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 witholding 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	SLE5660T

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)	-

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?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

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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.

05/05/21

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

~~The vehicle A stopped at ped pedestrian cro~~ refer to police report

T/2021/0504/2085

Declaration

I/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

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

SINGAPORE POLICE FORCE

T/20210504/2085

Report No. T/20210504/2085

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
04/05/2021 15:18	A/20210504/0057	15

Informant's Particulars

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:

General Information of the Accident

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

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLE5660T	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Red	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLE5660T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW00076462100	13/04/2021	12/04/2022

SINGAPORE POLICE FORCE

T/20210504/2085

Report No. T/20210504/2085

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

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

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

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 Contact No.: 65476201	Classification Of Case:

Authentication Stamp
NP168

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0921550001 Vehicle Registration No: SLE5660T

Name (as shown in NRIC) : NG JOON HUA NRIC/FIN/Passport No : SXXXX978H

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : _____

Email Address : NJHJOS@gmail.com

Date of Accident : 4/5/21 Time of Accident : 13:30

Place of Accident : Serangoon road

Insurance Company : China taiping

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

amend carplate number

Policyholder / Driver's Signature
Date:

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