

# 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 ..... 05/05/2021 09:29 (SGT)  
Date of Accident ..... 04/05/2021 13:30 (SGT)  
Exact Location of Accident ..... Serangoon Rd, Singapore  
Additional Location Information ..... BEFORE MOULMEIN ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLE5600T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG JOON HUA (HUANG JUNHUA)  
NRIC No ..... SXXXX978H  
Email Address ..... NJHJOS@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-91894038  
Alternative Phone No ..... +65-91894038

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Elantra  
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 ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00076462100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG JOON HUA (HUANG JUNHUA)  
NRIC No ..... SXXXX978H

Date Of Birth .....	03/04/1972
Occupation .....	Outdoor
Date Of Driving Pass .....	26/06/2001
Driving experience .....	19 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91894038
Alt. Phone Number .....	+65-91894038
Email Address .....	NJHJOS@GMAIL.COM
Address .....	BLK 403 TAMPINES STREET 41 #03-75
Address complement .....	-
Postcode .....	520403
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 .....	Collided into Bicyclist
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 .....	Whampoa Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002507999
Alt. Police Station Phone No .....	(Fax) +65-63554314
Police Station Address .....	Blk 29 Jalan Bahagia #01-368 Singapore 320029
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210504/2085

#### 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 .....	-
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown

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**

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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

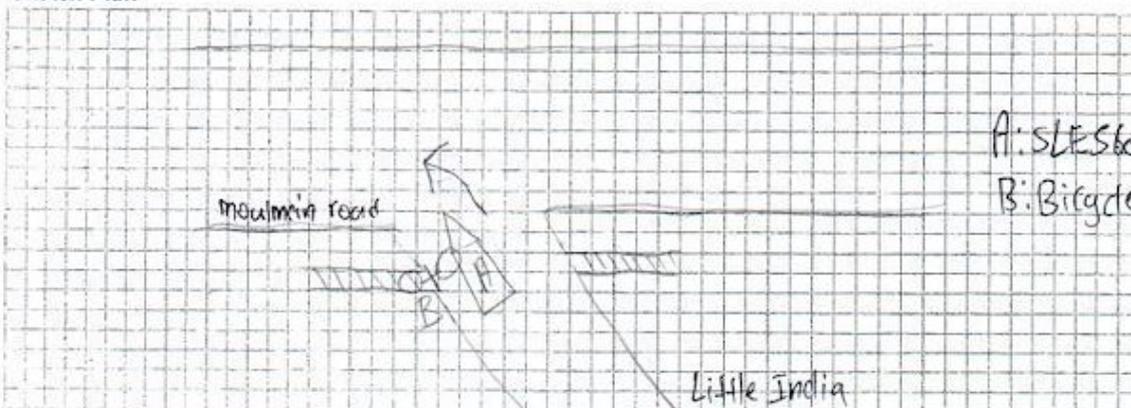
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Signature]* 05/05/21  
 Policyholder's Signature / Date & Time

*[Signature]*  
 Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]*  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

~~The vehicle # stopped at and pedestrians etc~~ refer to police report  
T/20210504/2085

**Declaration**

We declare the foregoing particulars are true in every respect.

 05/05/21  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel









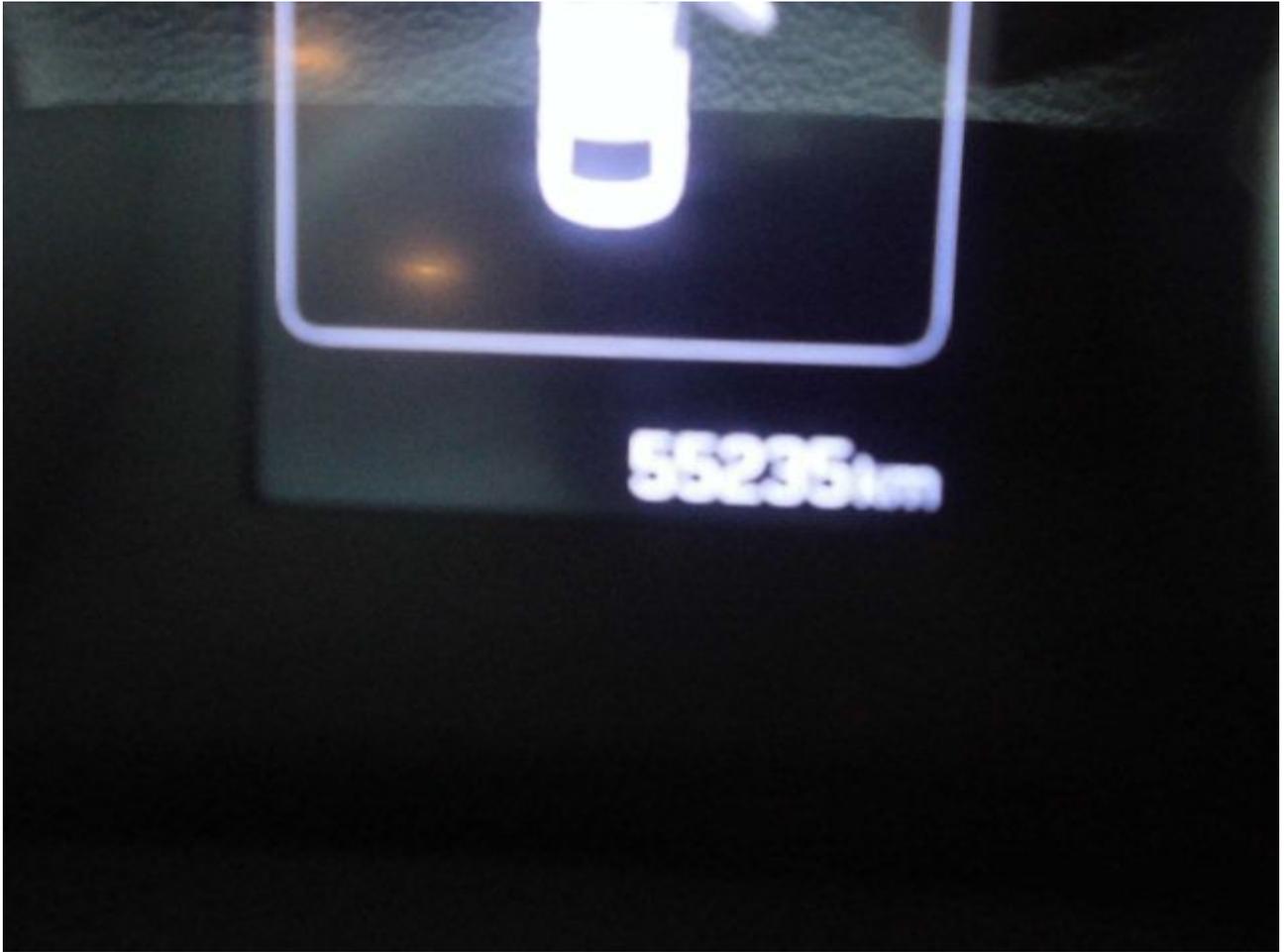













**SINGAPORE  
POLICE FORCE**


T/20210504/2085

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Police Station Of Origin:  
Whampoa NPP  
29 Jalan Bahagia #01-368 SINGAPORE  
320029  
Tel No: 1800-2507999

Report No. T/20210504/2085

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/05/2021 15:18		Vide Report No.: A/20210504/0057		Station Diary No.: 15	
<b>Informant's Particulars</b>					
Name of Informant: NG JOON HUA			Address: APT BLK 403 TAMPINES STREET 41 #03-75 SINGAPORE 520403		
ID Type / ID No.: NRIC NO / S7209978H			Contact No.: Home/Office: Mobile: 91894038		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 03/04/1972	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Ambulance driver		Driving Licence Information: Class: 3,4		Date of Expiry:	

<b>General Information of the Accident</b>					
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/05/2021 13:30	Type of Location: X-Junction	
Location: BALESTIER ROAD					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collision: Moving vehicle and cyclist				Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLE5660T	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Red	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLE5660T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000764 62100	13/04/2021	12/04/2022	



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T/20210504/2085

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320029  
Tel No: 1800-2507999

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Report No. T/20210504/2085

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG JOON HUA	ID No.	S7209978H
Related Vehicle	SLE5660T (Car)	Contact No.	91894038
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 04/05/2021 at about 1330hrs, I driving my vehicle, a red Hyundai Elantra bearing registration plate number SLE5660T, and was travelling along Serangoon Road towards Upper Serangoon on lane 4 out of the 5 lanes and was making a left turn into Balestier Road towards Thomson Road at the cross junction. It was a green light on the traffic light and a red man, as such I made the turn. I noticed a cyclist on my right side and was focusing on him when I heard a thud sound from my left side. I then immediately stopped my vehicle and went down to make a check. I realized that a cyclist had collided in the left side of my vehicle and fell over on his right side. My vehicle suffered damages of scratches on the left side from the collision.

I then immediately called for ambulance and the Traffic Police came shortly after. The cyclist was conscious and suffered some redness and scratches on his right side and was subsequently conveyed to Raffles Hospital. I was then instructed by the Traffic Police to lodge a Traffic Accident Report.



**SINGAPORE  
POLICE FORCE**



T/20210504/2085

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Whampoa NPP  
29 Jalan Bahagia #01-368 SINGAPORE  
320029  
Tel No: 1800-2507999

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Report No. T/20210504/2085

**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 /  
Sgt 2 TEO CHENG PENG KYLE

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
04/05/2021 15:18

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt MUHAMMAD NOOR BIN ABDUL  
RAHMAN

Classification Of Case:

Contact No.: 65476201  
Authentication Stamp  
NP168