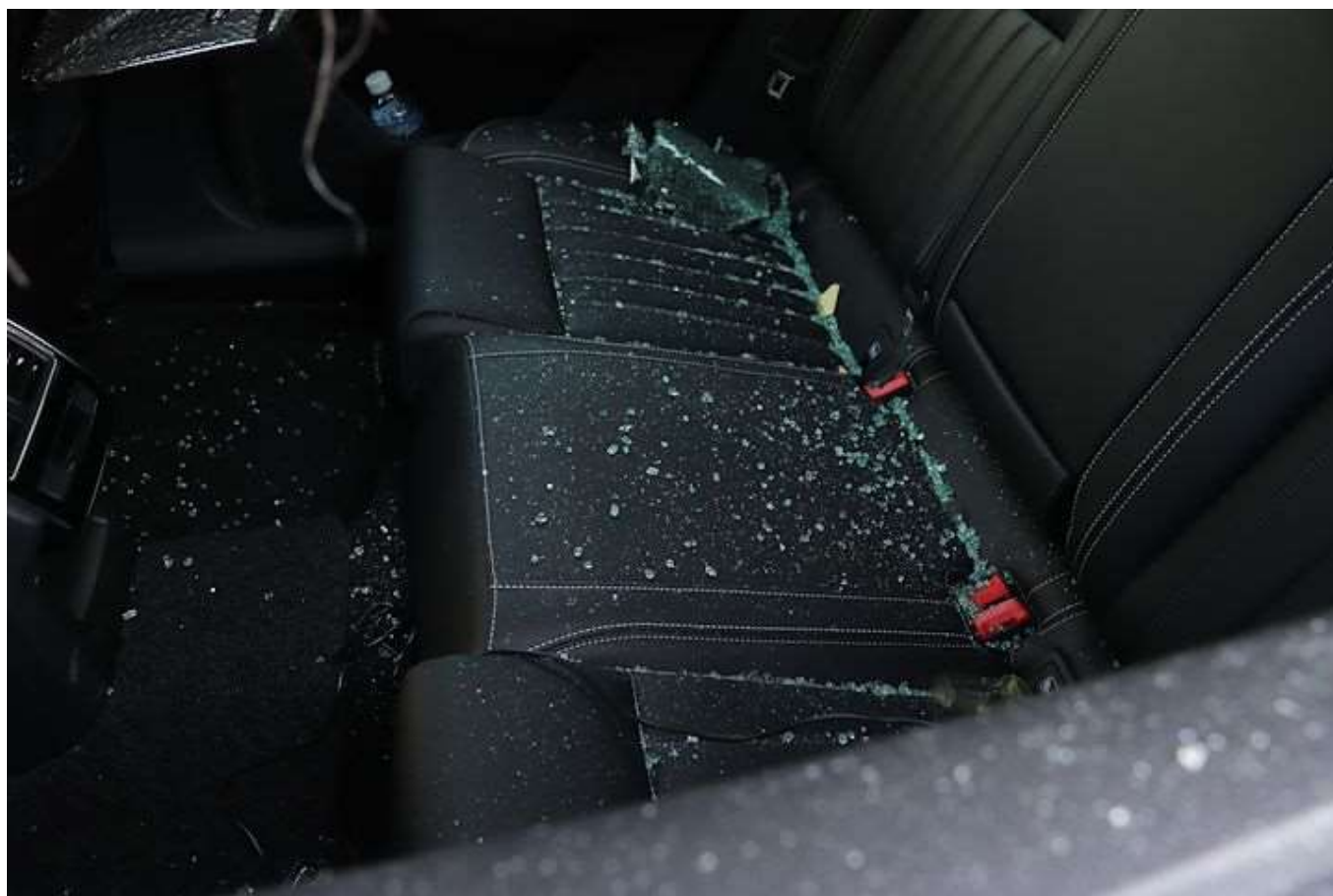






























**SINGAPORE  
POLICE FORCE**



1/2021/0222/2147

1 of 3

Police Station Of Origin  
Bedok North N.P.C.  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No: T/2021/0222/2147

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made 22/02/2021 22:04	Video Report No.: G/20210222/0153	Station Diary No. 79
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**Informant's Particulars**

Name of Informant: CHUANG TING QUAN	Address 25 SIMEL STREET 4 #09-05 SINGAPORE 529874
ID Type / ID No NRIC NO / S8734438A	Contact No Home/Office Mobile: 9852 5952
Nationality SINGAPORE CITIZEN	Email
Sex Age Date of Birth Male 33 06/10/1987	Type of Informant: Driver
Race Chinese	Language Institution / School Name English
Occupation F&B MANAGER	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 22/02/2021 19:50	Type of Location Straight Road
Location  UPPER EAST COAST ROAD				
Weather Clear	Road Surface Dry	Road Speed Limit		
Traffic Flow Two Way	Traffic Control Not Controlled	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	Condition	No of Passenger
AK599Z	Motorcycle	BMW		Grey		0
SBK1122T	Car	SKODA		Blue	Seriously Damaged	1

**Details of Person Involved**

Any Pedestrian Involved No	
No. of Pedestrians Injured NIL	Use of Pedestrian Crossing NA



SINGAPORE  
POLICE FORCE



T2021022202147

Police Station Of Origin:  
Bedok North N.P.C.  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No: T2021022202147

CONTINUATION OF REPORT

Driver			
Name	CHUANG TING QUAN	ID No.	S8734465A
Related Vehicle	SBK1122T (Car)	Contact No.	9862 5962
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	MAXINE NGOOI	ID No.	NIL
Related Vehicle	SBK1122T (Car)	Contact No.	9004 4511
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 22/02/2021 at about 1945hrs, I was driving my blue Skoda car bearing registration number SBK1122T along Upper East Coast Road with one passenger onboard my car. As I was about to turn right into The BayCourt, I checked for oncoming vehicle and after confirming that the road is clear, I turned right into the condominium. While I was still driving into the condominium, I felt an impact on my car and heard a crash. I stopped my car immediately and saw one motorcyclist lying on the road at the right side from my car.

The Police was called to report the accident. I was not able to communicate with the motorcyclist as his eyes were closed.

When the ambulance came, they conveyed him to the hospital. Thus I do not have his particulars.

My passenger and I do not have any injury.

Due to the accident, the rear left side of my car is damaged.





SINGAPORE  
POLICE FORCE



TG0210222/2147

Police Station Of Origin:  
Bedok North N.P.C.  
30 Bedok North Road SINGAPORE 469676  
Tel No. 1800-2449999

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Report No. T20210222/2147

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

G /

Sr Staff Sgt NADIYAH BINTE EASA

Signature Of Informant

Date/Time

22/02/2021 22:04

Signature Of Interpreter

Not applicable

Officer In Charge Of Case

TP / GIT /

Sr Staff Sgt LIM ENG KUAN, CLARENCE

Contact No. 65476200

Classification Of Case

Authentication Stamp

NR:00