

# 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 ..... 30/03/2021 16:13 (SGT)  
Date of Accident ..... 29/03/2021 13:00 (SGT)  
Exact Location of Accident ..... Middle Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKW7619T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GRATIA SERVICE  
Company Reg No ..... 5XXXX346J  
Email Address ..... ANDREW.NCK@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97337518  
Alternative Phone No ..... +65-97337518

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Shuttle  
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  
Transmission ..... Auto  
CC ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5095863385-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG CHIAP KHOON  
NRIC No ..... SXXXX658B

|  |                                |
|--|--------------------------------|
| Date Of Birth .....  | 25/11/1960                     |
| Occupation .....   | Outdoor                        |
| Date Of Driving Pass .....   | 15/02/1986                     |
| Driving experience .....   | 35 YEARS AND 1 MONTH           |
| Gender .....   | Male                           |
| Mobile Number .....  | (Phone) +65-97337518           |
| Alt. Phone Number .....  | -                              |
| Email Address .....  | ANDREW.NCK@GMAIL.COM           |
| Address .....  | 202 UPPER EAST COAST RD #16-05 |
| Address complement .....   | -                              |
| Postcode .....   | 455284                         |
| 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 Pedestrian |
| Weather Conditions ..... | Raining                  |
| Road Surface .....       | Wet                      |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident? .....   | No  |
| Number of vehicles involved in the accident .....   | 1   |
| 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) .....   | 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 .....                       | Bedok South Neighbourhood Police Centre |
| Police Station Phone No .....                   | (Phone) +65-18002448999                 |
| Alt. Police Station Phone No .....              | (Fax) +65-62446558                      |
| Police Station Address .....                    | 20 Chai Chee Drive Singapore 469045     |
| Was notice of intended Prosecution given? ..... | No                                      |
| If yes, against whom? .....                     | -                                       |

#### CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT & POLICE REPORT T/20210330/2042

#### 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 ..... | PEDESTRIAN       |
| Vehicle Manufacturer .....        | -                |
| Vehicle Model .....               | -                |
| Vehicle Variant .....             | -                |
| Vehicle Colour .....              | -                |
| Vehicle Category .....            | Mobile equipment |

|   |   |
|---|---|
| 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

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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.

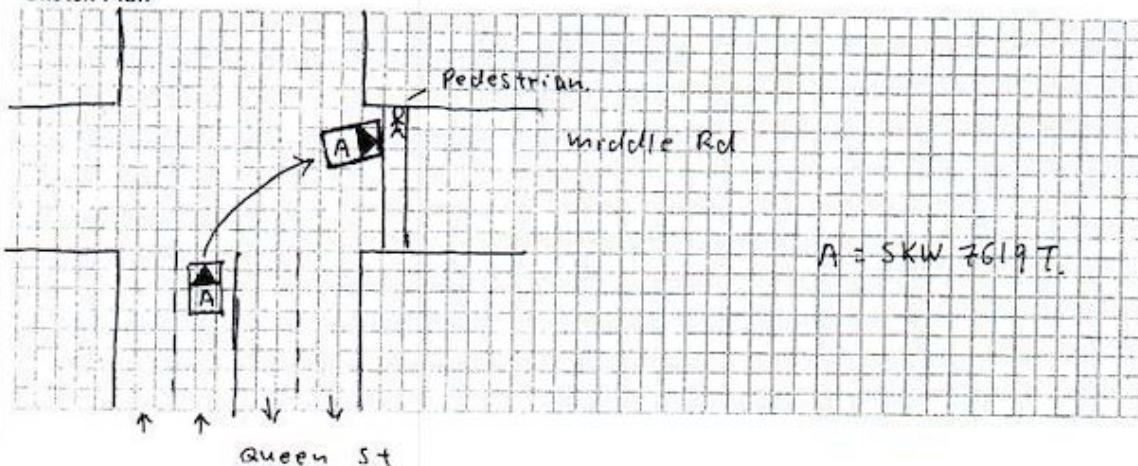


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

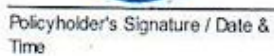
### Sketch Plan





Refer to Police Report 7120210330/2042

We declare the foregoing particulars are true in every respect.



*[Signature]*

*[Signature]*

On 29/3/2021 (Monday), it's raining, the road is wet. I am travelling from Bugis+ to Waterloo Street to pick up a customer. At the junction between Queen St and Middle road junction, line up behind another car to turn right, when pedestrian light turn red, front car move, I follow. Suddenly, this Indian woman carrying a big umbrella appear in front of my car, I try to stop but not in time, when the car stop, I quickly go over to check on her, see 2 cuts on her face, she is conscious when I bring her to the road side, ask if she need to see a doctor or call an ambulance and she replied No. A lady pedestrian help to call her husband while I move the car from middle road to side lane. At the end, her husband persuaded her and, I bring both of them to Singapore General Hospital A&E department.













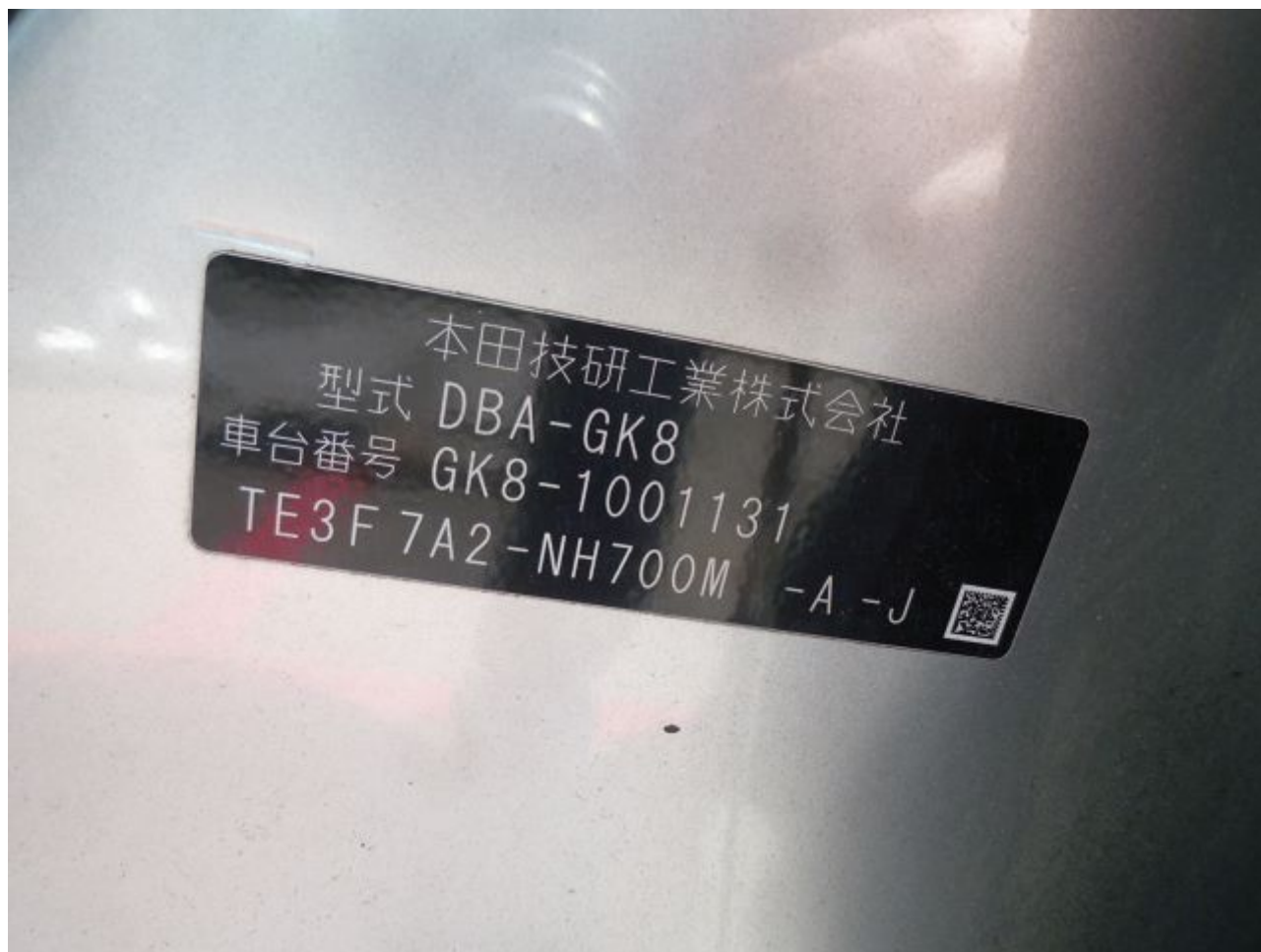














**SINGAPORE  
POLICE FORCE**



T/20210330/2042

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

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Report No. T/20210330/2042

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |  |                          |                            |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made:<br>30/03/2021 11:58 |            | Vide Report No.:             |  | Station Diary No.:<br>27 |                            |
| <b>Informant's Particulars</b>             |            |                              |  |                          |                            |
| Name of Informant:<br>NG CHIAP KHOON       |            |                              | Address:<br>202 UPPER EAST COAST ROAD #16-05 SINGAPORE<br>455284 |                          |                            |
| ID Type / ID No.:<br>NRIC NO / S1453658B   |            |                              | Contact No.:<br>Home/Office: Mobile: 97337518                    |                          |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:   |                          |                            |
| Sex:<br>Male                               | Age:<br>60 | Date of Birth:<br>25/11/1960 | Type of Informant:<br>Driver                                     |                          |                            |
| Race:<br>Chinese                           |            |                              | Language:  |                          | Institution / School Name: |
| Occupation:<br>PRIVATE HIRE DRIVER         |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:         |                          |                            |

**General Information of the Accident**

|   |                                |   |  |                                     |
|---|--------------------------------|---|--|-------------------------------------|
| Type of Accident:   | Injury<br>Pedestrian / Cyclist | Drink Drive:<br>No                          | Date/Time of Accident:<br>29/03/2021 13:00 | Type of Location:<br>X-Junction     |
| Location:<br><br>MIDDLE ROAD                              |                                |   |  |                                     |
| Weather:<br>Raining                                       |                                | Road Surface:<br>Wet                        | Road Speed Limit:                          |                                     |
| Traffic Flow:<br>One Way                                  |                                | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Light                   |                                     |
| Type of Collision:<br>Moving Vehicle Against - Pedestrian |                                |   |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make  | Model            | Color  | Condition        | No of Passenger |
|-------------|------|-------|------------------|--------|------------------|-----------------|
| SKW7619T    | Car  | HONDA | SHUTTLE 1.5G CVT | Silver | Slightly Damaged | 0               |

**Details of Person Involved**

|                               |                                      |
|-------------------------------|--------------------------------------|
| Any Pedestrian Involved: Yes  |                                      |
| No. of Pedestrians Injured: 1 | Use of Pedestrian Crossing: Not Used |





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999



T/20210330/2042

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Report No. T/20210330/2042

**CONTINUATION OF REPORT**

| Driver                            |                |  |                                 |
|-----------------------------------|----------------|--|---------------------------------|
| Name                              | NG CHIAP KHOON | ID No.                                 | S1453658B                       |
| Related Vehicle                   | SKW7619T (Car) | Contact No.                            | 97337518                        |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL            | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave | NIL            | Degree of Injury                       | NIL                             |

**Brief Details.**

On 29/03/2021 at about 1300hrs, it was raining and the road was wet. I was driving my vehicle bearing car plate SKW7619T. At the junction of Queen St and Middle Road, I lined up behind another car to turn right towards Middle Road. The traffic light was green in my favor. The pedestrian light was red. The front car moved off, and I follow suit. Suddenly, one Indian Lady carrying an umbrella appeared in front of my vehicle. I did not manage to stop in time, and hit the lady. The lady then fell to the ground. I immediately got down to make a check on her. She was conscious and I brought her to the road side. She had suffered 2 cuts on her face due to the accident. I asked her if she needed the ambulance however she informed she does not require ambulance. One passerby assisted me to call the lady's husband (96916658) while I moved my vehicle to the side.

The husband later came down the scene and persuaded to her to go to the hospital. I then brought both of them to Singapore General Hospital A&E department.

My car suffered scratches at the front hood. My car had in car camera, however it did not managed to capture the incident. I did not managed to get the particulars of the said lady.



**SINGAPORE  
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20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999



T/20210330/2042

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Report No. T/20210330/2042

**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:

G /

Sgt 2 QUEK MAY MAY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Insp BOON YEN KIAN

Contact No: 65476172

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

30/03/2021 11:58

Classification Of Case:

