

# 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 ..... 27/04/2021 16:01 (SGT)  
Date of Accident ..... 27/04/2021 10:30 (SGT)  
Exact Location of Accident ..... Alexandra Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKJ543S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG SER TONG  
NRIC No ..... SXXXX154G  
Email Address ..... vincent1104@singnet.com.sg  
Mobile Phone No ..... (Phone) +65-84999859  
Alternative Phone No ..... +65-84999859

### VEHICLE PARTICULARS

Manufacturer ..... Volkswagen  
Model ..... Golf  
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 - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1390

### INSURANCE COMPANY

Name of Insurance Company ..... United Overseas Insurance Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DHOM120033151801  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG SER TONG  
NRIC No ..... SXXXX154G

Date Of Birth .....	11/04/1959
Occupation .....	Indoor
Date Of Driving Pass .....	09/06/1982
Driving experience .....	38 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84999859
Alt. Phone Number .....	+65-84999859
Email Address .....	vincent1104@singnet.com.sg
Address .....	226 DEPOT ROAD #09-82
Address complement .....	-
Postcode .....	109707
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 .....	Side Swipe
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? .....	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 .....	Queenstown Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004719999
Alt. Police Station Phone No .....	(Fax) +65-64715299
Police Station Address .....	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210427/2053

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH TRAFFIC POLICE
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBG7965J
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) .....	-

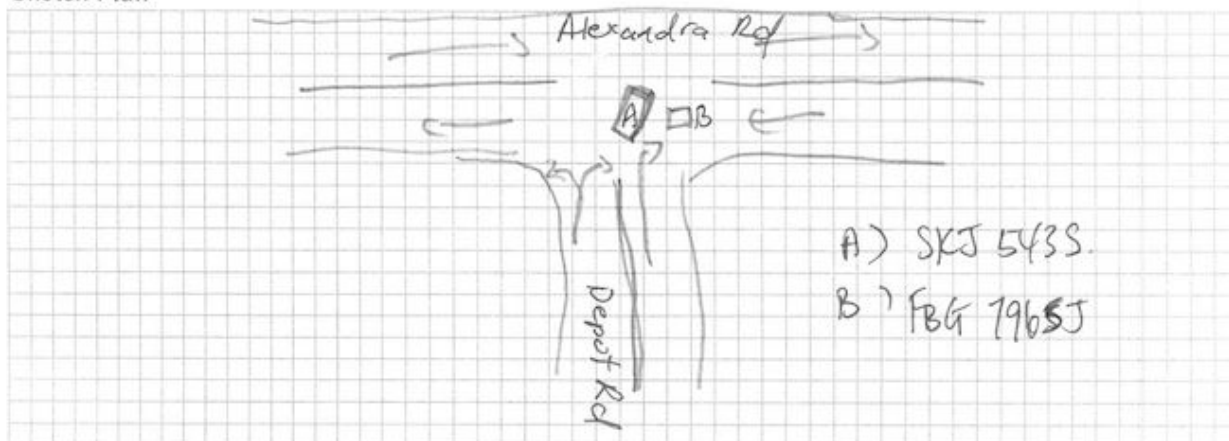
**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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 (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.

*[Signature]* 27/04/2021  
Policyholder's Signature / Date & Time

*[Signature]* 27/04/2021  
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]* 27/04/2021  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

REFER TO POLICE REPORT 7/20210427/2053

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

27/04/2021  
Witnessed by Reporting Centre  
Personnel































**SINGAPORE  
POLICE FORCE**



T/20210427/2053

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 3

Report No. T/20210427/2053

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/04/2021 13:25		Vide Report No.: D/20210427/0051		Station Diary No.: 32	
<b>Informant's Particulars</b>					
Name of Informant: NG SER TONG			Address: 226 DEPOT ROAD #09-82 SINGAPORE 109707		
ID Type / ID No.: NRIC NO / S1359154G			Contact No.: Home/Office: Mobile: 84999859		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 11/04/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: NETWORK AND COMMUNICATION ENGINEER			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/04/2021 10:30	Type of Location: T-Junction
Location:  ALEXANDRA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
FBG7965J	Motorcycle				No Damage	0
SKJ543S	Car	VOLKSWAGO N	GOLF MATCH 1.4 TSI DSG 5K12G5	White	Slightly Damaged	0

**Details of Vehicle Insurance**

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



T/20210427/2053

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Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20210427/2053

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKJ543S	UNITED OVERSEAS INSURANCE LIMITED	DHOM120033151801	07/02/2020	06/02/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG SER TONG		ID No. S1359154G
Related Vehicle	SKJ543S (Car)		Contact No. 84999859
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

**Brief Details.**

On 27/04/2021 at about 1030hrs, I was driving my vehicle registration SKJ543S and traveling along Depot Rd turning right into Alexandra Rd when I felt an impact on the right side of my vehicle. I then realized that it was a motorcycle (FBG7965J). I alighted from my vehicle to render assistance. He informed me that he felt pain on his left leg. I then brought him to the side of the road and called for ambulance. Ambulance then arrived and conveyed him away. Traffic Police was also at scene. The officer took my in car camera SD card. The right side of my vehicle is slightly damage. I do not see any damage on the motorcycle. I do not suffer any injury. I do not have any particulars of the rider.



**SINGAPORE  
POLICE FORCE**



T/20210427/2053

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20210427/2053

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:  
D /

Sgt 2 MUHAMMAD ZAMIR BIN MAZELAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
27/04/2021 13:25

Officer In Charge Of Case:  
TP / GIT /

Sgt 3 MUHAMMAD ZICKIE BIN AHMAD  
SUYUTI

Contact No.: 65476904

Authentication Stamp  
NP168

Classification Of Case:

SIGNATURE



# SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: D/20210427/0051

I, SSS TONG Noreffendi  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 One "TOSHIBA" 16 GB. mini SD card.
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

from Ng Ser Tong 51354154 G  
(Name, NRIC or Passport No. / Rank and No.)

of 226 Depot Rd #09-82 <109707>  
(Address / Police Station / NPC / NPP)

on 27/04/2021 at 1200 hrs.  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

Received by:

[Signature]  
(Signature)

51359154 G  
(Name, NRIC or Passport No. / Rank and No.)

[Signature]  
(Signature)

SSS TONG Noreffendi  
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: TP 10 Mund Zickie  
Tel: 65476904

\* vehicle no. SK35435 / Volkswagen / white m/car