

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 19/05/2021 14:35 (SGT)
Date of Accident 14/05/2021 15:10 (SGT)
Exact Location of Accident Ang Mo Kio Ave 5, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDV8591U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner PHANG CHYE CHOON (FENG CAICHUN)
NRIC No SXXXX594F
Email Address g21tradingphotocopy@gmail.com
Mobile Phone No (Phone) +65-93858586
Alternative Phone No +65-96717855

VEHICLE PARTICULARS

Manufacturer Toyota
Model Camry
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 2362

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00055852103
Cover Note Number -

DRIVER

Name of Driver TONG CHOK GEE
NRIC No SXXXX328A

Date Of Birth	28/08/1961
Occupation	Outdoor
Date Of Driving Pass	20/08/1982
Driving experience	38 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96717855
Alt. Phone Number	-
Email Address	g21tradingphotocopy@gmail.com
Address	BLK 986C JURONG WEST STREET 93 #05-617
Address complement	-
Postcode	643986
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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	Hit and run / Vandalism / Damaged whilst parked
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	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210515/2014

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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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 TONG CHOK GEE
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? SDV8591U
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

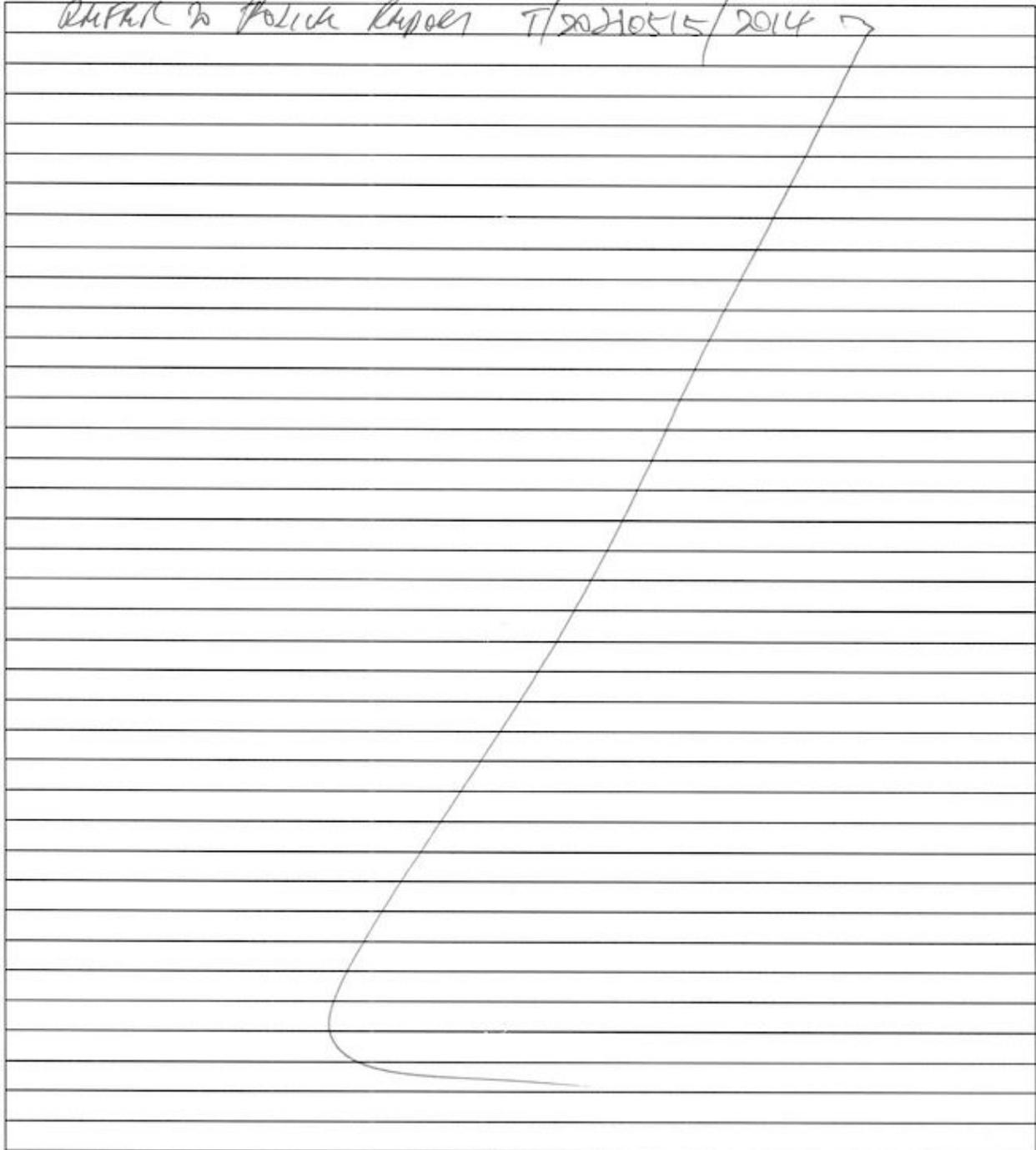
WITNESS DETAILS

WITNESS 1

Name DALTON LIN
 Phone (Phone) +65-81081404
 Email -

Describe Circumstances of the Accident

REPORT to Police Report T/20210515/2014



Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Tong 19/5/2021

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

Witnessed by Reporting Centre Personnel
19/05/2021































**SINGAPORE
POLICE FORCE**



T/20210515/2014

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20210515/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2021 04:59		Vide Report No.:		Station Diary No.: 19	
Informant's Particulars					
Name of Informant: TONG CHOK GEE			Address: APT BLK 986C JURONG WEST STREET 93 #05-617 SINGAPORE 643986		
ID Type / ID No.: NRIC NO / S1497328A			Contact No.:		
Nationality: SINGAPORE CITIZEN			Home/Office:		Mobile: 96717855
Sex: Male			Age: 59		Date of Birth: 28/08/1961
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: DELIVERYMAN			Driving Licence Information: Class: 3		Date of Expiry:
Type of Informant: Driver					
Email:					

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/05/2021 15:10	Type of Location: X-Junction
Location: ANG MO KIO AVENUE 5				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDV8591U	Car	TOYOTA	CAMRY 2.4 AUTO ABS AIRBAG	Silver		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210515/2014

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20210515/2014

CONTINUATION OF REPORT

Driver			
Name	TONG CHOK GEE		ID No. S1497328A
Related Vehicle	SDV8591U (Car)		Contact No. 96717855
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	03	Degree of Injury	NIL

Brief Details.

On 14/05/2021 at about 1510hrs, I was driving my boss's(Jeremy, H/P: 9385 8586) car(Registration No. SDV8591U) along Ang Mo Kio Avenue 5 towards Buangkok Green on the 3rd lane of the 4lanes road when I arrived near the junction of Ang Mo Kio Avenue 5 and Avenue 2, suddenly another brown taxi(Unknown Registration No.) on the 2nd lane cut into my lane and side swipe my car's right portion resulting dent damages and the impact causes my car to swerve to the left and mount curb and hit onto a traffic light. I suffered impact on my left body. Traffic Police and ambulance attended to me reference incident F/20210514/0118. There is no dashcamera in my car. I eventually left the scene and later went to B/644 Hougang Unknown Clinic to seek medical attention and has 3days of MC, however I did not bring my MC at point of lodging report. I am lodging this Police report as it is a hit-and-run incident.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20210515/2014

3 of 3

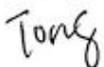
Report No. T/20210515/2014

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: F / Sgt 2 BOH YONG SENG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/05/2021 04:59
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
Authentication Stamp NP168 	